



Board of Health Meeting 01-20

Public Health Sudbury & Districts

Thursday, January 16, 2020

1:30 p.m.

Boardroom

1300 Paris Street

Reminder: Cultural Humility workshop for all Board of Health members, Thursday, January 16, 2020, from 9 a.m. until noon at PHSD

December 18, 2019

Ms. Rita Pilon
28 Aberdeen Street North
PO Box 367
Chapleau, ON P0M 1K0

Dear Ms. Pilon:

Re: Resignation from Public Health Sudbury & Districts Board of Health

It is with deep regret that we received your notice of resignation from the Board of Health. On behalf of the Board of Health and Public Health Sudbury & Districts, I extend my sincere gratitude to you for your longstanding service as a committed member of our Board.

You have been a valued Board of Health member, appointed by the municipal council of the Township of Chapleau and holding this role since 2001. You have had an exemplary record of attendance, preparation, and caring. Your understanding of the health promotion and disease prevention needs of the communities we serve has contributed significantly to the work of local public health. Your perspectives will be greatly missed and we will continue to count on you as an honorary public health advocate.

On behalf of the entire Board of Health, please accept my gratitude for your contributions and my well wishes for the future.

Sincerely,



René Lapierre, Chair
Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Board of Health, Public Health Sudbury & Districts
Mayor Micheal Levesque, Chapleau Township
Chelsea Swearngen, Chief Administrative Officer, Chapleau Township

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



From: Rita Pilon

Sent: December 5, 2019 12:36 PM

To: René Lapierre <lapierrerr@phsd.ca>; Penny Sutcliffe <sutcliffep@phsd.ca>; Rachel Quesnel <quesnelr@phsd.ca>; Mike Levesque <mayorlevesque@chapleau.ca>; Chelsea Swerengen <cswearengen@chapleau.ca>

Subject: Moving on..still a fan of the PHSD team

Due to health care needs within my family, I regretfully submit my resignation as Chapleau's appointee to the Board of Directors PHSD.

Several years ago I agreed to "finish" someone's term. As I became familiar with the programs and services provided by various divisions, my admiration quickly grew for the unit's leadership and the staff. I saw teamwork at its best and was proud to be a part of it for a few more terms.

Fast forward to new beginnings. Changes are taking place in our provincial health care system and PHSD is already in modernization mode. You will no doubt be looked to as leaders in this process.

As a departing board member, I must emphasize my appreciation for Dr. Sutcliffe's leadership, her "Balcony View" management style, and her frequently demonstrated value of every question and opinion.

Wishing everyone a joyful Christmas, and a rewarding 2020.

Respectfully submitted
Rita Pilon

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



DEC 20 2019

Ms. Janet Bradley
85 Maki Avenue
Sudbury ON P3E 2P3

Dear Ms. Bradley:

I would like to take this opportunity to thank you for the time and effort you have given while serving on the Board of Health for the Sudbury and District Health Unit.

Your current appointment will come to an end on February 21, 2020. Your commitment as a member of the board has been invaluable and the work you have done has left a lasting impact on all Ontarians. I truly appreciate your contribution and I hope you have found your tenure both challenging and rewarding.

Please accept my best wishes. I hope that you will continue to offer your time and talent in serving the people of Ontario.

Sincerely,

A handwritten signature in blue ink that reads "Christine Elliott".

Christine Elliott
Deputy Premier and Minister of Health

c: Medical Officer of Health

AGENDA – FIRST MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, JANUARY 16, 2020 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- i) Resignation from Board of Health member, Rita Pilon**
 - Thank you letter from the Board of Health Chair, Public Health Sudbury & Districts, to Rita Pilon, Board of Health member, dated December 18, 2019
 - Email from Rita Pilon, Board of Health Member, representing the Township of Chapleau, to the Board of Health Chair and Dr. Sutcliffe, dated December 5, 2019
- ii) Thank You Letter - Provincial Appointment – End of Term**
 - Thank you letter to Janet Bradley, Provincial Appointee, from the Deputy Premier and Minister of Health dated December 20, 2019

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

(2019 Chair: René Lapierre – 5 terms)

THAT the Board of Health appoints _____
as Chair for the year 2020.

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2019 Vice-Chair: Jeffery Huska – May 2016 to 2019)

THAT the Board of Health appoints _____
as Vice-Chair for the year 2020.

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2019 Board Executive: Jeffery Huska – 5 terms; René Lapierre – 5 terms; Ken Noland – 3 terms; Nicole Sykes – 2 terms; James Crispo – 1 term)

THAT the Board of Health appoints the following individuals to the Board
Executive Committee for the year 2020:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. _____, Vice-chair
6. Medical Officer of Health/Chief Executive Officer
7. Director, Corporate Services
8. Secretary Board of Health (ex-officio)

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

*(2019 Finance Committee: Carolyn Thain – 5 terms; René Lapierre – 5 terms;
Mark Signoretti – 3 terms; Randy Hazlett – 1 term)*

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2020:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Manager, Accounting Services
8. Board Secretary

5. DELEGATION/PRESENTATION

- i) **Workforce Development at Public Health Sudbury & Districts**
 - David Groulx, Manager, Professional Practice and Development, Knowledge and Strategic Services Division
 - Troy Haslehurst, Manager, Human Resources, Corporate Services Division

6. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Seventh Meeting – November 21, 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, January 2020
- v) **Correspondence**

- a. E-Cigarettes and Aerosolized Products
 - Letter from the Township of Nairn and Hyman to the Minister of Health dated January 3, 2020, in support of the Public Health Sudbury & Districts' Motion 48-19
 - Email from Shelley Martel, NDP Stakeholder Relations, to Dr. Sutcliffe, dated December 17, 2019
 - Letter from the Board of Health Chair, Leeds, Grenville & Lanark District Health Unit, to the Minister of Health, dated December 2, 2019
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Federal Minister of Health, dated November 29, 2019
 - Letter from the Mayor, City of Hamilton, to the Federal Minister of Health, dated November 27, 2019
 - Letter from the Mayor, City of Hamilton, to the Provincial Minister of Health, dated November 27, 2019
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the federal and provincial Ministers of Health, dated November 21, 2019
 - Report from the Medical Officer of Health, Middlesex-London Health Unit, to the Ontario Boards of Health, dated October 17, 2019
- b. Opioid Overdose Emergency Resolution
 - Letter from the Mayor, City of Hamilton, to the federal and provincial Ministers of Health, dated November 27, 2019
- c. Local Health Care Services
 - Letter and motion from the Municipality of Killarney, to the Town of Kingsville, dated November 27, 2019
 - Letter from the Corporation of the Town of Espanola, to the Premier of Ontario, in support of the Town of Kingsville, dated November 12, 2019
- d. Request for Weekly Data Reports on Vaping Cases
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, dated January 2, 2020
 - Letter from the Mayor, City of Hamilton, to the Minister of Health, dated October 30, 2019
- e. Opposition to Co-Payment for Dentures under the New Ontario Seniors Dental Care Program
 - Letter from the Mayor, City of Hamilton, to the Minister of Health, dated October 30, 2019
- f. Support for a Seamless Provincial Immunization Registry
 - Letter from the Mayor, City of Hamilton, to the Minister of Health and the Chief Medical Officer of Health, dated October 30, 2019

- g. National Universal Pharmacare Program
 - Letter from the Board of Health Chair, Leeds, Grenville & Lanark District Health Unit, to the Federal Minister of Health, dated December 18, 2019
- vi) **Items of Information**
 - a. alPHa Information Break December 13, 2019
 - b. News Release re: Huron County Health Unit and Perth District Health Unit Merger December 19, 2019
 - c. alPHa 2020 Winter Symposium Save the Date Flyer February 20 & 21, 2020
 - d. CBC: *Huron County becomes third municipality to pay living wage* December 20, 2019

APPROVAL OF CONSENT AGENDA

MOTION:

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

7. NEW BUSINESS

- i) **Survey Results from Regular Board of Health Meeting Evaluations**
 - Board of Health Meeting Evaluations Summary – 2019
- ii) **Board of Health, Public Health Sudbury & Districts Meeting Attendance**
 - Board of Health Meeting Attendance Summary – 2019
- iii) **Fully Funded Universal Healthy School Food Program**
 - Briefing Note from the Medical Officer of Health dated January 9, 2020

FULLY FUNDED UNIVERSAL HEALTHY SCHOOL FOOD PROGRAM

MOTION:

WHEREAS a universal publicly funded healthy school food program in Canada enables all students to have the opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise, or volunteer with the program; and

WHEREAS only 19% of Sudbury & District youth (ages 12-19) reported meeting the recommended intake of fruit and vegetables, an indicator of nutrition status and a risk factor for the development of nutrition-related chronic diseases;

THEREFORE BE IT RESOLVED THAT That the Board of Health for Public Health Sudbury & Districts support resolutions by the [Federation of Canadian Municipalities](#), and Boards of Health for [Grey Bruce Health Unit](#), [Toronto Public Health](#), [Peterborough Public Health](#) and [Windsor-Essex County Health Unit](#) for a universal publicly funded healthy school food program.

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

iv) Provincial Public Health Modernization Consultation

- Ministry of Health email invitation re: January 14, 2020, consultation session
- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated January 9, 2020
- Draft Preliminary Key Considerations: Public Health Modernization Discussion Paper Response

PUBLIC HEALTH MODERNIZATION DISCUSSION PAPER RESPONSE

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts, having reviewed and discussed edits to the *Preliminary Key Considerations: Public Health Modernization Discussion Paper Response*, authorizes the Board of Health Chair to so finalize the document for submission on the Board of Health's behalf to the Ministry of Health and the Special Advisor by the February 10, 2020, deadline.

v) Board of Health Meeting Date

BOARD OF HEALTH MEETING DATE

MOTION:

WHEREAS the Board of Health regularly meets on the third Thursday of the month; and

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 pm Thursday, February 20, 2020, be moved to 1:30 pm on Wednesday, February 19, 2020.

8. ADDENDUM

ADDENDUM

MOTION:

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

9. ANNOUNCEMENTS / ENQUIRIES

- Please complete the January 2020 Board of Health meeting evaluation as well as the two declaration forms in BoardEffect following the Board meeting.

10. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

APPOINTMENT OF CHAIR OF THE BOARD

(2019 Chair: René Lapierre – 5 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2020.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2019 Vice-Chair: Jeffery Huska – May 2016 to 2019)

**THAT the Board of Health appoints _____
as Vice-Chair for the year 2020.**

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2019 Board Executive: Jeffery Huska – 5 terms; René Lapierre – 5 terms; Ken Noland – 3 terms; Nicole Sykes – 2 terms; James Crispo – 1 term)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2020:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. _____, Vice-chair
6. Medical Officer of Health/Chief Executive Officer
7. Director, Corporate Services
8. Secretary Board of Health (ex-officio)

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

*(2019 Finance Committee: Carolyn Thain – 5 terms; René Lapierre – 5 terms;
Mark Signoretti – 3 terms; Randy Hazlett – 1 term)*

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2020:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Manager, Accounting Services
8. Board Secretary

MINUTES – SEVENTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, NOVEMBER 21, 2019 – 1:30 P.M.

BOARD MEMBERS PRESENT

James Crispo	Glenda Massicotte	Nicole Sykes
Randy Hazlett	Paul Myre	Carolyn Thain
Jeffery Huska	Ken Noland	
René Lapierre	Mark Signoretti	

BOARD MEMBERS REGRETS

Janet Bradley	Bill Leduc
Robert Kirwan	Rita Pilon

STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:30 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) **Health Equity/Circles Program**
 - Dana Wilson, Manager, Health Equity, Knowledge and Strategic Services Division
 - Hugh, Circles Leader, Circles Program

Health Equity Manager, D. Wilson, and Circles Program Leader, Hugh, were invited to speak about health equity and the Circles Sudbury Initiative.

The Circles Initiative focuses on building social capital of participants by fostering linkages to community resources, bonding with peers, and bridging to people of different income levels and cultural backgrounds in order to support Leaders as they work to exit poverty through various pathways such as education and employment. Intentional relationships are created between participants living in low income who have graduated from Leader Training and community volunteers referred to as Allies. A snapshot was provided of the partnerships that make up the Circles Initiative, including the Partners to End Poverty Steering Committee, and key highlights on breadth of community and partner involvement.

One of the 27 Circles Leaders in the Circles program, Hugh, spoke of his personal experiences and the positive impacts that the program has had on his life.

It was concluded that evidence shows that the poorer you are, the more likely you are to have health risks in your daily life, to have a higher risk of preventable health conditions, and to die prematurely. Locally nearly 21,000 people in Greater Sudbury live in poverty. Across Sudbury and districts, 1 in 5 children live in poverty. Collaborative efforts to address poverty and its impacts, such as the Circles initiative, are foundational to giving individuals the opportunity to meet their basic needs, live with dignity, and have equal opportunities to achieve their full health potential.

At Public Health Sudbury & Districts, we are committed to supporting initiatives like Circles that are premised on intersectoral action, where we work collectively across sectors and agencies to advance health equity. As a next step, discussions continue with the Partners to End Poverty Steering Committee and key partners, including the City of Greater Sudbury, to explore opportunities for program sustainability after the funds for the pilot project end in June of 2020.

Following applause, comments and questions were entertained and presenters thanked.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Sixth Meeting – October 17, 2019
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
 - a. Board of Health Finance Standing Committee Unapproved Minutes, October 30, 2019

iv) Report of the Medical Officer of Health / Chief Executive Officer

- a. MOH/CEO Report, November 2019

v) Correspondence

- a. Local Health Services
- Letter and resolution from the Township of Billings to the Premier of Ontario dated November 13, 2019
- b. National School Food Program
- Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Prime Minister dated October 31, 2019
- c. Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms
- Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the City of Kingston Mayor and City Council dated October 18, 2019
- d. Public Health Modernization – North East Public Health Transformation Initiative
- Resolution from the Board of Health, Timiskaming Health Unit dated October 23, 2019
- e. Addressing the Opioid Emergency in Ontario - Recommendations from the Association of Municipalities Ontario
- Letter from the Regional Clerk, Durham Region to the Prime Minister dated October 24, 2019

vi) Items of Information

- a. Ministry of Health News Release *Ontario making it easier for food banks to help those in need* October 29, 2019
- b. Heavy Burden of Obesity: The Economics of Prevention *A quick guide for policy makers*
- c. Ministry of Finance News Release *Ontario Government Beating Fiscal Targets While Investing in Priority Programs* November 6, 2019
- d. Public Health Sudbury & Districts *Proud to be Vape Free* (English and French) posters
- e. Ministry of Health News Release *Ontario Taking Next Steps to Integrate Health Care System* and Memo re Ontario Health Transitional Regional Leadership November 13, 2019

47-19 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) aLPHa Symposium and Section Meetings, November 6 and 7, 2019

R. Hazlett summarized topics covered at the November 6 Symposium and November 7 Board of Health section meeting which focused on the modernization of public health. The Ministry indicated that, after hearing from key partners that included municipalities, it will not be proceeding with the proposed dissolution of the 35 Boards of Health to create 10 new public health entities effective April 1, 2020.

A Ministry of Health webcast subsequently held on November 18 announced the start of the consultation sessions and a discussion paper was released that same day. The Ministry is pressing the reset button and seeking feedback through the consultation until February 10, 2020.

ii) 2019 Board of Health Self-Evaluation Survey

- Briefing Note from Board Secretary and Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 14, 2019

Results from the annual Board of Health self-evaluation survey are summarized in the briefing note in today's agenda package. The survey response rate was almost 80% and responses are either in strongly agree or agree. Overall results from the self-evaluation questionnaire indicate that the Board of Health members have a positive perception of their governance process and effectiveness.

The survey provides Board of Health members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body.

Questions and comments were entertained and it was observed that this year's response rate is on par with previous years. Board of Health members are pleased and reassured with overall consistent results and comments.

iii) E-Cigarettes and Aerosolized Products

a. Harms of Vaping and Next Steps for Regulation

- Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Deputy Premier and Minister of Health dated October 31, 2019
- Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated October 21, 2019

- b. Promotion of Vaping Products and Ban of Flavoured E-Cigarettes
 - The Star article *Should vaping products be regulated the same as cigarettes?* dated November 12, 2019
 - Letters from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated October 31, 2019, supporting correspondence from alPHA and Simcoe Muskoka Health Unit
 - Letter from the President, Association of Local Public Health Agencies, to the Minister of Health dated October 28, 2019
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health dated October 25, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health Canada and the Minister of Health dated October 22, 2019
- c. Funding for Leave the Pack Behind
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated October 31, 2019
- d. Removal of Regulation 268, Smoke-Free Ontario Act, 2017, to restrict marketing of Vaping Products
 - Letter from the Board of Health Chair, Huron County Health Unit to the Minister of Health dated November 7, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated October 22, 2019
- e. Protecting Youth from the Dangers of Vaping
 - Ministry of Health news release dated October 25, 2019
 - Ontario Medical Association news release dated October 25, 2019
- f. Comprehensive measures to address the rise of vaping in Canada
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Minister of Health Canada dated October 16, 2019

Dr. Sutcliffe noted that this topic has been previously discussed and there have been queries as whether our Board would also entertain a motion.

A presentation at the recent alPHA symposium clarified language on this topic as it is broader than water *vapour*; therefore, the proposed motion relates to e-cigarettes and *aerosolized* produce prevention and cessation.

The proposed motion is timely as there are over 2000 cases associated with vaping and death in the United States. An article published in the CMAJ today identifies a case of vaping associated lung illness requiring hospitalization in Ontario. In Canada, 100 Canadians a day die from diseases related to tobacco use.

Consensus was reached to include proposed amendments and the Board agreed this is an important topic to keep a close eye on as it is evolving quickly.

48-19 E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

MOVED BY HAZLETT – THAIN: WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian youths and 10% of local youths ~~and adults~~ reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

CARRIED WITH FRIENDLY AMENDMENTS

iv) 2020 Public Health Sudbury & Districts Operating Budget

- Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 14, 2019

C. Thain, Chair of the Finance Standing Committee of the Board of Health, reported that the committee met on October 30, 2019, to discuss the recommended 2020 operating budget. Other committee members in attendance included Randy Hazlett, René Lapierre, and Mark Signoretti.

This year's budget development has taken place within a changing fiscal and dynamic system transformation environment. Dr. Sutcliffe and her team were commended for

the difficult work they have done to bring forward a budget that accomplishes significant efficiencies and maintains the valuable programs and services for our communities.

The Ministry of Health announced significant changes to the policy for public health funding effective January 1, 2020. All programs, with a few exceptions, will be subject to a provincial/municipal funding of up to 70:30. This change alone, results in a provincial funding reduction of \$1.17M in 2020. The recommended 2020 budget for programs and services is \$26,623,396, representing an increase of \$200,000 (0.76%) over 2019.

The budget maximizes the sources of funding, including the municipal increase capped at 10%, which was discussed at length during the Board of Health Finance Standing Committee meeting. Following careful review, the Finance Standing Committee recommends that the Board of Health adopt the 2020 operating budget.

C. Thain and members of the Board of Health Finance Committee were thanked for their work. By way of presentation, Dr. Sutcliffe reviewed details of the proposed 2020 operating budget and current context as outlined in the briefing note in today's agenda package.

Dr. Sutcliffe acknowledged the work of the Director of Corporate Services, Manager of Accounting and all directors and managers who have contributed to the recommended budget.

The recommended 2020 budget for programs and services is \$26,623,396, representing an increase of \$200,000 (0.76%) over 2019 and maintains important programs and services. A change in the funding policy across the province from up to 75% provincial funding to up to 70%, combined with the inclusion of almost all 100% provincially funded programs into the cost-shared base has resulted in 6.4% reduction in our provincial funding totaling a revenue reduction of approximately \$1.17M. The 2020 budget includes a 10% increase municipal levy and a reduction of costs of more than half a million dollars in staffing realignment and reductions.

In April 2019, the Ministry had indicated that the 35 Boards of Health would be dissolved and 10 new Public Health entities would be created effective April 1, 2020. We understand that the Ministry of Health is now pressing the reset button and want recommendations on solutions for the go forward through the upcoming consultation sessions that will be held throughout the province.

In summary, assumptions included in the 2020 budget include:

- Program and service requirements unchanged
- Public Health Sudbury & Districts continues in 2020
- 70:30 funding formula effective January 2020 for most programs and services

Minutes

Board of Health – November 21, 2019

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- 2020 base grant based on Q3 2018 annual projections
- \$600,000 Ministry one-time mitigation funds for 2020
- Municipal levy increases capped at 10%

These assumptions and additional mitigation strategies that include cost reductions and a 0.76% budget increase achieve a balanced budget.

Long-term projections forecast a significant cumulative deficit, with reasonably conservative assumptions about ongoing cost increases.

Dr. Sutcliffe recapped the North East Public Health collaboration which had refocused to the North East Public Health Transformation Initiative work with the announcement in the spring of structural changes. With the government pause on this announcement late this summer, our regional work was also paused. It is expected that the collaborations will resume with a focus on functional collaborations and efficiencies given the provincial consultations have now been launched.

The proposed budget figures were summarized noting that it includes a near-zero budget that protects programs and services within the context of reduced provincial funding, increased fixed costs, and increased program pressures that has required organizational realignment and staffing reductions. Questions and comments were invited. Board members recognized the financial burden on local municipalities resulting from the change in the provincial formula.

Questions and discussion followed regarding the current reserve, processes and practices. As Finance Standing Committee Chair, C. Thain noted that the reserve is important due to these uncertain times and the provincial government's modernization of public health.

IN CAMERA

49-19 IN CAMERA

MOVED BY HAZLETT – THAIN: THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 2:50 p.m.

CARRIED

RISE AND REPORT

50-19 RISE AND REPORT

**MOVED BY NOLAND – CRISPO: THAT this Board of Health rises and reports.
Time: 3:06 p.m.**

CARRIED

J. Huska reported that two personal matters involving one or more identifiable individuals, including employees or prospective employees was discussed and the following motion emanated:

51-19 APPROVAL OF BOARD OF HEALTH INCAMERA METING NOTES

MOVED BY CRISPO – NOLAND: THAT this Board of Health approve the meeting notes of the October 17, 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

Additional questions relating to the reserve and long-term projections were entertained.

52-19 2020 OPERATING BUDGET

MOVED BY THAIN - HUSKA: THAT the board of Health approve the 2020 operating budget for Public Health Sudbury & Districts in the amount of \$ 26,623,396.

A recorded vote was requested.

Bradley, Janet	Absent
Crispo, James	Yea
Hazlett, Randy	Nay
Huska, Jeff	Yea
Kirwan, Robert	Absent
Leduc, Bill	Absent
Massicotte, Glenda	Nay
Myre, Paul	Yea
Noland, Ken	Nay
Pilon, Rita	Absent
Signoretti, Mark	Yea
Sykes, Nicole	Yea
Thain, Carolyn	Yea
Lapierre, René	Yea

7 Yeas and 3 Nays

CARRIED

v) Opportunities for Health for All: Poverty Reduction

- Circles Initiative Progress Report – Fall 2019 Executive Summary
- City of Greater Sudbury Proclamation – Ontario Living Wage Week, November 3 to 9, 2019
- 2019 Nutritious Food Basket Scenarios and InfoGraphic

Dr. Sutcliffe referred to and explained the three attachments for this agenda item noting that the proposed motion refers to what a living wage would mean for our area.

Questions were entertained and it was clarified that the InfoGraphic design adapted by Ottawa Public Health includes our own local numbers.

It was clarified that encouraging employers across our service area, through social media, to commit to a living wage would help recognize the serious health and societal costs of inadequate income. This aligns with our mandated health equity work by addressing the health impacts of living in poverty. While we would encourage employers to commit to a living wage, it is their choice as to whether they wish to participate.

Comments and questions were entertained including clarification of the process for Public Health Sudbury & Districts for pursuing certification as a living wage employer and that a systematic process is used across Ontario using local data to determine costs of housing, food, etc. that then factor into the calculation of local levels of living wage.

Board members voiced concerns that the wording commit in the last clause of the motion was too forceful and following discussion, an amendment was proposed. A show of hands confirmed consensus for the proposed amendment as follows:

53-19 OPPORTUNITIES FOR HEALTH FOR ALL: POVERTY REDUCTION

MOVED BY CRISPO – NOLAND: WHEREAS income is one of the strongest predictors of health and local data show that low income is associated with an increased risk of poor physical and mental health in Sudbury and districts; and

WHEREAS Public Health Sudbury & Districts annual Nutritious Food Basket reports demonstrate that individuals and families reliant on the current provincial social assistance rates or that earn a minimum wage will experience challenges in supporting their health including meeting their nutrition requirements; and

WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

WHEREAS the Sudbury Workers Education and Advocacy Centre calculated a living wage for Sudbury of \$16.98 (current provincial minimum is \$14.00), and the City of Greater Sudbury proclaimed November 3 – 9, 2019 as Living Wage Week; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts formally endorse the principle of living wage employment and direct the Medical Officer of Health to pursue certification; and

FURTHER that the Board encourage all employers across our service area ~~to commit to a living wage and~~ to recognize the serious health and societal costs of inadequate income.

CARRIED AS AMENDED

vi) Risk Management Plan 2020–2022

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated November 14, 2019
- Risk Management Plan 2020–2022

During a number of meetings including a Board of Health training and workshop session on October 17, the risks in the previously approved 2017–2019 plan were reviewed and revised. It was clarified that the period for the next risk management plan is from 2020 to 2022 versus the previously referenced end period of 2023.

The risk management plan has been updated to reflect the edits identified at the October 17 Board of Health risk management training workshop, including that any new emerging risks that relate to the health system transformation have been identified in blue. The 2020–2022 risk management plan is tabled for the Board’s approval.

54-19 RISK MANAGEMENT

MOVED BY NOLAND - CRISPO: WHEREAS Public Health Sudbury & Districts is committed to transparency, accountability, and continuous quality improvement; and

WHEREAS the Ontario Public Health Organizational Requirements mandate board of health to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization; and

WHEREAS the Board of Health has engaged in a risk management process in order to systematically identify/assess current risks and controls;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts approve the 2020–2022 risk management plan.

CARRIED

vii) Staff Appreciation

On an annual basis, the Board considers granting one day off with pay for all staff. The day off is to be taken during the specified timeframe.

55-19 STAFF APPRECIATION DAY

MOVED MASSICOTTE - CRISPO: THAT this Board of Health approve a staff appreciation day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The staff appreciation day may be taken between the dates of December 2, 2019, to February 28, 2020. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

CARRIED

7. ADDENDUM

56-19 ADDENDUM

MOVED CRISPO - MASSICOTTE: THAT this Board of Health deals with the items on the addendum.

CARRIED

i) alPHa Information Break newsletter, November 18, 2019

Newsletter topics were discussed under 6.i).

ii) Public Health Modernization

- alPHa notes Re: November 18, 2019 Ministry of Health webcast
- Letter from the Board of Health for the Simcoe Muskoka District Health Unit to the Minister of Health and Special Adviser, Public Health Modernization dated November 20, 2019

Details regarding the Ministry of Health webcast were shared for information.

A letter from the Board of Health for the Simcoe Muskoka District Health has communicated their agency position relating to possible mergers given the Ministry's recent announcement at the alPHa Symposium.

iii) Ontario Seniors Dental Care Program

- Ministry of Health News Release *Ontario Launches Free Routine Dental Care for Low-Income Seniors*, November 20, 2019

This provincial program was officially launched yesterday. Public Health Sudbury & Districts is busy responding to calls and supporting seniors who wish to sign up for the program. The next phase of the program and related funding are as yet unannounced. The program is 100% provincially funded.

iv) Community Drug Strategy – Anti-Stigma

- We are Jeff: Opioids and Our Community video

The Community Drug Strategy has developed this anti-stigma video. Dr. Sutcliffe reported that today is the official launch of anti-stigma campaign aimed at reducing stigma related to opioid use.

8. ANNOUNCEMENTS / ENQUIRIES

Board members are encouraged to complete today's Board of Health meeting evaluation.

The flu shot is available following today's meeting for interested Board of Health members.

Board members were reminded that there is no regular Board of Health meeting in December. The next regular meeting is scheduled for January 16, 2020, at 1:30 p.m. and a training session for all Board of Health members is scheduled that morning.

The following Public Health Sudbury & Districts videos will be shown to interested Board of Health members following the adjournment:

- *We are Jeff: Opioids and Our Community*
- *Those People Are Us*

9. ADJOURNMENT

57-19 ADJOURNMENT

MOVED HUSKA - THAIN: THAT we do now adjourn. Time: 3:40 p.m.

CARRIED

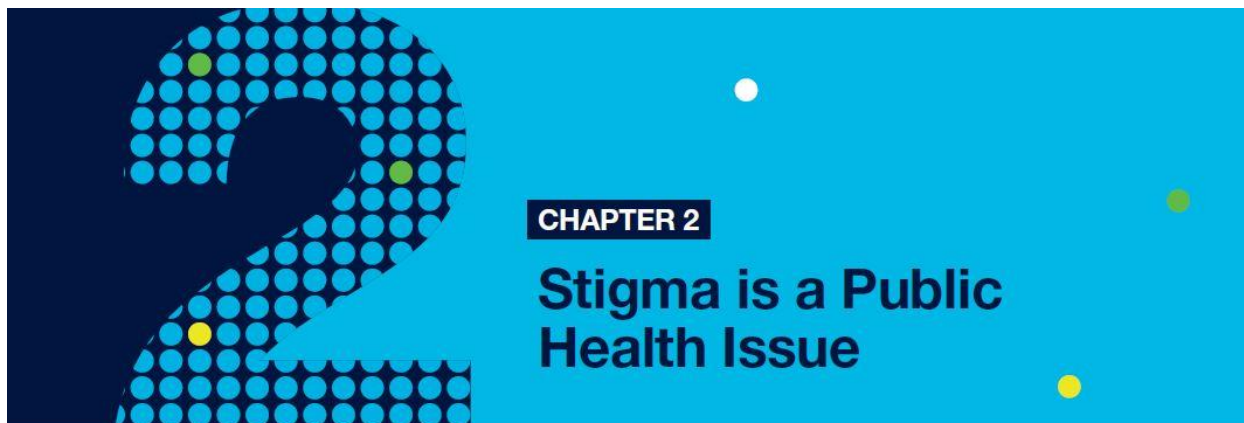
(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, January 2020

Words for thought

Addressing Stigma: Towards a More Inclusive Health System



CHAPTER 2

Stigma is a Public Health Issue

Some Canadians experience worse social and health outcomes than others. The evidence tells us this is, in part, due to how we treat each other. When we stigmatize people, we affect their chances for a long and healthy life.

Stigma affects health through stress and other physical pathways. Many people are exposed to multiple stigmas, preventing them from attaining the resources they need to achieve optimal health such as education, employment, housing, and health services.

These stigma chapters will focus on the health system, which includes health care, public health, and other allied health services. Stigma in the health system can be particularly harmful, as people are prevented from accessing the health information services and resources they need, creating mistrust and further exclusion.

The Pathways of Stigma to Health Outcomes

Stigma begins with the labeling of differences and negative stereotyping of people, creating a separation between “us” and “them.” Those who are stigmatized are devalued and subjected to discrimination, which is unjust treatment. This can lead to disadvantage and inequitable social and health outcomes.⁸¹ Stigma happens in institutions (e.g., healthcare organizations), at a population level (e.g., norms and values), through interpersonal relationships (e.g., mistreatment), and internally (e.g., self-worth and value).

Stigma can be seen as both a cause and effect; it continues to justify the devaluing of people through stereotypes and exclusion.⁷⁸ Unless this cycle is actively stopped, the separation into “us” and “them” is reinforced by unequal power dynamics in society. People and institutions with resources and power, including health organizations, shape laws and social norms that can influence what is considered to be “normal” and “acceptable.” In the health system, this power dynamic also exists between healthcare providers and patients.

Stigma can target different identities, characteristics, behaviours, practices, or health conditions.⁷⁹ For example, stigma can be based on race, gender and gender identity, sexual orientation, language, age, substance use, ability, and social class. Stigma related to health conditions can include obesity, substance use disorders, mental illness, dementia, tuberculosis, and HIV infection. When stigmas intersect, they can exacerbate negative health outcomes.

Stigma includes discrimination, as “enacted” stigma.^{81, 82} While there is little data measuring stigma in Canada, discrimination is more commonly measured. The following section summarizes available self-reported discrimination data for some key populations. It is important to note that there is still limited data in this area and that experiences of discrimination may be underreported.

Stigma can benefit those in power in several ways:⁸⁰

By keeping people **“in”**, that is, by enforcing preferred social norms and values

By keeping people **“down”**, which maintains one’s group advantage in society

By keeping people **“away”**, in order to avoid disease or a perceived threat

Discrimination in Canada

Over one in four Canadians have reported experiencing at least one form of discrimination in their lifetime.⁸³ Many Canadians experience discrimination based on race, religion, ethnic origin, gender, or sexual orientation. The most common type of discrimination reported by Canadians is racial discrimination.⁸³ African, Caribbean, and Black Canadians are the most likely to report discrimination in Canada, followed by Indigenous peoples.⁸⁴ Alarming, hate crimes, one of the most extreme forms of discrimination, have been on the rise in Canada, with many attacks against people who are part of Arab, Muslim, Jewish, and Black communities.⁸⁵

Source: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf>

Date accessed: December 23, 2019

Addressing Stigma: Towards a more inclusive health system, is the title of the Chief Public Health Officer’s 2019 Report on the State of Public Health in Canada. Dr. Teresa Tam documents with statistics and moving testimonials the important ways in which stigma impacts on health opportunities for many people. Stigma is a public health issue and one which Public Health Sudbury & Districts is beginning to address explicitly in our programming.

The Board will be aware of the series of videos staff developed as part of the Community Drug Strategy. These videos raise awareness of the impact of stigma on people who use substances. *We are Jeff* depicts the life course of a real life composite, Jeff, and helps the viewer to understand the impact of stigma. The *Those People Are Us* video series is a stark reminder that we are all vulnerable and deserving of support.

In addition to these initiatives, work has begun to engage health care providers in conversations about the impact of stigma on health care access, and how discriminatory language and bias can affect the care that a person receives. Also, we are beginning important internal work on racial equity. This is in addition to our ongoing work to ensure staff are equipped with knowledge and practices in support of cultural safety and humility for respectful engagement with Indigenous peoples.

The issues are big. However, to draw on Dr. Tam's words, although stigma is shaped and kept in place by larger social and economic forces, the health system can be a powerful leading sector to support change. It is important that public health assumes its role and responsibilities in this work.

General Report

Embarking on a new year and new decade provides an opportunity for reflection. 2019 saw ample opportunities to build and strengthen relationships as evidenced through many reports to the Board and the work of the North East Public Health Transformation Initiative (NEPHTI). I look forward to working closely with the Board of Health and all staff as we engage in the new opportunities and challenges of the year and decade ahead!

I am pleased to share that staff were tremendously grateful for the Board's gift of the staff appreciation day. Notes of thanks were shared with the MOH office. This gift came at a particularly good time as we called on staff with short notice to be there for our community as we responded to the cases of hepatitis A in food handlers over the holiday season.

It is a great privilege to work with the dedicated governance body and committed staff of Public Health Sudbury & Districts.

1. Board of Health Updates

Membership

After over 19 years of commitment as a Board of Health member, Rita Pilon, has tendered her resignation. Having to travel between Chapleau and Sudbury under all kinds of conditions, Rita's attendance at Board of Health meetings has been exemplary. Her contributions and thoughtfulness have always been appreciated. We await to hear from the municipality on her replacement as an appointee of the Township of Chapleau.

The Ministry of Health has informed us that Janet Bradley's nine year term as provincial appointee will come an end on February 21, 2020. Janet's wisdom as well as her understanding of population health and social inequities of health have provided valuable guidance. Her absence will be significant for the Board and we wish her well.

I am grateful to the leadership and guidance of all Board members. As we say adieu to these two longstanding Board members, we know that our communities will continue to benefit from two strong local public health advocates in their midsts.

Indigenous cultural humility training for Board of Health members

A training session on Thursday, January 16, 2020, from 9 a.m. until noon in the Ramsey Room will be provided by George Couchie from Redtail Hawk Training and Consulting. A light lunch will be provided following the session in the Ramsey Room from noon to 1 p.m., prior to the 1:30 p.m. Board of Health meeting. The training session is in support of the Board's work in this area previously. It will address cultural humility, which is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Board members are encouraged to view this Cultural Mindfulness video prior to the workshop: <https://vimeo.com/319101583>

Board of Health – February meeting date

The Association of Local Public Health Agencies (alPHA) will be holding its winter symposium on February 20, 2020, therefore, it is proposed on the Board agenda that the February Board of Health meeting be changed to Thursday, February 19, 2020.

Board of Health Code of Conduct

Board of Health (BOH) members for Public Health Sudbury & Districts are responsible for conducting themselves in compliance with the Code of Conduct Policy C-I-15 (Code); that is professional, and with the highest regard for the rights of the public in accordance with the principles outlined in the Human Rights Code and the Charter of Rights and Freedoms.

The standard obligations, values, and expected behaviours outlined in the Code serve to enhance public confidence that BOH members operate from a foundation of trust, humility, and respect.

As agreed to by the Board, all members are required to sign an annual declaration attesting to their understanding and acknowledgement of this Code. Included for your convenience, in the January 16, 2020, Board of Health *Event* in BoardEffect, is the Code of Conduct Policy. The declaration form, which must be signed and submitted annually, can be completed in BoardEffect under Board of Health – Collaborate – Surveys. The form will also be distributed at

the January 16 Board of Health meeting for anyone preferring to complete a paper form. The signed declaration form must be submitted to the Recording Secretary for tracking purposes.

Board of Health Conflict of Interest

Members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts in their capacity as members of the Board of Health and in compliance with their duties and obligations under the *Health Protection and Promotion Act*. Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group.

Each individual member of the Board of Health is responsible to ensure that they are in compliance at all times with the *Municipal Conflict of Interest Act* and has the responsibility to follow the Conflict of Interest Policy C-I-16.

At the beginning of each calendar year, Board of Health members are required to complete the Declaration of Conflict of Interest form. Included for your convenience, in the January 16, 2020, Board of Health *Event* in BoardEffect, is the Conflict of Interest Policy and Procedure. The Conflict of Interest declaration form, which must be signed and submitted annually, can be completed in BoardEffect under Board of Health – Collaborate – Surveys. The form will also be distributed at the January 16 Board of Health meeting for anyone preferring to complete a paper form. The signed declaration form must be submitted to the Recording Secretary for tracking purposes.

2. Public Health Modernization – Consultation Session

The Ministry of Health consultation session for public health modernization is scheduled for Tuesday, January 14, 2020, in North Bay. Public Health Sudbury & Districts Board of Health and senior management will have representation with either in person and remote participation. The draft discussion paper is included in today's agenda package for Board member input. It is also anticipated that this draft paper will assist Board members in their participation on January 14.

3. Emergency Response

Emergency Response Activation due to a Hepatitis A Food Handler Case

On December 15, 2019, and again on January 1, 2020, Public Health Sudbury & Districts received a report of a case of hepatitis A in a food handler. The investigations revealed that these two infected individuals worked in the deli department at the Real Canadian Superstore located at 1485 Lasalle Boulevard, in Sudbury. Per our protocol, I activated our Emergency Control Group to ensure a rapid and coordinated cross-agency response.

Public Health Sudbury & Districts' response to date has included media communiqués and interviews to alert the public of the risk and opportunity for immunization, immunization clinics, and case and contact investigation and follow up. Advisory Alerts were also issued to all

area health care providers advising of the confirmed cases, clinic dates and times, as well as indications for vaccine for individuals who may have been exposed. Notification was also sent to the Ministry of Health, PHO, and all Ontario Public Health Units.

Vaccine was available at all district offices, with mass immunization clinics held at the Sudbury main office from December 17, 2019, through December 22, 2019, and again from January 2, 2020, through January 5, 2020. Over 2800 individuals received vaccination with hepatitis A vaccine through Public Health Sudbury & Districts.

Staff responded to over 1900 telephone calls from members of the public regarding their potential exposure and need for vaccination. In addition to traditional media, Public Health Sudbury & Districts reached an audience of 50 506 through 15 Facebook posts (generating 4, 223 engagements [reactions, comments, and shares], and 1169 clicks to phsd.ca) and 9240 impressions via 12 tweets on Twitter (generating 240 engagements [clicks, retweets, and likes], and 112 clicks to phsd.ca). Hepatitis A related web content (6 media releases, new clinic page, vaccine and disease pages) generated 21 302 unique pageviews at phsd.ca. These numbers are for English and French channels combined.

I am very proud of the Public Health Sudbury & Districts response. Staff from across all divisions and disciplines came together on very short notice to enact a very thorough response to this potential public health threat. We remain in response mode and on high alert for any potential new developments.

4. 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 December 13, 2019, on December 13, 2019. The Employer Health Tax has been paid as required by law, to November 30, 2019, with a cheque dated December 15, 2019. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to November 30, 2019, with a cheque dated December 31, 2019. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

5. Northern Ontario School of Medicine – Public Health Preventive Medicine Residency Program

I am pleased to announce that Dr. Ariella Zbar, Associate Medical Officer of Health, has been appointed as Associate Program Director (A/PD) for the Public Health and Preventive Medicine residency program at the Northern Ontario School of Medicine. She joins the program in a part-time A/PD role with responsibilities for overseeing the implementation of the Royal College of Physicians and Surgeons of Canada's competence by design initiative, and for general oversight of the academic program including the academic half days.

Following are the divisional program highlights, noting that reporting is based on the new program divisions, Health Promotion and Health Protection, in addition to Knowledge and Strategic Services.

Health Promotion

1. Healthy Growth and Development

Breastfeeding

In December, a breastfeeding peer support liaison facilitated two breastfeeding support groups at the Minnow Lake EarlyON CentreFre. Two individuals attended these sessions.

The ABC (A Breastfeeding Companion) program was promoted at the birthing centre and NICU/Peds units at Health Sciences North during two of their morning huddles. This program provides peer telephone breastfeeding support.

Healthy pregnancies

On December 7, an in-person prenatal class was held, and 19 participants attended the session. Topics that were covered during this session included comfort measures during labour and delivery, the stages of labour, breastfeeding, infant care, and safety.

A total of 35 online prenatal codes were disseminated in the month of December. This module covers topics similar to the in-class prenatal as mentioned above.

2. School Health

Healthy eating behaviours

Two series of the *Food Literacy in Schools Pilot Project* led by public health dietitians were completed. A total of 50 students from Grades 5 to 7 and their educators learned about current food and nutrition information, applying nutrition and food knowledge in making food choices, the importance of a healthy food environment, and the impacts of food marketing on healthy eating behaviours. The participants were also part of this pilot's evaluation process.

Mental health promotion

The School Health Promotion team led an educational workshop for elementary school educators that focused on mental health promotion, resilience, and well-being in their student population. Fifty educators participated in learning activities and group discussions on building students' character strengths, role-modeling as adult influencers, and adopting comprehensive school health approaches to strengthen a healthy school environment with supportive educator-student relationships.

Public health nurses facilitated a professional development opportunity to members at a local school board. Through interactive activities, all 35 principals and educators gained knowledge on the impact that childhood experiences have on both educational and health outcomes through participating in the Brain Architecture Game. The participants also learned about applying strength-based practices for schools as key foundations for enhancing the development and educational outcome of children and youth.

Oral health

The Oral Health Screening program will be completed in late January for the 2019/2020 school year. Parents of children who were identified as in need of urgent dental care, are notified of the oral health concerns and support is provided to find a dentist and/or to enroll in the provincial *Healthy Smiles Ontario* program. This program provides financial assistance for the child to receive comprehensive dental care from their family dentist. Children in need of preventive dental care were also identified during the screening process and will receive preventive care at school or at a health unit location by a public health dental hygienist.

Vision

The Vision Screening program has commenced for the 2019/2020 academic year. Children enrolled in Senior Kindergarten will have the opportunity to participate in three screening tests. These screening tools can assist in detecting vision health issues. All parents of Senior Kindergarten children will receive information regarding vision health following the screening session. All parents are encouraged to utilize their OHIP benefits and schedule an annual eye exam for their children.

Health Protection

1. Control of Infectious Diseases (CID)

Universal Influenza Immunization Program (UIIP)

Influenza immunizations became available in mid-October, targeting high-risk groups and then launched to the general public on October 30, 2019. To date, CID staff have distributed 40 848 doses of the vaccine to health care providers in the community. This does not include distribution to pharmacies, who order and receive their inventory directly from their wholesale distributors. Everyone six months of age and older, without contraindications, is encouraged to receive their free flu vaccine.

To-date, 3107 individuals have received their flu vaccine through Public Health Sudbury & Districts. Health care providers will continue to order and receive their vaccine from us for the remainder of the season.

To date, there has been eight confirmed sporadic cases of influenza.

Tuberculosis program

In 2019, 143 positive skin tests were reported in the Public Health Sudbury & Districts and for whom follow-up was provided. There were also three cases of tuberculosis where Public Health Sudbury & Districts was involved in case management activities. These were transferred to our local hospital from other health unit jurisdictions.

Tuberculosis education evening for health care practitioners

The Tuberculosis Prevention and Control Protocol requires that boards of health provide annual education to health care providers and/or community stakeholders based on local epidemiology and community need. The tuberculosis team organized an evening of education for community health professionals on November 12, 2019. The keynote speaker was Dr. Elizabeth Rea, Associate Medical Officer of Health, TB Program, from Toronto Public Health who is one of the co-authors of the national TB guidelines. The event was well-received by its 34 participants including physicians, nurse practitioners, health care students, public health staff, and other health care disciplines.

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

Sexual health promotion

In support of the HIV/AIDS world day on December 1, social media advertisement was undertaken via:

- Facebook for a week promoting HIV testing
- The dating app Scruff for a week promoting the U=U anti-stigma campaign - that an undetectable HIV viral load effectively poses no risk of HIV transmission within a comprehensive public health approach to sexual health

A syphilis physician reference card was distributed to local walk-in clinics with an aim to promote early detection and treatment for syphilis.

During the months of November and December, 36 participants attended four presentation on the topic of sexual health, STIs, and birth control options.

Sexual health clinic

Drop-in visits to the Rainbow Office site related to STIs, blood-borne infections and/or pregnancy counselling were 282 in October 254, in November, and 227 in December.

Needle exchange program

Harm reduction supplies were distributed, and services received through 2176 client visits in September and 2361 client visits in October, across the Public Health Sudbury & Districts' region.

3. Control of Infectious Diseases

During the months of November and December, 15 sporadic enteric cases and six infection control complaints were investigated. Four enteric outbreaks were declared in institutions.

On November 21, 2019, Public Health Sudbury & Districts received a report of a potential Infection Prevention and Control (IPAC) lapse involving a regulated health professional at a local dental office. Public Health Sudbury & Districts' investigation confirmed that an IPAC lapse had occurred and involved a small number of patients. Patient notification was completed and the practice was given direction to achieve Medical Device Reprocessing Best Practice. An IPAC lapse report was posted on the agency website on December 12, 2019.

On November 19, 2019, a media release reminding the public to protect themselves and others against Norovirus was issued. The release provided general information on Norovirus including methods of transmission, symptoms, duration of illness and prevention measures.

4. Food Safety

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

Staff issued 26 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in November and December, 150 individuals were certified as food handlers.

In response to a power outage affecting several communities within Public Health Sudbury & Districts' catchment area, a media release was issued on November 28, 2019, informing the public of how to keep food safe during and after a power outage.

5. Health Hazard

In November and December, 61 health hazard complaints were received and investigated, resulting in two orders to comply being issued for issues identified on two different properties.

6. Ontario Building Code

During the months of November and December, 13 sewage system permits, eight renovation applications, and two consent applications were received. One order to comply was issued for a sewage system being installed without a building permit being issued.

7. Rabies Prevention and Control

Forty-eight rabies-related investigations were carried out in the months of November and December. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

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

8. Safe Water

During November and December, 42 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated seven regulated adverse water sample results, as well as drinking water lead exceedances at one local school.

One boil water order, and one drinking water order were issued. Furthermore, one boil water order, and one drinking water order were rescinded.

On November 3, 2019, a drinking water advisory was issued for the residents of Killarney. The advisory was issued in response to a temporary loss of pressure and was lifted once the bacteriological quality of the water supply was tested and deemed satisfactory.

9. Smoke-Free Ontario Act Enforcement

In November and December, Smoke-Free Ontario Act Inspectors charged five individuals for smoking in an enclosed workplace, one of these charges was the result of smoking in a workplace vehicle. Twenty individuals were charged for smoking or vaping on school property.

Knowledge and Strategic Services

1. Health Equity

The Partners to End Poverty Steering Committee that oversees the Circles initiative (including Bridges out of Poverty, Leader Training, and Circles) continues to meet monthly. The committee is represented by 16 community partners. Four Bridges out of Poverty workshops were delivered in late November and December bringing the total number of community members who have participated in training to 951. Workshops were held for staff at the North East Local

Health Integration Network in Sudbury and Timmins, and additional community sessions were held in Sudbury and Chapleau.

Two additional Circles Leader Training sessions were delivered in November and December in partnership with St. Albert Adult Learning Centre and Spark Employment Services in November for a total of nine program offerings in the community. Circles Sudbury programming finished in 2019 with sessions that focused on trust and vulnerability, a collective kitchen facilitated by the Nutrition and Physical Activity Action Team, and relationship building activities to facilitate matches between new Leaders and volunteer Allies. Circles meetings resumed on January 7, 2020.

Work on the project to address anti-Black racism funded by the Department of Canadian Heritage continued with youth members of the project team facilitating six sessions in November and December with students from Laurentian University, Thorneloe University, Lo-Ellen Park Secondary School, and across the Rainbow District School Board as part of the “Free to Be Me” elementary school conference. A total of 190 young people from Grade 7 through to post-secondary school in the community participated in the facilitated discussions about racism.

The agency welcomed a new staff member to support the Circles initiative through a partnership with the N’Swakamok Native Friendship Centre. This partnership enabled the Health Equity Team to hire an Indigenous community member to serve as a Circles Program Intern for 18-weeks with possible extension up to 52 weeks through funding from the Apatisiwin On-the-Job Training Program. The new staff member was one of the Leaders in the program, prior to joining the agency as a staff member.

2. Indigenous Engagement

On November 27 and 28, four half-day sessions were offered to staff on Indigenous Cultural Humility and Mindfulness. The session addressed cultural humility, which is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. This training was very well received by the approximately 150 staff who attended. Additionally, a full-day Indigenous Cultural Competency session was held for 35 staff on December 17. This training was mandatory for staff who had not yet participated in one of the past Indigenous Cultural Competency trainings and was designed to support staff’s ability to understand and value Indigenous perspectives.

3. Population Health Assessment and Surveillance

A new report titled *Opportunities for Health for All. A Focus on Income* includes several mental health and health behavior and risk indicators where we see the influence of income as an upstream determinant of health. The analyses presented include information on smoking,

physical activity, self-rated health, life satisfaction, self-rated mental health, use of mental health services, and select mental health challenges.

4. Research and Evaluation

Public Health Sudbury & Districts has identified six priority knowledge and research priorities: Health and Racial Equity, Public Mental Health, Substance Use, Communicable and Infectious Diseases, Community and Stakeholder Engagement, and Public Health System. These will be shared with other public health units, our community and academic partners, research institutes, governmental and non-governmental agencies, and will be used in a proactive manner to inform our involvement in public health research projects, including Louise Picard Public Health Research Grant projects.

Researchers from Public Health Sudbury & Districts and Laurentian University are collaborating on a study to explore public health needs of 2SLGBTQ+ people. Two Digital Storytelling workshops were held in November with a total of 14 participants. The information and the videos generated from these workshops will help inform future public health policy and programming that is equitable and supportive of the needs of 2SLGBTQ+ people.

5. Staff Development

Over the past month there have been several onsite training and development opportunities offered to staff and managers. Topics of these sessions included change management, media training, progressive discipline, risk communication, and synthesizing evidence for decision makers. We have also provided opportunity for several staff and managers to participate in an online training in First Nations principles of OCAP® (Ownership, Control, Access and Possession). OCAP® is a set of principles that have been established to guide research processes within First Nations. This is a module-based training that staff can complete at their own pace.

6. Student Placement and Development

Over the course of November, approximately 42 dental assisting students from Cambrian College and Collège Boréal were provided observational opportunities at Public Health Sudbury & Districts. We have received requests for placements for nursing students from Cambrian College and Laurentian University, and Masters in Public Health students from Western and McMaster University for the new year.

For the first time, we have recently hosted a student from Laurentian University's Indigenous Social Work program. We are exploring hosting a student from Cambrian College's new Health Services Navigation program which we feel will align with the Health Equity team programming. Within the NOSM 2019/2020 academic year, three Public Health and Preventative Medicine residents are being provided placement opportunities in our agency.

On November 26 we provided a presentation to third year Laurentian University nursing students on the use of logic models in public health planning.

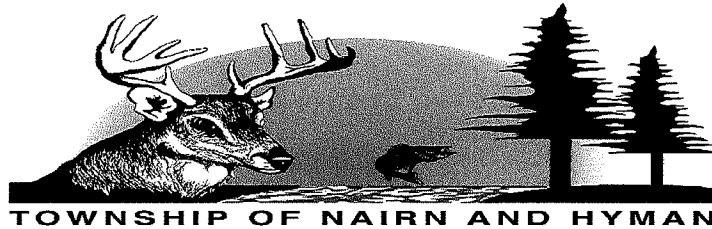
7. Strategic Engagement Unit and Communications

The Strategic Plan Committee launched a new way to showcase the Strategic Priority Narratives with our staff - through videos. The first video highlights the story about our work with the Baby Café, which links to the strategic priority of Equitable Opportunities.

Respectfully submitted,

Original signed by

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



64 McIntyre Street • Nairn Centre, Ontario • P0M 2L0 ☎ 705-869-4232 📠 705-869-5248
Established: March 7, 1896 Office of the Clerk Treasurer, CAO E-mail: nairncentre@personainternet.com

January 3, 2020

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

Dear Minister Elliott:

Re: Support Resolution Re: E-Cigarette and Aerosolized Product Prevention and Cessation

Please be advised our Council adopted the following resolution at their meeting of December 16, 2019:

SUPPORT RESOLUTION RE E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

RESOLUTION # 2019-16-311

MOVED BY: Rod MacDonald

SECONDED BY: Katherine Bourrier

RESOLVED: that council supports the resolution adopted by Public Health Sudbury & Districts, No.48-19, dated November 21, 2019, regarding E-Cigarette and Aerosolized Product Prevention and Cessation.

CARRIED

Sincerely Yours,

Belinda Ketchabaw
CAO Clerk - Treasurer

BK/mb

Cc: Public Health Sudbury & Districts
Michael Mantha, MPP, Algoma-Manitoulin

From: Martel, Shelley <SMartel@ndp.on.ca>
Sent: December 17, 2019 3:32 PM
To: Penny Sutcliffe <sutcliffep@phsd.ca>
Subject: FW: Youth Vaping

Dear Penny,

I hope you are having a good day! It has been many years since I have connected with you so I hope you are doing well and work is not too busy!

I'm sending you the information below in your role as the Medical Officer of Health and CEO for Public Health Sudbury and Districts.

France Gelinat introduced a Private Members' Bill on youth vaping at Queen's Park on November 27. The Bill can be found online at:

https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2019/2019-11/b151_e.pdf

On November 28th, she held a press conference on this issue in the Queen's Park media studio. A number of organizations attended or added their support for this initiative. I have included the English and French copies of the media releases below.

On December 4th, NDP MPP Teresa Armstrong asked 2 questions regarding this PMB in the Legislature during Question Period on France's behalf. The links to the audio/video of these questions have also been included.

On December 9th, France spoke to the Toronto Board of Health, sharing her concerns regarding youth vaping and outlining the details of her PMB. I have added the link to the Toronto Star article where this was reported on.

If you have any questions regarding this initiative, please don't hesitate to let me know.

Thanks for your consideration.

Be well.

Shelley Martel

NDP Stakeholder Relations

(W) 416-325-9758

Audio: <https://www.dropbox.com/s/4xcyey1y4w7yg3f/Q7-Armstrong.mp3?dl=0>

Video: <https://www.dropbox.com/s/o3m4ddiozdc2c2w/Q7-Armstrong.mp4?dl=0>

https://www.thestar.com/news/city_hall/2019/12/09/torontos-board-of-health-recommends-tax-on-vaping-products.html

MPP Gélinas's bill would protect kids from picking up vaping

TORONTO — Ontario NDP health Critic France Gélinas (Nickel Belt) and representatives from Ontario's health promotion agencies met in the Queen's Park media studio to discuss MPP Gélinas's bill, *Vaping is not for Kids*.

"This bill sets up firm obligations on the Ministry of Health to prevent Ontario youth from picking up vaping and becoming addicted to nicotine. When it comes to protecting young people from e-cigarettes and vaping, Ontario is woefully behind the pack. The NDP's *Vaping is not for Kids* bill would prohibit the promotion of vaping products, regulate what flavours are available, set a maximum amount of nicotine per milliliter of e-fluid, restrict sales to specialty shops, require Ontario Health to prepare an annual report on vaping usage and health effects and set tax money aside for research," said Gélinas.

"Given how little we know about the long-term effects of vaping, it's imperative that Ontario uses the precautionary principal when allowing a product like this onto the market. We are far behind other jurisdictions when it comes to protecting our youth from the predatory practices of the vaping industry, and it is time to catch up."

Michael Perley, the Ontario Medical Association's (OMA) chair at the Ontario Coalition Against Tobacco (OCAT), supports the bill. "Thanks to an inadequate and permissive federal vaping legalization framework and to the aggressive promotion of flavoured vaping by the tobacco industry, more and more Ontario kids are becoming addicted to nicotine every day," said Perley. "The provincial government needs to take strong action now to block industry nicotine promotion to our kids. Banning all flavours except those specifically permitted, and restricting vaping sales to specialty vaping stores, as Madame Gélinas proposes, will help align vaping regulation with tobacco regulation. It will also reinforce the government's recently-announced retail vaping promotion ban. We urge the government to immediately adopt this bill as its own, and thank Madame Gelinas for this important initiative."

Dr. Atul Kapur, Executive Director of Physicians for a Smoke-Free Canada, also supports Gélinas's bill. "It took decades for us to learn the health effects of smoking. We are now at the same early stages with vaping," said Kapur. "If we are going to learn the lessons from smoking, we need to be more cautious in how we allow these products to be marketed. Recently, the legislature in Prince Edward Island unanimously adopted measures to protect youth in that province. We would hope and expect similar all-party support for this bill, too. Our enormous gratitude to Ms. Gélinas and her team for continued championing of this important file."

Smoke-Free Ontario Amendment Act (Vaping is not for Kids) was introduced in the Ontario Legislature on Nov. 27.

Quotes

"MPP Gélinas' legislation takes concrete steps to reduce youth vaping and deserves support. We urge all Ontario MPPs to support the bill. We have made such progress at reducing youth smoking that we do not need a new generation of teenagers to become addicted to nicotine through e-cigarettes.

Restricting flavours and limiting where e-cigarettes can be sold are necessary measures. The sooner legislation is adopted, the sooner Ontario's youth will be protected."

- **Helena Sonea, Senior Manager of Public Issues, Canadian Cancer Society**

"NPAO is pleased to support any legislation that promotes healthy public policy for Ontarians, such as this bill to limit exposure to the harms of vaping".

- **Dawn Tymianski, Chief Executive Officer, Nurse Practitioners' Association of Ontario**

"Parents are concerned about how harmful vaping is and what effect it could have on our kids. The government should be regulating attractive flavours so that kids are not motivated to try them. We hope for continued education campaigns against youth vaping. We also want to ensure school staff and administrators are given the resources needed as they educate our children about the long-term effects of vaping."

- **Annalisa Crudo-Perri, President, The Ontario Association of Parents in Catholic Education**

"The Ontario Lung Association is deeply concerned about the rising youth vaping rate and the rise in vaping related lung illnesses. The research available demonstrates that vaping can be harmful to the lungs in many different ways and inhaling the toxic chemicals found in e-liquids can cause long-term, irreversible damage to the lungs of our youth. We are in favor of stricter regulations including: increased restrictions on the sale of vapour products and flavors, further constraining advertisements and promotions, limiting nicotine levels, and other measures that work towards protecting Ontarian youth from the lung health risks associated with vaping."

- **George Habib, President & CEO, Ontario Lung Association**

"Ontario nurses support further controls and limits on vaping, as proposed, that will put the health protection of Ontarians first,"

- **Vicki McKenna, RN, President, Ontario Nurses' Association.**

"The proliferation of vaping product use in recent years—especially among Canadian youth—is cause for concern to all of us. Although the long-term effects of vaping are still unclear, we know that vaping can exacerbate asthma symptoms and other respiratory illnesses. Moreover, vaping is leading to a reversal of decades of anti-smoking progress, which is deeply troubling. As such, Asthma Canada stands behind the new amendments proposed in the bill Vaping is not for Kids."

- **Vanessa Foran, President & CEO of Asthma Canada**

"We need to take urgent and immediate action to head off the creation of a new generation of young people addicted to nicotine. The evidence of the harms of vaping, especially for youth, is mounting almost daily. We must apply the learnings from decades of successful tobacco control policy and this legislation does that."

- **Dr. Andrew Pipe, Chair - Heart & Stroke, Canada**

-30-

Media contact: Damien Waddell, 416-325-9203

December 2, 2019

VIA EMAIL

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

Dear Minister Elliott:

Subject: Vapour Product Use Among Youth

On behalf of the Board of Health of the Leeds, Grenville and Lanark District Health Unit, I congratulate you on taking an important first step to address the serious problem of vapour product use (with e-cigarettes) among youth in our communities by restricting the advertising of vaping products to adult access stores.

Since 2017 there has been a dramatic increase in the number of youth who are now using vapour products, including youth who are non-smokers. New high tech vapour products, the addition of flavours that appeal to youth, easy access, its marketing as being safe, as well as high levels of nicotine leading to addiction are all contributing to this increase. Nicotine affects the growth and development of the youth brain, and the other inhaled, unregulated vaping compounds likely have a serious impact on the respiratory system.

Our Board of Health urges you to continue your work to protect the youth by supporting Bill 151, the *Smoke-Free Ontario Amendment Act (Vaping is not for Kids)*, 2019. The Bill includes the following measures concerning vapour products:

- Banning promotion
- Banning flavours unless exempted by regulation
- Setting a maximum nicotine level in pods and liquids of 20 mg/ml
- Banning sales except in adult-only specialty vape stores
- Requiring specialty vape stores to be approved by the local Board of Health
- Authorizing the Health Minister to direct that tax revenue from e-cigarette sales in specialty vape shops be directed to public education, provided that the Legislature appropriates funds for this purpose
- Requiring Ontario Health to prepare an annual report to the Health Minister on youth vaping with information and recommendations

Sincerely,



Doug Malanka
Board Chair

cc: Ontario Boards of Health
Randy Hillier, MPP, Lanark-Frontenac-Kingston
Steve Clark, MPP, Leeds-Grenville-Thousand Islands & Rideau Lakes

November 29, 2019

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

Sent via e-mail: Patty.Hajdu@parl.gc.ca

Dear Minister Hajdu,

Congratulations on your appointment as Federal Minister of Health. We look forward to working with you to advance the health and well-being of all Canadians.

Peterborough Public Health (PPH) has been long involved in raising concerns regarding the impact of vaping on non-smokers and in particular, youth. Continuing with this advocacy in order to protect youth in our community is critical. At the October 9, 2019 meeting of the Board of Health, communications from both the Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Boards of Health (attached) were reviewed regarding vaping in Ontario.

PPH has provided feedback to a number of Health Canada consultations related to vaping and youth including advertising of vaping products (March 2019), regulatory measures to reduce youth access and appeal of vaping products (June 2019) and labelling and packaging of vaping products (August 2019). PPH responses to these consultations have noted that while vaping may be less harmful than smoking tobacco, it is not harm free. This has been demonstrated most recently by the hospitalization of a young person in the Middlesex-London Health Unit area, following hundreds of hospitalizations and deaths in the United States as a result of vaping-related pulmonary illness.¹

On September 19, 2019, representatives from eight health organizations (Action on Smoking and Health, Canadian Cancer Society, Canadian Medical Association, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, Ontario Campaign for Action on Tobacco and Physicians for a Smoke-Free Canada) made an appeal for immediate federal action to curb the marketing of vaping products.² These groups urged all federal political parties to commit to an urgent interim order that would put vaping products under the same kind of restrictions that are currently in place for tobacco products. Acceptance of this interim order would result in having protective restraints in place this calendar year using the powers of the Department of Health Act within sixty (60) days of a forming government.

We ask that action using the interim order is taken immediately to curb the marketing of vaping products in order to protect youth and reverse the current trend in both youth vaping and tobacco rates. Vaping products must be under the same kind of restrictions that are currently in place for tobacco products. Acceptance of an interim order using the powers of the Department of Health Act would result in having protective restraints in place this calendar year. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Hon. Christine Elliott, Ontario Minister of Health
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health, Ontario
Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

¹ CBC London (September 2019) Ontario teen was on life-support after respiratory illness linked to vaping. Retrieved from:
<https://www.cbc.ca/news/canada/london/middlesex-london-health-unit-vaping-respiratory-illness-1.5288065>

² CTV News (September 2019) Canadian health groups concerned about teen vaping call for urgent government action. Retrieved from: <https://www.ctvnews.ca/health/canadian-health-groups-concerned-about-teen-vaping-call-for-urgent-government-action-1.4601027>



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
Hcminister.ministresc@canada.ca

RE: Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada

Dear Minister Hajdu,

At its meeting on November 16, 2019, the City of Hamilton Board of Health endorsed the October 16, 2019 correspondence from Kingston, Frontenac and Lennox & Addington Public Health, respecting comprehensive measures to address the rise of vaping in Canada.

The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

Page 1

Endorsement of Measures to Address the Rise of Vaping in Canada

Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco use among children youth and young adults. However, in Hamilton, sales of vapour product or e-cigarettes to persons under the age of 19 have so far doubled in 2019 in comparison to all of 2018. There also is a marginal increase in tobacco sales to persons less than 19 years old in 2019 in comparison to 2018.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019, through which the City of Hamilton Public Health Services has submitted regulatory recommendations.

The City of Hamilton Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

On behalf of the City of Hamilton's Board of Health, we endorse the following:

- a) That the Federal Government prohibit all additives and non-tobacco flavours in vaping products and e-liquids;
- b) That the Federal Government require the listing of all ingredients on product labels and packaging on vapour products;
- c) That the Federal Government require health and toxicity warnings on vapour products;
- d) That the Federal Government restrict nicotine concentration in all vaping products;
- e) That the Federal Government require standardized and tamper proof packaging on all vapour products;
- f) That the Federal Government require mandatory testing and reporting for vapour products;
- g) That the Federal Government strengthen the advertising and promotion control regime so that it aligns with tobacco controls; and,

Endorsement of Measures to Address the Rise of Vaping in Canada

- h) That the Federal Government develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls, and to identify emerging products.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (aPHa)
Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Honourable Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
Christine.elliott@pc.ola.org

Re: Endorsement of Correspondence re: Measures to Address the Rise of Vaping in Ontario

Dear Minister Elliott,

At its meeting on November 16, 2019, the City of Hamilton Board of Health endorsed the following correspondence regarding comprehensive measures to address the rise of vaping in Ontario: September 27, 2019 - Kingston, Frontenac and Lennox & Addington Public Health, respecting a Resolution regarding the Immediate Removal of Regulation 268 of the *Smoke-Free Ontario Act, 2017*; October 30, 2019 – Simcoe Muskoka District Health Unit respecting Restrictions of Vaping Products and Flavoured E- cigarettes; and, October 24, 2019 – Windsor-Essex County Health Unit respecting the Harms of Vaping and the Next Steps for Regulation.

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

However, the sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Ontarians.

Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation

.../2

and escalation of tobacco use among children youth and young adults. However, in Hamilton, sales of vapour product or e-cigarettes to persons under the age of 19 have so far doubled in 2019 in comparison to all of 2018. There also is a marginal increase in tobacco sales to persons less than 19 years old in 2019 in comparison to 2018.

Immediate action is needed to curb the impacts of vaping given the increasing vaping rates among youth, widespread promotion of vaping products, and emerging concerns about vaping-related pulmonary illness. Targeted policy measures such as limiting vapour product display and advertising in convenience store strengthening penalties for retailers with a history of repeated sales to minors convictions (e.g. regulations and protections for tobacco such as the Automatic Prohibition); and restricting flavours would substantially impact youth vaping, while limiting impacts on vendors who respect restrictions against selling to young people.

As such, the City of Hamilton Board of Health endorses the following and urges:

- a) That the Provincial Government immediately remove Regulation 268 of the *Smoke-Free Ontario Act, 2017*, so that retailers of vaping products will not be allowed to promote them, and so that the promotion and display of vape products are subject to the same prohibition as tobacco products;
- b) That the Provincial Government make amendments to the *Smoke-Free Ontario Act, 2017* restricting the promotion and marketing of vaping product and the sale of flavoured vaping products, and applies all regulations and protections for tobacco, such as the Automatic Prohibition, to vaping retailers; and,
- c) That the Provincial Government call for restrictions to ban flavoured e-cigarettes, as the evidence clearly supports that the thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, are a significant factor in youth uptake and use.

Sincerely,



Fred Eisenberger

Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health

November 21, 2019

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

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

Dear Minister Hajdu/Minister Elliott:

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

Vaping has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018¹. While vaping products have been regarded as safer than combustible tobacco cigarettes, recent reports of severe pulmonary illness associated with vaping in the United States and Canada have given rise to concerns about the use of vaping products, especially among youth. Most vaping products contain nicotine at varying levels. This is concerning as children and youth may become dependent on nicotine more rapidly than adults leading to addiction and physical dependence². Research has demonstrated that youth are especially susceptible to the negative effects of nicotine, as it can alter their brain development and can affect memory and concentration.^{2,3} There are thousands of flavours of e-liquids available, including candy and fruit flavoured varieties that are greatly appealing to youth, and there is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth⁴.

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross-sectional surveys. *BMJ*, 365, I2219.

² Health Canada. (2019-02-04). Vaping: Get the Facts. Retrieved November 2019 from: [tobacco/vaping/risks.html?utm_source=google&utm_medium=cpc_en&utm_content=risks_2&utm_campaign=vapingprevention2019&utm_term=%2Bvape](https://www.hkpr.on.ca/tobacco/vaping/risks.html?utm_source=google&utm_medium=cpc_en&utm_content=risks_2&utm_campaign=vapingprevention2019&utm_term=%2Bvape)

³ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁴ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: an experimental study, *Tobacco Control*, 2016;25(e2):e107-e112.

.../2

Minister Hajdu
Minister Elliott
November 21, 2019
Page 2

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

These recommended regulations include:

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

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

Sincerely

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



Doug Elmslie, Chair, Board of Health

DE/lm

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

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 October 17

COLLABORATIVE ACTION TO ADDRESS VAPING CONCERNS

Recommendations

It is recommended that the Board of Health:

1. *Receive Report No. 059-19 re: “Collaborative Action to Address Vaping Concerns”;*
2. *Endorse the HEAL Youth Advisory Council’s (HEALYAC) position statement “Vaping in Schools and Student Health,” attached as [Appendix A](#), expressing its support of youth advocacy on vaping;*
3. *Submit a letter, attached as [Appendix B](#), along with the HEALYAC’s position statement, to the Tobacco Control Directorate of Health Canada and the federal Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products;*
4. *Submit a letter, attached as [Appendix C](#), along with the HEALYAC’s position statement, to the Ontario Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products; and,*
5. *Send a copy of this report and its appendices to local members of the provincial and federal parliaments, and to the Association of Local Public Health Agencies for dissemination to all Ontario boards of health.*

Key Points

- The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States, and investigations are ongoing across the United States and Canada to understand the scope of this issue and the health consequences associated with vaping.
- The Middlesex-London Board of Health has a history of supporting the enactment of strong policy measures to help prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture.
- Western University’s Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC) identified vaping as one of the most important health issues facing youth in the London community, and created a position statement (attached as [Appendix A](#)) highlighting recommendations for action.
- Due to growing concerns related to the health consequences of vaping and the uptick in youth vaping across Canada, Health Unit staff prepared letters for Board of Health approval ([Appendices B](#) and [C](#)) to express its support for strengthened measures to limit youth access, appeal, and advertising of vaping products.

Growing Concerns Related to Health Harms Associated with Vaping

The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States. According to the Centres for Disease Control and Prevention (CDC), as of October 3 there were 18 confirmed deaths and more than 1,000 cases of illness under investigation, affecting almost every state. At the time of writing of this report, the source of these illnesses remains unclear; however, according to the CDC, chemical exposure is likely the cause, with no consistent product, substance, or additive being identified.

While investigations are ongoing in the United States, the Public Health Agency of Canada and the Council of Chief Medical Officers of Health have convened a federal, provincial, and territorial task group to develop a uniform approach to identifying and reporting cases of severe pulmonary illness related to vaping. With the growing number of cases under investigation across Canada and the United States, the reporting of confirmed and probable cases will provide information necessary to understand the scope of this issue and the health consequences associated with vaping. Health Unit staff will continue to monitor this situation.

Vaping in Schools and Student Health

Public Health Nurses from the Child Health and Young Adult teams, the Health Unit's Enforcement Officers, and the Vaping Prevention Health Promoter have been working in collaboration with Southwestern Public Health staff to support school administrators in their efforts to address the increased use of vaping products by youth. This collaboration is creating a comprehensive vaping strategy that includes staff education, vaping curriculum supports, in-school vaping awareness and educational activities for students, cessation supports for students, parent outreach, and enforcement. Implementation of a public awareness campaign, using social media and targeted paid advertisements, is planned for later this fall in partnership with health units from the Southwest Tobacco Control Area Network.

In 2018, Western University's Human Environments Analysis Laboratory (HEAL) established a Youth Advisory Council (HEALYAC) with the goal of integrating youth voices and perspectives into research. The HEALYAC is comprised of fourteen high school students aged 13 to 18, representing diverse communities within the City of London, who work collectively toward the goal of improving the health of young people through authentic collaboration and participatory research with the HEAL. In 2019, the HEALYAC identified vaping as one of the most important health issues facing youth in the London community and suggested that youth input would strengthen future actions aimed at minimizing vaping among young people. In order to share their concerns with stakeholders and community members, the HEALYAC collectively wrote a position statement (attached as Appendix A) that provides an overview of the problem of vaping in schools and advances several key recommendations to address the issue. Leveraging its strong relationships with school and community partners, the Health Unit intends to work in partnership with the HEALYAC to support the development and implementation of a "by youth, for youth" vaping prevention campaign to be disseminated through media channels frequented by youth in Middlesex-London in 2020.

Opportunity for Protective Policy Measures through Federal and Provincial Regulation

The Board of Health has a history of supporting the enactment of strong policy measures to prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture (see reports [016-18](#), [048-18](#), [068-18](#), [026-19](#), and [040-19](#)). Due to growing concerns related to the health harms associated with vapour product use and the uptick of youth vaping across Ontario and Canada, Health Unit staff prepared two letters for Board of Health approval (attached as Appendices B and C) in support of strengthened measures to limit youth access, appeal, and advertising of vaping products. Vapour products that contain nicotine are addictive and alter brain development in youth, including areas of the brain that control memory, concentration, impulse control, and addiction pathways. With a 74% increase in youth vaping and a 45% increase in youth smoking in Canada from 2017 to 2018 ([Report 055-19](#)), and given the growing concerns about the health harms associated with vapour product use, the public health sector should be concerned about growing rates of nicotine addiction among young people following decades of decline in youth smoking rates.

This report was prepared by the Healthy Living Division.



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



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
hcmminister.ministresc@canada.ca

ATTN: Hon. Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

**RE: Endorsement of Regional Municipality of Durham's Motion re: Opioid
Overdose Emergency Resolution**

Honourable Ministers of Health,

At a meeting on November 18, 2019, the City of Hamilton Board of Health endorsed the October 24, 2019 correspondence from the Regional Municipality of Durham, regarding their motion on an Opioid Overdose Emergency Resolution.

Within the City of Hamilton, the impact of opioid related health issues continues to rise. This city continues to be disproportionately affected by the opioid crisis with rates for opioid related emergency hospital visits, hospitalizations and deaths that are higher than the Ontario provincial average. In 2017, Hamilton opioid related poisonings were 20.4 deaths per 100,000 vs. Vancouver rates of 20.2 deaths per 100,000. Opioid related death rates for 2018 continued to rise, and early reports for 2019 indicate this trend is continuing. Demands on emergency medical services including paramedicine services, emergency department visits and hospitalizations continue to escalate and represent a significant cost to the health care system. The cost of the opioid crisis on human life and the subsequent implications for persons who are using substances and their family and friends is beyond measure.

The harms related to opioid use not only include opioid poisonings, but also include opioid use disorders, adverse drug reactions, neonatal withdrawal, secondary infections

Page 1

Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

such as HIV, Hepatitis, invasive group A streptococcal infections, endocarditis, pervasive individual trauma and community violence. These harms contribute to the need for the declaration of an Opioid Emergency across the province and the country.

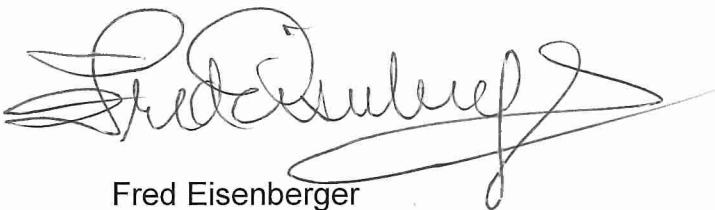
The factors that lead to opioid use and substance use disorder are multiple and pervasive. Trauma, violence, and economic disparity are a few of the components of this issue. Many factors are related to social determinants of health and thus require long term, persistent and co-ordinated approaches in order to have an impact on the harms caused by opioid misuse.

At its November 18, 2019 meeting, the Hamilton Board of Health recommended that the City Council acknowledge and declare an Opioid Emergency in the City of Hamilton. This declaration recognizes and underscores the seriousness of this issue and allows for renewed attention and continued collective action. The City of Hamilton, like other regions and urban centres needs the support of the federal government and Minister of Health to combat this crisis. This support would best come in the way of public affirmation of the seriousness of this issue, a co-ordinated federal and provincial drug strategy and funding to support and expand evidence-based responses that support all pillars of drug strategy: prevention, harm reduction, treatment and social justice.

This multifaceted approach is addressed in the correspondence from the Regional Municipality of Durham, which outlines specific recommendations from the Federation of Canadian Municipalities, Mayor's Task Force and Association of Municipalities Ontario to combat this epidemic. In addition, at its meeting on November 27, 2019 Hamilton City Council endorsed urging the Minister of Health to seek authority from Health Canada to import diacetylmorphine (pharmaceutical heroin) for use as a managed opioid program medication.

The recommendations in the endorsed letter provide a roadmap for success through the declaration of a national epidemic, co-ordination of response across the country and funding to support public health units and Boards of Health to continue to provide evidence-based interventions to address the opioid crisis such as managed opioid programs and services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a large, stylized flourish extending from the bottom right.

Fred Eisenberger

Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek

Hon. Scott Duvall, MP, Hamilton Mountain

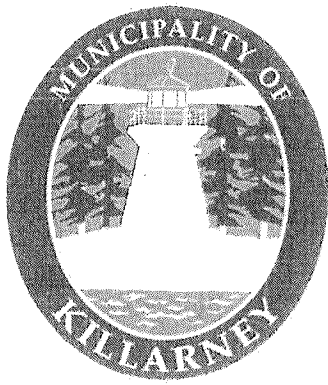
Hon. Matthew Green, MP, Hamilton Centre

Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas

Council of Ontario Medical Officers of Health

Association of Local Public Health Agencies (alPHA)

Ontario Boards of Health



Municipality of Killarney

November 27, 2019

Main Office:
32 Commissioner Street
Killarney, Ontario
P0M 2A0

Tel: 705-287-2424
Fax: 705-287-2660

E-mail:
inquiries@municipalityofkillarney.ca

Public Works Department:
1096 Hwy 637
Killarney, Ontario
P0M 2A0

Tel: 705-287-1040
Fax: 705-287-1141

website:
www.municipalityofkillarney.ca

Town of Kingsville
c/o Jennifer Astrologo, Clerk
2021 Division Road North
Kingsville, Ontario
N9Y 2Y9

Dear Ms. Astrologo:

Attached hereto is Resolution #19-374 that was passed at the Regular Meeting of Council held November 26, 2019 which is self-explanatory.

Should you have any questions, please contact the municipal office.

Sincerely,
THE MUNICIPALITY OF KILLARNEY

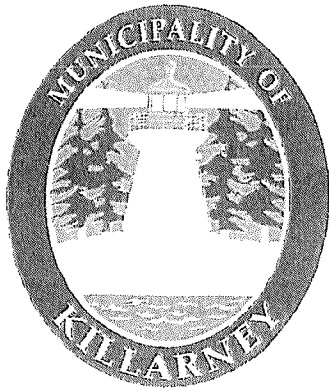
(Mrs.) Angie Nuziale,
Administrative Assistant

Attachment

cc: Premier Doug Ford
AMO
FONOM
Public Health Sudbury & Districts
Manitoulin-Sudbury District Services Board
All local MPPs.

Word: Letters:Kingsville-Local Health Care-27-11-2019

Public Health Sudbury & Districts Medical Officer of Health and CEO			
DEC 05 2019			
Environ Health	_____	KSS	_____
Clinical Services	_____	SEU	_____
Corporate Services	_____	Board	_____
Health Promotion	_____	Committee	_____
File ()	Circulate ()	Return ()	F.Y.I. ()



The Corporation of the Municipality of Killarney
32 Commissioner Street
Killarney, Ontario
P0M 2A0

MOVED BY: Jim Rook

SECONDED BY: Barbara Anne Haitse

RESOLUTION NO. 19-374


BE IT RESOLVED THAT the Municipality of Killarney support Resolution 533-2019 passed by the Town of Kingsville at their October 15th, 2019 meeting regarding Local Health Care Services;

FURTHER THAT the Municipality of Killarney calls upon the Ontario government to halt the closures of, mergers of, and cuts to our local health care services including Public Health Units, land ambulance services, hospitals and long-term care homes;

FURTHER THAT this resolution be forwarded to Premier Doug Ford, AMO, FONOM, Public Health Sudbury & Districts, Manitoulin-Sudbury District Services Board, and all local MPPs.

CARRIED

I, Candy K. Beauvais, Clerk-Treasurer of the Municipality of Killarney do certify the foregoing to be a true copy of Resolution #19-374 passed in a Regular Council Meeting of The Corporation of the Municipality of Killarney on the 26th day of November 2019.


Candy K. Beauvais
Clerk Treasurer



The Corporation of the Town of Espanola
100 Tudhope Street • Suite 2, Espanola, Ontario P5E 1S6
Telephone: (705) 869-1540 • Facsimile: (705) 869-0083
Website: www.espanola.ca

November 12, 2019

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

Public Health Sudbury & Districts Medical Officer of Health and CEO	
NOV 29 2019	
Environ Health	KSE
Clinical Services	SEU
Corporate Services	Board
Health Promotion	
File ()	Calculate ()

Dear Premier,

During the Regular Meeting of Council of November 12, 2019 the following resolution was adopted:

"Be It Resolved That: Council for the Town of Espanola supports resolution No. 533-2019 from the Town of Kingsville regarding Local Health Care Services as attached; and that a copy of this resolution be forwarded to Doug Ford, Premier of Ontario; Christine Elliott, Minister of Health and Long Term Care; local MPP's and the Board of Health for Public Health Sudbury and Districts."

Sincerely,

Paula Roque
Clerk

Encl

Cc: Christine Elliott, Minister of Health and Long Term Care
Local MPP's
Board of Health for Public Health Sudbury and Districts.

The Town of Espanola is committed to serving the needs of our community by supporting the positive, well-balanced, social, economic, environmental and physical growth of the town. We will continue to pursue excellence by providing accountable and affordable services while promoting the highest quality of life.



2021 Division Road North
Kingsville, Ontario N9Y 2Y9
Phone: (519) 733-2305
www.kingsville.ca
kingsvilleworks@kingsville.ca

SENT VIA EMAIL

October 25, 2019

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

Dear Premier Ford:

RE: LOCAL HEALTH CARE SERVICES

At its Regular Meeting held on October 15, 2019 Council of the Town of Kingsville passed the following Resolution:

"533-2019

Moved By Councillor Kimberly DeYong

Seconded By Councillor Larry Patterson

WHEREAS public health care consistently ranks as the top priority in public opinion polls, and;

WHEREAS Public Health provides vital health promotion and prevention services based on the unique demographic and economic, social, and cultural needs of our communities; and;

WHEREAS the evidence from hospital amalgamation in Ontario and across Canada is that they have cost billions of dollars and have not yielded the promised administrative savings but have taken money away from frontline care, and;

WHEREAS there is no evidence to support the proposed closure of 25 out of 35 local Public Health Units, the closure of 12 of 22 local ambulance dispatch centres, and the closure of 49 out of 59 local ambulance services, and;

WHEREAS there is a deep consensus among virtually all stakeholders that increasing acuity in our long-term care homes requires additional staff and resources, not

cancellation of the two special funds and real dollar cuts to per diem funding of our long-term care homes, and;

WHEREAS our local hospitals have been downsized for an entire generation and cannot meet population needs while sustaining real dollar cuts to hospital global budgets.

THEREFORE BE IT RESOLVED:

That The Corporation of the Town of Kingsville calls upon the Ontario government to halt the closures of, mergers of, and cuts to our local health care services including Public Health Units, land ambulance services, hospitals and long-term care homes and the Town of Kingsville forward this resolution to all municipalities in the Province of Ontario.”

Yours very truly,



Jennifer Astrologo, B.H.K. (Hons), LL.B.
Director of Corporate Services/Clerk
Corporate Services Department
jastrologo@kingsville.ca

cc: Association of Municipalities of Ontario (AMO)
cc: All Ontario Municipalities
cc: Taras Natyshak, MPP
cc: Windsor-Essex County Health Unit

January 2, 2020

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

Dear Minister Elliott,

Re: Request for Weekly Data Reports on Vaping Cases

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received for information correspondence from the City of Hamilton (attached) requesting that cases of vaping-related severe pulmonary disease in Hamilton hospitals be shared with Hamilton's Medical Officers of Health.

The Board of Health for Peterborough Public Health also requests that local cases of vaping-related severe pulmonary disease reported by Peterborough Regional Health Centre to the Chief Medical Officer of Health under section 77.7.1 of the Health Protection and Promotion Act be shared with Peterborough's Medical Officer of Health.

Considering the importance of public health surveillance and the need to continue to raise awareness of health impacts related to vaping, information related to incidences of hospitalizations locally is critical in assessing the extent of the ill-effects of vaping on the health of residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

Encl.
/ag

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Dr. Peter McLaughlin, President and Chief Executive Officer, Peterborough Regional Health Centre
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

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

RE: Request for Weekly Data Reports on Vaping Cases

Dear Minister Elliott,

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

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

.../2

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



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

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

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

Dear Minister Elliott,

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

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

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

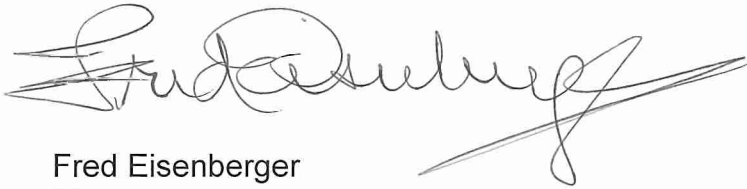
In Hamilton there are approximately 10,230 seniors who could be eligible for the new Ontario Seniors Dental Care program (OSDCP). Local population health data indicates that 47% of all seniors wear dentures, and without regular dental care it could be surmised that the proportion of low-income seniors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

.../2

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

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

Sincerely,

A handwritten signature in dark ink, appearing to read 'Fred Eisenberger', with a long, sweeping horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

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



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

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

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

RE: Support for a Seamless Provincial Immunization Registry

Dear Minister Elliott and Dr. David Williams,

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

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

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

.../2

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

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

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

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

Sincerely,



Fred Eisenberger
Mayor

CC:

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

December 18, 2019

VIA EMAIL

The Honourable Patty Hajdu
Minister of Health
Confederation Building
278
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

Re: National Universal Pharmacare Program

The Leeds, Grenville and Lanark District Health Unit Board of Health urges the Federal Government to follow through on the promises made by three of the four federal parties during the recent federal election to develop a national universal pharmacare program.

A national universal pharmacare program is an essential component of a comprehensive publicly funded health system and Canada is the only country with a publicly-insured health care system that does not cover the cost of prescription medications. This means that, for many people, the cost of medication is a barrier to receiving the treatment they need for health problems.

Forty percent of the residents in Leeds, Grenville and Lanark do not have additional benefits to cover the cost of necessary medication. Bulk buying would also reduce the cost of drugs for insurance companies which would be passed on to employers in our communities.

...2

The Honourable Patty Hadju
Page 2
December 18, 2019

The work of experts outlined in the Government of Canada report "Towards Implementation of National Pharmacare: Discussion Paper"¹ outlines the rationale for, and a way forward, to improve the health of Canadians. Now is the time to act on it.

Sincerely,

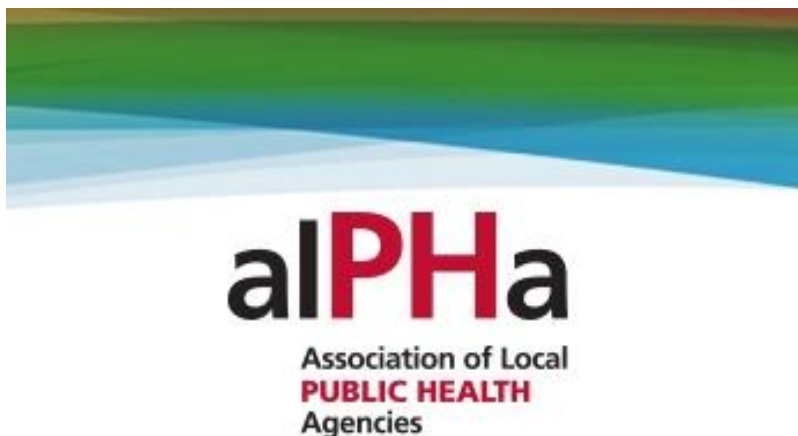


Doug Malanka
Board Chair

DM/hb

cc: The Right Honourable Justin Trudeau, Prime Minister, Liberal Party of Canada
The Honourable Andrew Scheer, Conservative Party of Canada
The Honourable Jagmeet Singh, New Democratic Party of Canada
The Honourable Jo-Ann Roberts, Green Party of Canada
The Honourable Christine Elliott, Minister of Health
The Honourable Scott Reid, MP Lanark-Frontenac-Kingston
The Honourable Michael Barrett, MP Leeds-Grenville-Thousand Islands and
Rideau Lakes
Ontario Boards of Health

¹ https://www.canada.ca/content/dam/hc-sc/documents/corporate/publications/council_on_pharmacare_EN.PDF



Information Break

December 13, 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

The formal consultation of the Ontario government's plan to modernize public health and emergency health services was launched on November 18, 2019. The Ministry of Health is seeking input from a variety of public health stakeholders, in a range of formats over the coming months. Along with many others, alPHa will be making a formal submission to the consultation.

To this end, we are inviting feedback from members to inform a collective response. This response is intended to reflect the major themes and top priorities that are common throughout the local public health sector while acknowledging that different local circumstances will generate different points of view. alPHa's submission will build on its [Statement of Principles](#) that was released on November 15.

Members are being asked to review the province's [Discussion Paper](#) and the alPHa Statement of Principles and provide answers to the questions posed in the consultation discussion paper. Health units have been given a template by alPHa to complete and have been invited to submit one completed template/response (per health unit) to the association by **January 3, 2020**. Please note that this is not intended to replace health units' own responses to the consultation. alPHa encourages members to avail themselves of the various opportunities for input to ensure that local and collective voices are heard during this consultation.

[Go to the Ministry of Health's public health consultations website](#)

We're Moving

Effective December 19, 2019, alPHA's office will be relocating to a new address -- **480 University Avenue, Suite 300, Toronto ON M5G 1V2**. Our email addresses, phone numbers and extensions will remain the same. Please update your records with this new address. We apologize in advance for any inconveniences you may experience during our move in the week of December 16 and thank you for your patience.

Upcoming Winter 2020 Symposium & Section Meetings: February 20 & 21

alPHA will be holding its Winter 2020 Symposium on February 20 and Section Meetings on February 21 at the Central YMCA in downtown Toronto. The Winter Symposium will be a full-day event featuring a morning workshop on leadership, collaboration and change management with speaker and facilitator Tim Arnold followed by an afternoon dialogue on Public Health Modernization. Section meetings for board of health members and medical officers of health will be held the next morning until noon at the same location. Stay tuned for more program and registration details in the new year. In the meantime, members are advised to start booking their hotel accommodations at nearby hotels (see flyer below).

[View the Winter Symposium & Section Meetings flyer here](#)

Proceedings of Fall 2019 Symposium

A summary of the speaker sessions and events held during our Fall 2019 Symposium in November is now available. Included are links to speakers' slide presentations.

[Download the Fall 2019 Symposium Proceedings here](#)

Wrapping Up the Year

As the end of 2019 approaches, it is safe to say that much has been accomplished over the past twelve months. alPHA sincerely thanks the Board of Directors and members for their leadership, resolve and support during an incredibly busy and memorable year.

[Visit alPHA's web page on Public Health Modernization](#)

[View alPHA's letters and correspondence for the past year here](#)

Registration for TOPHC 2020 Now Open

Registration is now open for TOPHC 2020, the annual conference for public health professionals organized by Public Health Ontario in partnership with alPHA and the Ontario Public Health Association. TOPHC 2020 will be held over three days from March 25 to 27 in Toronto. Register before **February 12, 2020** to enjoy early-bird promotional pricing.

[Register here for TOPHC 2020](#)

Government News Roundup

[Public Health Agency of Canada releases new data on opioid-related harms](#) - 2019/12/12

[Ontario announces first 24 Ontario Health Teams](#) - 2019/12/09

[Financial Accountability Office \(FAO\) releases Q2 expenditure report](#) - 2019/12/02

[New federal Minister of Health, Patty Hajdu, announced](#) - 2019/11/20

[Province launches new Ontario Seniors Dental Care Program](#) - 2019/11/20

[Ontario government's website on Consultations on Modernizing Public Health and Emergency Health Services](#) - 2019/11/18

alPHA on Social Media

Did you know alPHA is on Twitter (@PHAgencies) and LinkedIn? Stay updated on the latest news or connect to public health professionals by following alPHA on these platforms.

[Follow alPHA's Twitter account here](#)

[Visit alPHA's LinkedIn page here](#)

Upcoming Events - Mark your calendars!

Winter 2019 Symposium/Section Meetings - February 20 & 21, 2020, Central YMCA, 20 Grosvenor St., Toronto.

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. Register [here](#). Early bird pricing ends February 12, 2020.

June 2020 Annual General Meeting & Conference -

(Tentative dates) June 10-12, 2020; Toronto.

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

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Huron County
Health Unit



News Release

Hello Huron Perth Public Health! The Merger of Huron and Perth Health Units Takes Effect January 1, 2020

FOR IMMEDIATE RELEASE

Thursday, December 19, 2019

Perth and Huron Counties – The Perth District Health Unit and the Huron County Health Unit will be merging into a single entity effective January 1, 2020, called Huron Perth Public Health (HPPH). The goal of the merger is to improve the delivery of public health programs and services across Huron and Perth counties.

“Our staff will continue working with our communities, partners and stakeholders with the goal of protecting and promoting health and preventing disease in Huron and Perth,” says Dr. Miriam Klassen, who will become the Medical Officer of Health for HPPH.

The new HPPH Board of Health will meet for the first time on January 2, 2020. Representation on the board is based on population and is comprised of nine municipal representatives (four from the County of Huron, two from Perth County, two from Stratford, one from St. Marys) and four provincial appointees.

“Over the past year, we have been examining our organizational structure and our programs and services to see how we can best merge and enhance them to improve what we provide to our communities,” says Dr. Klassen. “Our combined staff of more than 150 public health professionals will continue delivering the same great local services and programs and working closely with our partners and stakeholders to keep our residents healthy.”

A new organizational structure has been created and public health staff are in the process of program planning with their new teams for 2020. However, most public health programs and services will continue as they are for the time being, so residents can access their local public health programs as before.

One change residents of Huron will see is that their local municipality is now responsible for plumbing and sewage inspections. This program was previously delivered for the County of Huron by the Huron County Health Unit.

Continued over.../2

News Release

Merger Update Page 2

Contact details for the new Huron Perth Public Health, which take effect January 1, 2020:

- **Office Locations:** The main office locations will remain the same (Stratford and Clinton) with satellite offices in Wingham, Listowel and downtown Stratford as before. Clinics and services will continue to operate from these locations.
- **Phone:** HPPH will have one intake number: 1-888-221-2133.
- **Website and Social Media:** The new HPPH website will be at www.hpph.ca and will be accessible to all and contain important public health information, details about programs, services and clinics, and sections for partners and stakeholders. The health units will be merging their social media accounts over the next few months.
- **New Logo:** The new logo and identity for HPPH will be:



A public communications and marketing plan will take place over the next few months to ensure residents know how to contact HPPH and access the programs and services.

Public health units across Ontario are currently in consultations with the Ministry of Health regarding the government's announcement in spring 2019 to reduce the number of health units in the province. Explains Dr. Klassen: "Regardless of the future structure of public health in Ontario, the Huron and Perth merger is an exciting opportunity for us to enhance how we serve and provide for our communities."

– 30 –

Media Contacts:

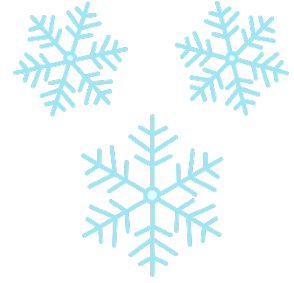
- **Perth:** Rebecca Hill, Communications Manager, 519-271-7600 ext 3279 / communications@pdhu.on.ca
- **Huron:** Rita Marshall, Communications Coordinator, 1-877-837-6143 ext 2023 / rmarshall@huroncounty.ca

Spokesperson:

- Dr. Miriam Klassen, Medical Officer of Health

SAVE THE DATE

Winter 2020 Symposium & Section Meetings



Join us in February for this must-attend event!

On the first day (February 20), the Winter Symposium will feature a morning workshop on leadership, collaboration and change management with Tim Arnold followed by an afternoon dialogue on Public Health Modernization.

On the second day (February 21), Board of Health members and Medical Officers of Health will attend their respective Section meetings to discuss important public health topics. Both days will be held in one location – the Central YMCA in downtown Toronto (see below).

Where: **Central YMCA, 20 Grosvenor St.**
 Toronto ON

When: **Symposium (Feb. 20, 8:30 – 5)**

BOH/COMOH Section Meetings (Feb. 21, 8:30 – 12)

Members are advised to book their own guest room accommodations soon. Nearby hotels include the [Courtyard by Marriott Toronto Downtown](#), [Chelsea Hotel](#), and [Holiday Inn Toronto Downtown Centre](#).

Stay tuned for registration and program details in the coming weeks.





London

Huron County becomes third municipality to pay living wage



Local United Way says getting municipal buy-in is an important step in getting businesses to follow

CBC News · Posted: Dec 20, 2019 4:06 PM ET | Last Updated: December 20, 2019



Huron County became the third municipality in Ontario to pay a living wage. The \$17.55 minimum pay rate is \$3.55 higher than the province's \$14 an hour minimum wage. (Mark Blinch/Reuters)

[comments](#) 

Huron County was recognized as a living wage employer Thursday, making it the third municipality in Ontario to be recognized with such a designation.

The City of Cambridge and the Municipality of North Perth were the first two municipalities to be recognized as living wage employers.

It means municipal employees will be paid a minimum hourly rate of \$17.55 an hour, a rate determined by the Perth Huron United Way based on the cost of living.

The \$17.55 an hour wage is also \$3.55 above Ontario's \$14 an hour minimum wage.

The cost of living wage is reviewed each year by the United Way to make sure what an appropriate rate of way is in the region, according to Ryan Erb, the executive director of the United Way in Perth-Huron.

Erb said getting municipalities such as Huron Perth to adopt a living wage is an important step and gives local businesses an example to follow.

"We wanted [Huron County] to pursue living wage status and they agreed to do so, so that they can set the pace for the rest of the community," he said.

"Municipalities are large employers and they need to be good employers and so part of being a living wage is to ensure that you're paying at least a living wage to all of your staff across the board."

The ripple effect of this move to living wage by the municipality had multiple businesses approaching Erb to get certified themselves as living wage employers.

"We have well over 25 businesses that are certified in Perth-Huron and we have about another 20 that are in the process," he said.

He said businesses are seeing the positive effects of paying a living wage to their employees, although it can be a difficult undertaking in terms of a burden to some the bottom lines of some companies.

Though Erb noted the living wage certification is not difficult for businesses to get.

"You head to the Ontario Living Wage Network website and fill out a form that gives a few details about your business and you get a call from the Living Wage Network usually after one business day," he said.

"If your company is already paying a living wage then it's pretty straightforward to certify, if you aren't but want to then you provide a plan and if it's solid then in a short order, you can also be certified."

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APPROVAL OF CONSENT AGENDA

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

Board of Health for Public Health Sudbury & Districts

Summary of Board Meeting Evaluations – 2019

After every regularly scheduled meeting, Board of Health members for Public Health Sudbury & Districts, are expected to complete a post-meeting evaluation survey. Response rates were generally excellent, with technical issues affecting the response rate for June, as indicated in the table below.

Table 1: Board of Health Response Rate by Month, 2019

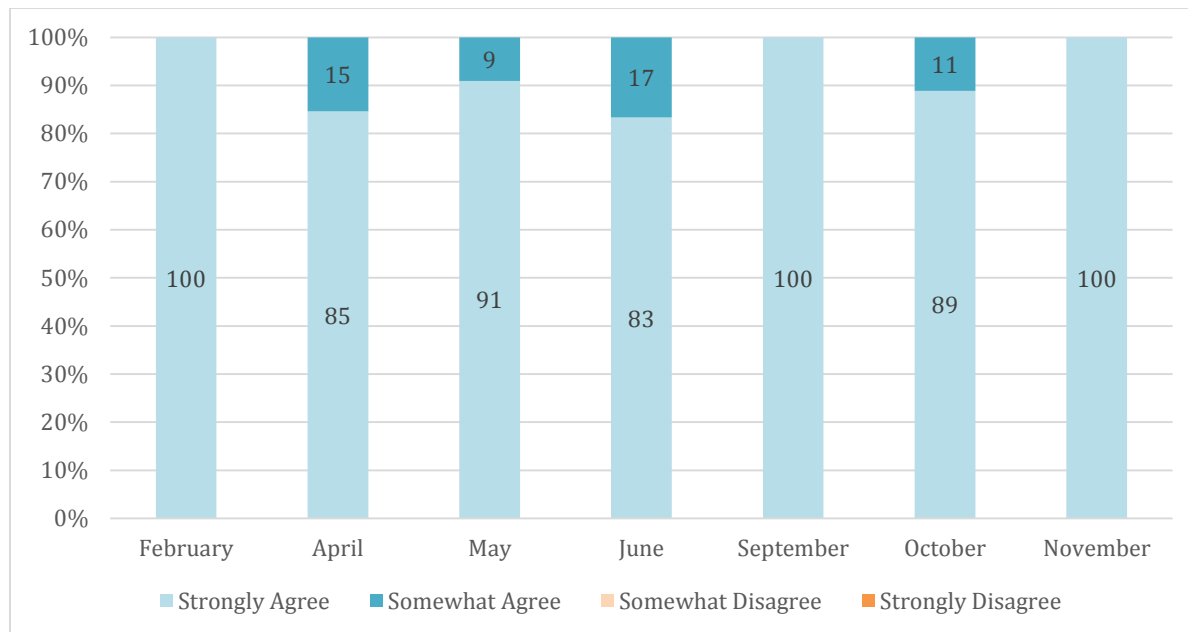
Month	Completed Evaluations	Total Attendance	Response Rate%
February	12	13	92.3
April	13	14	92.9
May	11	13	84.6
June	6	12	50.0
September	10	11	90.9
October	9	10	90.0
November	7	10	70.0

In these post-meeting evaluation surveys, Board of Health members are asked to reflect on various aspects of the meeting and to state their level of agreement or disagreement with the following statements:

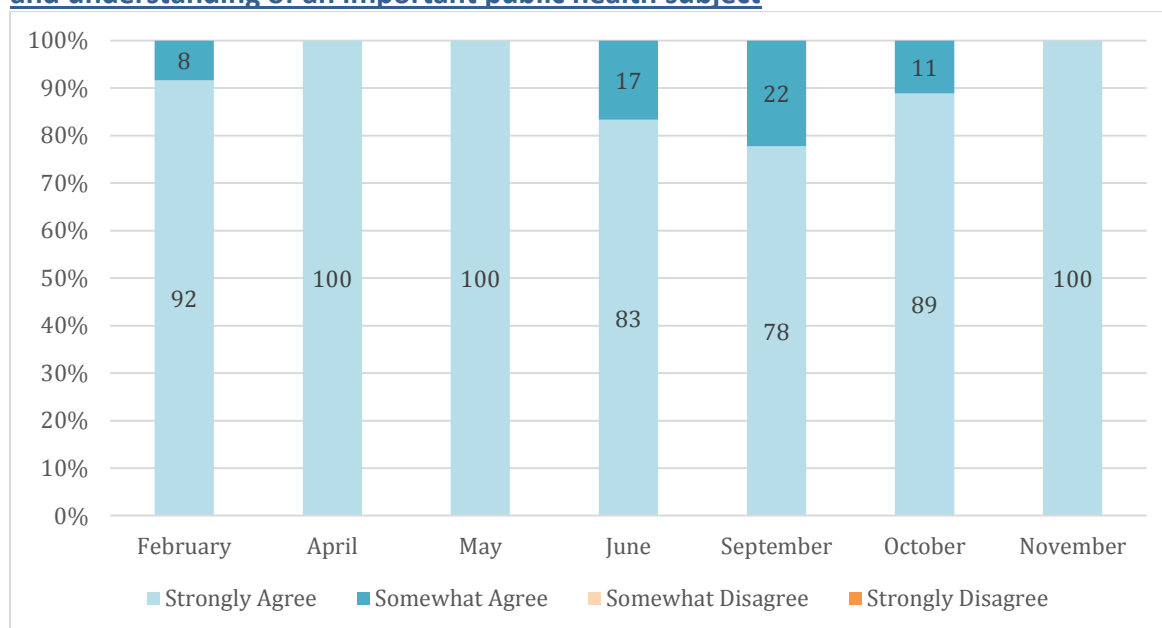
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative, timely and relevant to my governance role.
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.
6. Board members' conduct was professional, cordial and respectful.

Overall, Board members agreed with all statements for each meeting, with the exception of statement 6 for the May meeting. Figures 1-6 below provide a breakdown for each question by month.

Statement #1: The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role

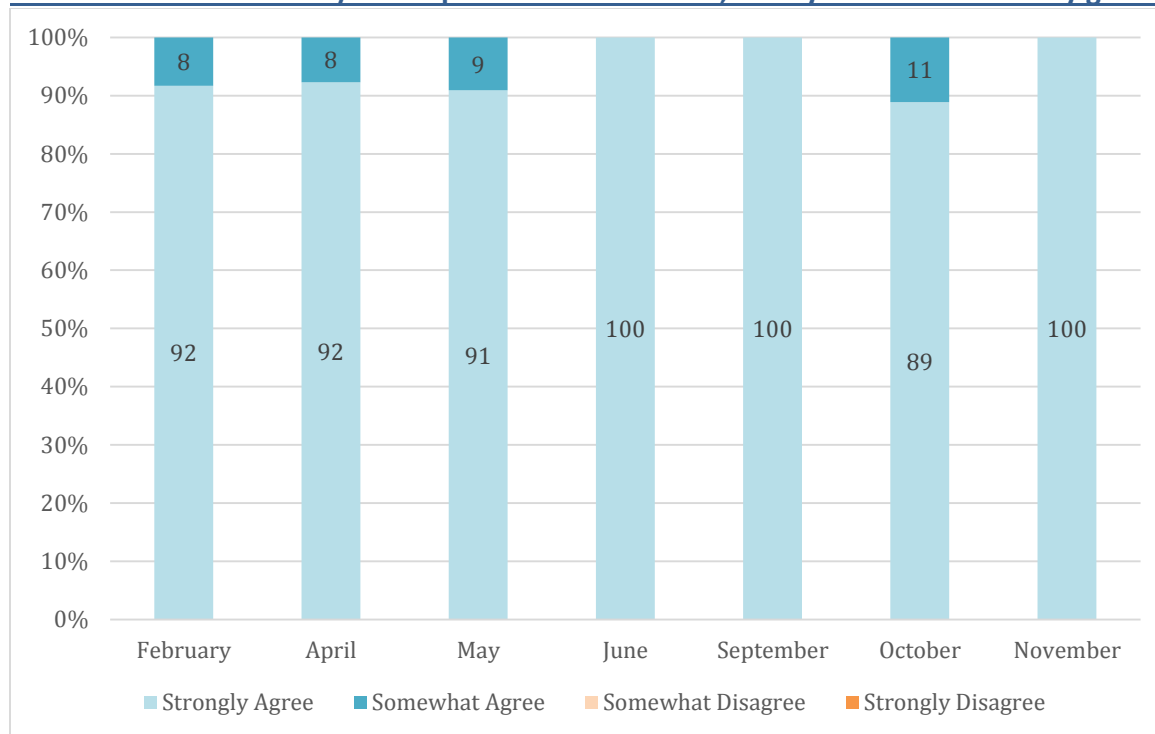


Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject



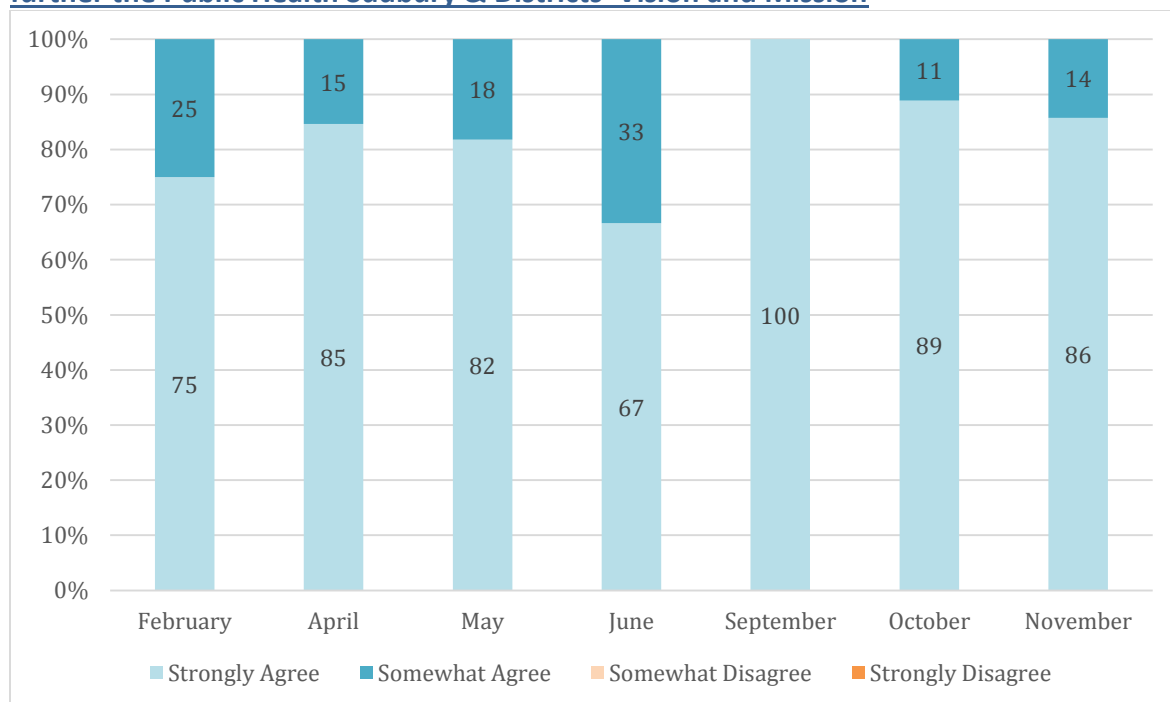
*In the month of September, 1 respondent indicated statement #2 was not applicable. This response is excluded from the calculation.

Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role



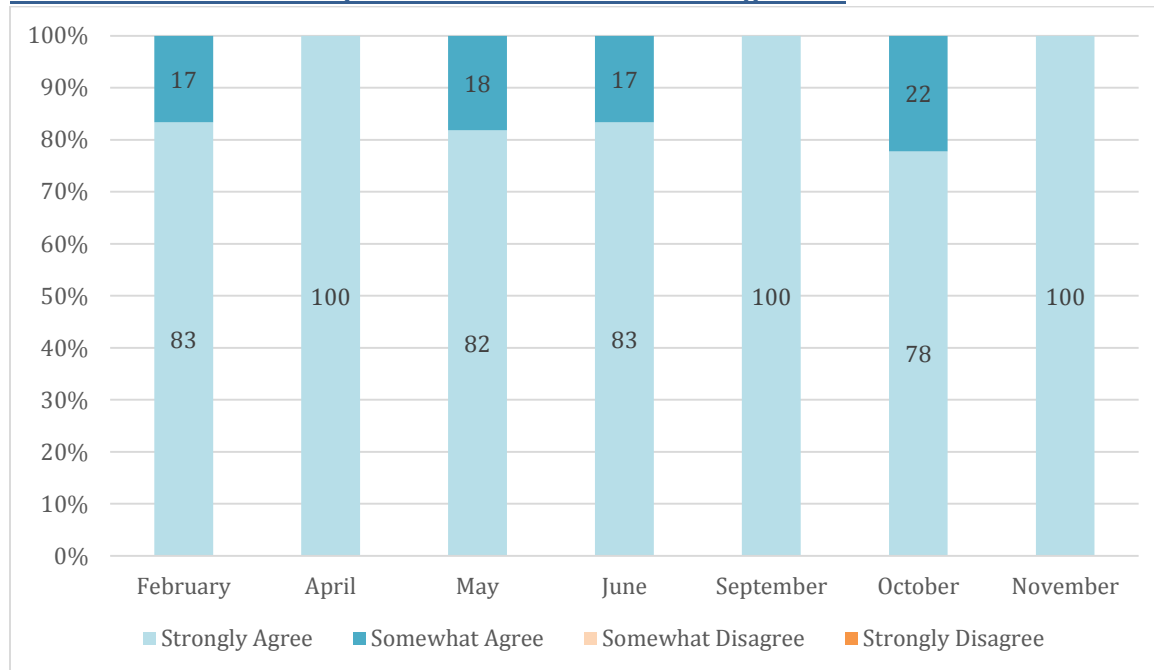
*In the month of September , 1 respondent indicated statement #3 was not applicable. This response is excluded from the calculation.

Statement #4: Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' Vision and Mission



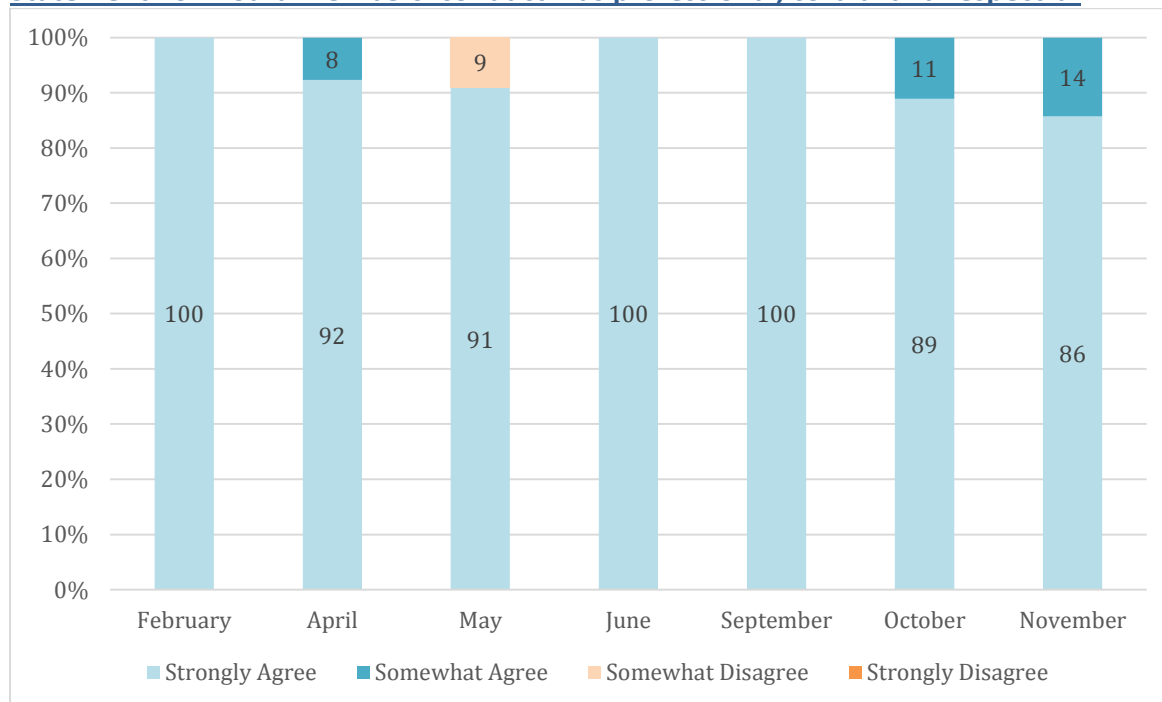
*In the month of September , 1 respondent indicated statement #4 was not applicable. This response is excluded from the calculation.

Statement #5: There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan



*In the month of April , 1 respondent indicated statement #5 was not applicable. This response is excluded from the calculation.

Statement #6: Board members' conduct was professional, cordial and respectful



*In the month of September , 1 respondent indicated statement #6 was not applicable. This response is excluded from the calculation.

Combined cumulative responses for all eight monthly Board of Health meetings are found in the table below.

Table 2: Overall (cumulative) Response to Statements

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	63 (92.6%)	5 (7.4%)	0 (0.0%)	0 (0.0%)	68
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	62 (92.5%)	5 (7.5%)	0 (0.0%)	0 (0.0%)	67
3. The MOH/CEO report was informative, timely and relevant to my governance role.	63 (94.0%)	4 (6.0%)	0 (0.0%)	0 (0.0%)	67
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.	56 (83.6%)	11 (16.4%)	0 (0.0%)	0 (0.0%)	67
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.	60 (89.6%)	7 (10.4%)	0 (0.0%)	0 (0.0%)	67
6. Board members' conduct was professional, cordial and respectful.	63 (94.0%)	3 (4.5%)	1 (1.5%)	0 (0.0%)	67

Comments and suggestions

In each meeting evaluation survey, Board of Health members were given the opportunity to provide feedback on the things they liked/disliked about the meeting, and to provide suggestions on how to improve future meetings.

Many respondents took the opportunity to praise and show appreciation. Items identified included for example, that the meetings and meeting content are informative, the information provided helps with decision-making, there is good participation from many members on various topics, there is candid discussion from the in-camera sessions, and the in-depth discussions about challenging issues demonstrate the cohesiveness of the Board.

The Board of Health members also commented on the staff presentations and spoke of the value of hearing about specific public health programming and the benefits to our communities (e.g. Circles, Bridges Out of Poverty, opioids). Members specifically commented on the Medical Officer of Health (MOH) presentation on public health transformation, which provided solid information on what is currently known about the proposed funding and structural changes to public health in Ontario.

Board of Health members also mentioned the value of having in-depth discussions on budget approval while ensuring all share interesting and informative budget perspectives. Other positive aspects of meetings identified by respondents included the successful orientation, the opportunity given to the members to express their concerns and voice their ideas, and questions and comments demonstrating interest and commitment of the board.

A number of respondents also provided suggestions for improvement. These include consideration of having a break between the regular agenda and the in-camera portion to allow sufficient time to review important documentation before discussion; having the opportunity to review delegation slides in advance to allow to form appropriate follow up questions; and encouraging active participation and attendance from all Board of Health members.

There were also comments related to the current shift in government direction and being hopeful that the Board of Health can continue to effectively provide a high level of public health in all its current configuration.

Overall, the majority of comments received for the monthly Board of Health meeting evaluations were positive. Taking the time to pause after meetings to reflect on their effectiveness is an important way to ensure continuous quality improvement.

ATTENDANCE 2019 BOARD OF HEALTH MEETINGS

Date of Meeting	01/17/19 (no mtg)	02/19/19	04/18/19	05/16/19	06/20/19	09/19/19	10/17/19	11/21/19	Total	%
Bradley, Janet		√	√	√	√	√	√	Regrets	6/7	85.71%
Crispo, James		Regrets	√	√	√	√	√	√	6/7	85.71%
Hazlett, Randy		√	√	√	√	√	√	√	7/7	100%
Huska, Jeffery		√	√	√	√	√	√	√	7/7	100%
Kirwan, Robert		√	√	√	√	Regrets	Regrets	Regrets	4/7	57.14%
Lapierre, René		√	√	√	√	√	√	√	7/7	100%
Leduc, Bill		√	√	Regrets	Regrets	Regrets	Regrets	Regrets	2/7	28.57%
Massicotte, Glenda		√	√	√	√	√	√	√	7/7	100%
Myre, Paul		√	√	√	Regrets	√	Regrets	√	5/7	71.43%
Noland, Ken		√	√	√	√	Regrets	√	√	6/7	85.71%
Pilon, Rita		√	√ (via t/c)	√	√	√	√	Regrets	6/7	85.71%
Signoretti, Mark		√	√	√	√	√	Regrets	√	6/7	85.71%
Sykes, Nicole		√	√	√	√	√	√	√	7/7	100%
Thain, Carolyn		√	√	√	√	√	√	√	7/7	100%

Board of Health Manual Policy G-I-30 - By-law 04-88

Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

Briefing Note

To: Chair, Board of Health for Public Health Sudbury & Districts

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: January 9, 2020

Re: Fully funded universal healthy school food program

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

The Ontario school/student nutrition program provides a breakfast, snack, and/or lunch to students before, during, or after each school day with the aim of supporting student learning and healthy development through adequate nourishment. However, not all schools have sufficient financial support to fully implement the program. A patchwork of funding models exists that compromises the quantity and quality of food served, and the availability of infrastructure and human resources to effectively implement a school nutrition program^{1 2}. The inconsistent funding of school nutrition programs is a barrier to the long-term stability and sustainability of the school nutrition program throughout the province and in Canada.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts support resolutions by the [Federation of Canadian Municipalities](#), and Boards of Health for [Grey Bruce Health Unit](#), [Toronto Public Health](#), [Peterborough Public Health](#) and [Windsor-Essex County Health Unit](#) for a universal publicly funded healthy school food program.

That the Board calls on Canada's Minister of Health to work in consultation with the provinces, territories, Indigenous leadership, and other interest groups to collaboratively develop a universal publicly funded school food program that is aligned with Canada's Dietary Guidelines³.

Background:

Lack of wholesome food at home, long travel time to school, low appetite in the morning, and busy family schedules can cause children and youth to go to school without adequate nourishment⁴.

Additionally, only 19% of Sudbury & District youth (ages 12-19) reported meeting the recommended intake of fruit and vegetables, and low intakes impact one's risk for nutrition -related chronic disease⁵.

In Ontario, the school or student nutrition program aims to support students' learning and healthy development through additional nourishment. The current model of the school nutrition program

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

includes contributions from the province, community groups, organizations, grants, food donations, and fundraising efforts⁶. The patchwork funding model threatens the quantity and quality of food served to children. The lack of sustainable funding also impacts the availability of infrastructure and human resources to effectively run the program. Local programs have been required to reduce the number of meals served, cut down on servings or portions of food, and use cheaper, processed food more often, in order to keep up with the needs of many school communities.

An adequately-funded national cost-shared school nutrition program model can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success^{7 8 9}. This proposed universal program model would enable all students to have the equal opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise, or volunteer with the program^{10 11 12}.

Building a sustainable food environment to support healthy eating is one of the three strategic directions of the [No Time to Wait: The Healthy Kids Strategy](#), which has been endorsed by the Board of Health (#19-13). Specifically, for school nutrition programs, our agency's healthy eating programming aligns with the Healthy Kids Panel recommended actions - (1) Establish a universal school nutrition program for all Ontario publicly funded elementary and secondary schools; and (2) Establish a universal school nutrition program for First Nations communities, both of which would also involve promoting food literacy to Ontario's children and youth.

To date, the [Federation of Canadian Municipalities](#), and Boards of Health for [Grey Bruce Health Unit](#), [Toronto Public Health](#), [Peterborough Public Health](#) and [Windsor-Essex County Health Unit](#) expressed support for a cost-shared universal healthy school food program.

Financial Implications:

No funds are requested.

Ontario Public Health Standard:

Chronic Disease Prevention and Well-Being Program Standard

School Health Program Standard

Foundational Standards: Health Equity and Effective Public Health Practice

Strategic Priorities:

1, 2, 3 and 4

Contacts:

Sandra Laclé, Director, Health Promotion Division

Stacey Gilbeau, Manager, School Health Promotion Team

¹ Muthuswamy, E. (2012). *Feeding Our Future: The First- and Second- Year Evaluation*. Toronto, ON: Toronto District School Board. Retrieved from <https://studentnutritionontario.ca/wp-content/uploads/2017/04/EvaluationFOFProgram.pdf>

² de Wit, Y. (2012). *Nourishing Young Minds*. Toronto, ON: Toronto Public Health. Retrieved from <https://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-48313.pdf>

³ Health Canada. (2019). *Canada's Dietary Guidelines*. Ottawa, ON: Health Canada. Retrieved from: <https://food-guide.canada.ca/en/guidelines/>

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- ⁴ de Wit, Y. (2012). *Nourishing Young Minds*. Toronto, ON: Toronto Public Health. Retrieved from <https://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-48313.pdf>
- ⁵ Public Health Sudbury & Districts. (2018). *Nutrition: Vegetable & Fruit Consumption*. Retrieved from <https://www.phsd.ca/resources/research-statistics/health-statistics/public-health-sudbury-districts-population-health-profile/health-behaviours/nutrition-fruit-and-vegetable-consumption>
- ⁶ Sustain Ontario. (n.d.). *What is Meant by a “Universal Student Nutrition Program”?* Retrieved from <http://sustainontario.com/work/wordpress/wpcontent/uploads/2015/01/What-is-meant-by-universal-student-nutrition.pdf>
- ⁷ Muthuswamy, E. (2012). *Feeding Our Future: The First- and Second- Year Evaluation*. Toronto, ON: Toronto District School Board. Retrieved from <https://studentnutritionontario.ca/wp-content/uploads/2017/04/EvaluationFOFProgram.pdf>
- ⁸ de Wit, Y. (2012). *Nourishing Young Minds*. Toronto, ON: Toronto Public Health. Retrieved from <https://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-48313.pdf>
- ⁹ Taylor, A., & Bobesiu, A. (2008). *An evaluation of Student Nutrition Programs in Halton Peel, and Waterloo Regions*. Kitchener, ON: Centre for Community Based Research.
- ¹⁰ Muthuswamy, E. (2012). *Feeding Our Future: The First- and Second- Year Evaluation*. Toronto, ON: Toronto District School Board. Retrieved from <https://studentnutritionontario.ca/wp-content/uploads/2017/04/EvaluationFOFProgram.pdf>
- ¹¹ Sustain Ontario. (n.d.). *What is Meant by a “Universal Student Nutrition Program”?* Retrieved from <http://sustainontario.com/work/wordpress/wpcontent/uploads/2015/01/What-is-meant-by-universal-student-nutrition.pdf>
- ¹² Eggleton, A. (2018). *Motion to Urge the Government to Initiate Consultations with Various Groups to Develop an Adequately Funded National Cost-shared Universal Nutrition Program – Debate Adjourned*. Canada. Parliament. Debates of the Senate of Canada (Hansard). 42nd Parliament, 1st Session. (Vol. 150, Issue 221, June, 14, 2018) at 221 (Hon. Furey). Retrieved from https://sencanada.ca/en/content/sen/chamber/421/debates/221db_2018-06-14-e#99

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

FULLY FUNDED UNIVERSAL HEALTHY SCHOOL FOOD PROGRAM

MOTION:

WHEREAS a universal publicly funded healthy school food program in Canada enables all students to have the opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise, or volunteer with the program; and

WHEREAS only 19% of Sudbury & District youth (ages 12-19) reported meeting the recommended intake of fruit and vegetables, an indicator of nutrition status and a risk factor for the development of nutrition-related chronic diseases;

THEREFORE BE IT RESOLVED THAT That the Board of Health for Public Health Sudbury & Districts support resolutions by the [Federation of Canadian Municipalities](#), and Boards of Health for [Grey Bruce Health Unit](#), [Toronto Public Health](#), [Peterborough Public Health](#) and [Windsor-Essex County Health Unit](#) for a universal publicly funded healthy school food program.

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

From: EHS PH Modernization Feedback (MOHLTC) <ehsphmodernization@ontario.ca>
Sent: January 7, 2020 10:20 AM
To: Rachel Quesnel <quesnelr@phsd.ca>
Subject: Invitation: January 13 and 14 2020 Consultation Session on Public Health and Emergency Health Services

Hello Rachel,

Please find below and attached an updated invitation to be shared with Board of Health members and senior leadership at PHSD.

Thank you for your help,
Joanna

Please find attached an updated invitation for the Public Health and Emergency Health Services Consultation sessions in North Bay, on January 13 and 14, 2020. The invitation has been updated to include the session location, which is the Garland Meeting Room at the Holiday Inn Express, 1325 Seymour St., North Bay.

If you require accommodation, a block of hotel rooms is being held at the Holiday Inn Express and Suites North Bay for the night of January 13, 2020 until January 9, 2020. Please contact the [Holiday Inn Express](#) directly to book at 705-476-7700. Unfortunately, the Ministry of Health is unable to reimburse travel and accommodation expenses.

For those of you wishing to join remotely, please see the information below:

- January 13 – Emergency Health Services Consultation Session: Please join the webinar at: <https://ali.health.gov.on.ca/ehsconsultation/> and call into the teleconference line at 1-866-500-5845, passcode 9783274#.
- January 14 – Public Health and Municipal Perspectives Consultation Sessions: Please join the webinar at: <https://ali.health.gov.on.ca/phehsconsultation/> and call into the teleconference line at 1-866-500-5845, passcode 9783274#.

Thank you to those of us who have already RSVPed. A reminder to those who have not responded to RSVP to ehsphmodernization@ontario.ca by **January 8, 2019** and let us know whether you will be joining in person or remotely, and which sessions you will be attending.

Dear Partners,

As you are aware, the ministry is undertaking broad consultation to obtain stakeholder feedback on the modernization of public health and emergency health services (EHS). The consultation launched on November 18, 2019 with a provincial webcast and the release of two discussion papers, one on public health and one on EHS, which can be accessed [here](#). This is being followed by consultation sessions across the province for stakeholders to have an opportunity to provide input.

I would like to invite you to attend our consultation sessions in North Bay. They have been scheduled over two days:

Date: Monday, January 13, 2020
Time: 1:00PM – 4:00PM: EHS Modernization
Location: Garland Meeting Room, Holiday Inn Express & Suites
1325 Seymour St., North Bay

Date: Tuesday, January 14, 2020
Time: 8:30AM – 11:00AM: Public Health Modernization
11:00AM – 1:00PM: Discussion on Municipal Perspective
Location: Garland Meeting Room, Holiday Inn Express & Suites
1325 Seymour St., North Bay

Stakeholders have been invited to individual sessions based on proximity to the session location. As it may be difficult to join us in person, there will be an opportunity to join the session remotely. In addition, another consultation session is being planned in Timmins in the last week of February. Please let us know if you would prefer to attend that consultation session instead and we will include you on that invitation list. We are also accepting written input that can be submitted through the survey link in the discussion papers, which can be accessed [here](#), or to ehsphmodernization@ontario.ca.

Please RSVP to ehsphmodernization@ontario.ca by **January 8, 2020** and let us know whether you will be joining in person or remotely, and which sessions you will be attending.

I look forward to meeting with you.

Regards,



Briefing Note

To: Chair, Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: January 9, 2020

Re: Consultations on Modernizing Public Health

☐ For Information

☒ For Discussion

☐ For a Decision

Issue:

In addition to individual responses to a [survey](#), Board of Health members have an opportunity to submit a collective response to the November 18, 2019 Ministry of Health [Discussion Paper](#) on Public Health Modernization. A *Preliminary Key Considerations* document, attached, has been drafted to facilitate the Board process to develop a collective response for the February 10, 2020 submission deadline. This attached document also may inform Board member participation in the Ministry's January 14, 2020 consultation session on public health modernization in North Bay.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts review and contribute to the *Preliminary Key Considerations* document, following which and with the Chair's approval, a final document will be submitted to government on behalf of the Board by the February 10, 2020 deadline.

Background:

As part of Ontario's comprehensive plan to end hallway health care, the Ministry of Health has signaled its intention to modernize both public health and emergency health services to meet the evolving needs of communities across Ontario. To facilitate stakeholder feedback, the Ministry is undertaking a broad consultation process led by Jim Pine, Special Advisor for Public Health and Emergency Services Consultations, joined by Alison Blair, Assistant Deputy Minister for Emergency Health Services and Executive Lead for Public Health Modernization, and Dr. David Williams, Chief Medical Officer of Health for Ontario.

Stakeholders across the province have been invited to provide input using various mechanisms, including an online survey, written submissions, and at Ministry-organized face-to-face consultations.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

The consultations are framed around questions that address key challenges and considerations outlined in the Discussion Paper released by the ministry in November 2019. These challenges include: insufficient capacity; misalignment of health, social and other services; duplication of effort; and inconsistent priority setting. There are also some questions related to Indigenous and First Nation communities; Francophone communities; and learning from past reports about the public health system.

In anticipation of the intention of Board of Health for Public Health Sudbury & Districts to submit an agency response by the February 10, 2020 deadline, management has drafted key considerations for the Board's review and discussion at its January 2020 meeting. Following this dialogue, the submission will be finalized for the Chair's approval. These preliminary responses are also expected to inform Board members' participation at the Ministry-led January 14, 2020 face-to-face consultation session in North Bay.

All Public Health Sudbury & Districts staff were strongly encouraged to individually complete the online survey. Staff were provided with a listing of resources and preliminary points for consideration. Staff were given permission to complete the survey during work hours.

Financial Implications:

None

Ontario Public Health Standard:

Not applicable.

Strategic Priority:

Organizational Commitment

Contact:

Dr. Penny Sutcliffe

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

Preliminary Key Considerations:

Public Health Modernization Discussion Paper Response

Context for the Board of Health for Public Health Sudbury & Districts

Provincial Government Consultations on Public Health Modernization

On November 18, 2019, the Ministry of Health released a [Discussion Paper](#) and launched its province-wide consultation on public health modernization. It was announced that consultations will be based on questions related to four key challenges outlined in the Paper, along with questions related to Indigenous and First Nations communities, Francophone communities, and learnings from previous reports on the public health system.

On December 16, 2019, the office of the Medical Officer of Health was advised of a face-to-face consultation opportunity tentatively scheduled for January 14, 2020 in North Bay. It is understood that board of health members and senior management from Algoma Public Health, Public Health Sudbury & Districts, and North Bay Parry Sound District Health Unit are invited to this consultation, in addition to municipal stakeholders.

Any interested party may also complete an online [survey](#) and/or submit comments in writing to ehsphmodernization@ontario.ca.

In anticipation of the intention of the Board of Health for Public Health Sudbury & Districts to submit an agency response by the February 10, 2020 deadline, management has drafted key considerations for the Board's review and discussion at its January 16, 2020 meeting. Following this dialogue, the submission will be finalized for the Chair's approval.

Given the timing of the Ministry consultation session, the key considerations below also may serve to inform Board members' participation in the Ministry-led meeting in North Bay. Discussion at the North Bay consultation may also generate additional content for the Public Health Sudbury & Districts submission.

Key Considerations

Overarching

- The Board concurs with the Ministry Discussion Paper that there is an opportunity to transform and strengthen the role of public health as a foundational partner in improving the health of all Ontarians and to ensure that the public health system is coordinated, resilient, and responsive to the province's evolving health needs.
- The Board strongly reinforces the key strengths as described on page 2 of the Discussion Paper, particularly noting the importance of relationships outside the health care system and the role of public health as a broker of relationships with health care, social services, municipal governments,

and other sectors to create healthier communities – these are strengths to be leveraged in the pursuit of healthier Ontarians, especially Ontarians who do not have equal opportunities for health because of social and economic disadvantage.

- The Board endorses the November 2019 Statement of Principles by alPHa (as outlined in Appendix 1).
- The Board highlights the significant work of the North East Public Health Transformation Initiative (NEPHTI) (see Appendix 2):
 - NEPHTI was developed in response to the April 2019 provincial announcement of the creation of one North East (NE) regional public health entity. NEPHTI brought together management from all five NE boards of health: Algoma Public Health, North Bay Parry Sound Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit.
 - While the creation of one regional public health entity in the NE is not the Board's recommended direction, there are important lessons from this collective work across the NE that are relevant to the current consultations. These lessons include the following:
 - That it is important to ground system improvements in the recognition that systematically **improving collaboration** across all five organizations will achieve enhanced sector capacity, effectiveness, and efficiency in the NE
 - That the **values**¹ and **operating principles**² developed for NEPHTI are relevant to the current consultations and the Board endorses these for this purpose
 - That the mapping of regional and local public health functions as undertaken by NEPHTI is relevant to the current consultations, including, overall:
 - Corporate Services and Foundational Standards are mostly **regional** functions requiring local implementation
 - Program Standards are mostly **local** functions that require regional coordination
 - That if these functions per above are implemented in the context of multiple organizations, new structures and related processes and accountabilities will need to be established (examples include any or a combination of: a regional council model, a “hub-and-spoke” model with regional hubs and topic-specific nodes as proposed in the 2007 *Final Report on Knowledge to Action (K2A): Building a Stronger System of Workforce Development, Applied Research, and Knowledge Exchange for Public Health in Ontario*, a collaborative governance approach with supportive structures

¹ The best interests of the health of the people of NE Ontario guide all decisions; Current NE public health unit staff are valued and respected; We are stronger together than apart and united in our commitment to collaboration

² Public health budgets are protected or ring-fenced from health care budgets; Local flexibility for programming based on needs occurs at the local service delivery areas; Connection to local communities is essential for effective public health actions; A balance in long- and short-term investments, i.e. between health protection/disease protection and health promotion, is maintained; Innovation balanced with evidence-informed practice is critical to an effective future state for the NE

such as a steering committee and action teams as per current Ontario Health Team deliberations).

- The Board recognizes the four challenges described by the Paper to be issues that exist at the public health system level, however, the Board also observes that Public Health Sudbury & Districts has made a number of strategic investments over the years that mitigate the impacts of these system challenges on our organization and our resulting capacity at the local level (e.g. strategic budget decisions to maintain capacity post SARS and beyond; commitment to teaching health unit principles post dissolution of the provincial Public Health Research, Education and Development (PHRED) program; embracing intersectoral collaboration to advance critical issues such as climate change and built environment, mental health and addictions, opioids and substance use, primary care disease prevention/health promotion potential, and Indigenous engagement); notwithstanding, the Board recognizes that local municipalities are approaching financial limits from a system sustainability perspective and that significant changes in provincial funding policy and/or system structure and processes must be implemented in order for Ontarians (and residents of the Board's jurisdiction) to continue to benefit from critical public health programs and services.
- Given the above context, the following are key considerations for each challenge described in the Discussion Paper.

Discussion Paper Questions

1. Insufficient Capacity

a) What is currently working well in the public health sector?

- The ability of public health throughout Ontario to respond to local needs and capacities and ensure programs and services are relevant and effective
- Our ability to build and leverage local partnerships to achieve common health aims, including partnerships with the education sector.
- The fact that we have board governance bodies that involve locally elected officials and local citizens who are from the communities we serve
- Recognition of and value for evidence-informed practice, planning and evaluation
- Investment in population health assessment, data analysis, epidemiological skills
- Emphasis on ongoing professional practice and development
- Regional/provincial collaborations (networks, research groups, strategy development, etc.); including strengthened research through Locally Driven Collaborative Projects
- The ability to collaborate using both formal and informal communication networks

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

- Examine how the Ministry and Public Health Ontario can support individual health units (e.g. content expertise, cross-cutting resource development)
- Ensure adequate resources at the local level for this capacity
- Assist with developing local recruitment/retention strategies
- Explore cross-agency platforms and processes for maintaining/enhancing relationships (e.g. communities of practice, digital repositories/inventories, regional networks, etc.)
- Consider uniqueness of geography and impact on retention (e.g. rurality, languages, service area, cultural considerations, etc.) and develop recruitment supports
- Determine if there are functions that could be coordinated at a regional or provincial level (programming and corporate)
- Explore digital solutions
- Extend outreach to post-secondary institutions, especially in areas of identified need
- Explore return-of-service agreements for learners in identified areas

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

- Identify root causes of varying capacity (e.g. recruitment challenges, inconsistent investment in capacity over time, salary and benefits, etc.)
- Support net growth rather than re-distribution of existing capacity
- Explore “functional mergers” or enhanced collaborations to develop cross-regional (or cross provincial) teams of public health expertise serving multiple agencies (program, foundational, and corporate)
- Consider consolidation of existing health units where capacity and economies of scale are an issue
- Explore development of a regional council with a regional budget, separate from local governance/budget, that has specific defined responsibilities
- Ensure that public health functions and resources are not redirected to stop-gap or support primary care functions

2. Misalignment of Health, Social, and Other Services

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

- Relationships – longstanding connections and strong inter-personal relationships facilitate effective collaboration between sectors

- Understanding of each other's mandates, priorities, capacity, strengths and challenges and being open to exploring how our respective mandates are more effectively achieved by working together
- Shared goals, reciprocal benefits from engaging together
- Recognizing values of partners and respective drivers

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

- Common geographic boundaries where possible
- Requirements for reciprocal engagement on common priorities with jointly held accountability measures
- Shared frameworks, goals, mutual accountability
- More clearly defined linkages with Ontario Health Teams/Ontario Health
- Local intersectoral connections are more effective if they are also established at the provincial level (e.g. regional council of leaders from multiple sectors mirroring provincial council of inter-ministerial leadership)
- Cross-sector accountabilities for population health, determinants of health, health equity, and health impact assessment, recognizing “false economy” of not investing upstream in all sectors
- Ensure adequate capacity in all sectors to mitigate the risk of each sector needing to protect its “core business” and less engaged in cross-sectoral work and innovative thinking/approaches
- Further define, clarify, and understand roles and areas for collaboration, including further defining the role of private practitioners as part of the health care system and consideration of intersection of roles.
- Consider secondments between sectors to enhance further understanding of one another and relationship building.
- Incentivize sectors to ensure connections are taken seriously
- Expand scope of practice, including creating new roles to cross-over between sectors such as Health System Navigators
- Examine how privacy is a barrier between sectors

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

- Collaborations with municipalities on a number of initiatives (e.g. housing, community safety and well-being, built environment and planning, recreation, tobacco/vaping, etc.). Specific examples in include:
 - Stay in Your Feet
 - Seniors' Advisory Panel
 - Clean Air Sudbury and Earthcare
 - Marginalized Sudbury Working Group
 - Active Sudbury
 - Greater Sudbury Emergency Management Advisory Panel

- Collaborations with school boards on ongoing initiatives on many issues, including for example, mental health and resiliency, sexual health, infection control and immunizations, nutrition and physical activity, etc.
- Additional local collaborations/partnerships include:
 - Mental Health and Addictions System Priority Action Table
 - Community Drug Strategy
 - Partners to End Poverty Steering Committee
 - Post-partum Mood Disorder Community Network
 - Planning Network for Sudbury Families
 - Community Dental Advisory Committee
- Regional collaborations/partnerships include:
 - Northern Ontario Health Equity Strategy Steering Committee (regional partnerships)
 - Manitoulin Sudbury Network for Children and Families (regional partnerships)
- Provincial collaborations/partnerships include:
 - Council of Ontario Directors of Education and Council of Ontario Medical Officers of Health (provincial partnership)
 - Mental Health Evidence Network (provincial partnerships)

3. Duplication of Effort

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

- Board of Health: effective representation, understanding of social, political and community context
- Service/Program Delivery: local implementation of programming and local adaptability of programming based on local needs, community capacity, and local priorities.
- Risk Assessments: community based, social/ political impact
- Municipal Engagement: funder, accountability requirements, local planning function
- Emergency response: faster, local connections/familiarity and response/responsiveness
- Some functions that could be provided regionally (with some local linkages) include:
 - Quality Improvement: regional approaches with local service delivery standards
 - Identifying/ Assessing Local Need: regional approaches with link to local context and programming
 - Communications: regional oversight with local capacity to respond to local requests
 - inclusion of local context, trusted source within the community
 - Human resource presence: consultations for management, staff
 - Surveillance: local context/experience/interpretation

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

- Data across the system with large sample sizes and oversampling to be able to analyze for small rural communities
- Locally relevant and specific data (e.g. Rapid Risk Factor Surveillance System)
- Overarching models/ approaches for community needs assessments with population health data and local evidence (community engagement and context, political preference, etc.)
- Use of multiple data sets from various sectors (consideration of the Sault Ste. Marie Innovation Centre model)

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

- Support and/or strengthen province-wide research and evaluation communities of practice (e.g. Ontario Public Health Evaluator Network)
- Enhance knowledge exchange opportunities across sector (e.g. leverage opportunities for use of technology in addition to public health-specific face to face conferences, explore pan-national initiatives such as National Collaborating Centres)
- Create opportunities for and support the development of common tools and frameworks
- Explore regional hub model that clearly defines expectations and optimizes effectiveness, efficiency and accountability, builds capacity, and sets research priorities (province-wide and region-specific), as referenced in the 2007 [*Final Report on Knowledge to Action \(K2Aa\): Building a Stronger System of Workforce Development, Applied Research, and Knowledge Exchange for Public Health in Ontario*](#)
- Ensure research and knowledge exchange continue to be a function of local public health
- Fund collaborative research (e.g. PHO's Locally Developed Collaborative Project model)
- Where relevant and appropriate, ensure the inclusion of Indigenous and First Nations peoples in planning processes at inception
- Formalize agreements with post-secondary institutions for data/ research

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

- Data functions, such as interpretation of provincial/national trends in health status and risk behaviours (upstream and downstream), enhanced provincial public health data and evidence repository and provincial reporting systems, legal framework for data access, collection and management
- Evidence functions, such as best practice evidence reviews, platform for knowledge exchange

- Support services such as research ethics reviews and library support (both of which are currently provided to some public health units), as well as communities of practice such as the French-language public health services Community of Practice.
- Support for policy and program development and advice, consultation, and policy interpretation
- Workforce development functions, including continued education, professional development, student placement coordination/clearing house, guidelines for succession planning, support for human resources/labour relations issues, market reviews, development of consistent job titles and role descriptions, workplace wellbeing initiatives, orientation module development (e.g. AODA).
- Emergency preparedness supports
- Support for administrative and technology functions where provincial consistency makes sense or generates efficiencies. Examples to explore could include a shared benefits provider, shared inspection software and report generation, case management system, calibration systems; standardized client health databases and client appointment booking systems; coordinated functions, such as bulk buying; centralized/ one-system operation centre for network administration.

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

- Inter-operability structural requirements
- Meeting platforms
- IT infrastructure and data management systems
- Research infrastructure
- Access to data and databases (e.g. including acquisition of oversample), software licenses, platforms
- Web Content management system
- Telemedicine for client assessment, etc.
- Labour relations – provincial information portal with salaries, collective agreements, benefits
- Web content, social media management systems

4. Inconsistent Priority Setting

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

- Evidence informed decision-making tools that ensure local need is one of the defining parameters
- OPHS requirement to assess and develop programs of public health interventions – priorities themselves may be different but criteria to establish are similar
- Provincial funding at 100% for provincial priorities (e.g. seniors' dental)
- PHO's Locally Developed Collaborative Projects with province-wide research priorities
- Networks and working groups, at all levels, that identify common issues for collaborative action

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

- Consistent framework, infrastructure and facilitation to support local and regional priority setting
- Shared mechanism for knowledge exchange between local public health units
- Support for the coordination of data and the synthesis of best practice evidence
- What models of leadership and governance can promote consistent priority setting?
- Shared process for setting priorities while respecting local needs

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

- Autonomous skill-based boards of health with singular leadership (i.e. MOH/CEO model) reporting to board
- Representation at governance level from funders (Municipal and Provincial) but this balanced with competency-based representatives to address potential inherent conflicts
- Regional council with specific accountabilities to the province, in addition to board of health-specific accountabilities
- Competency-based leadership within public health units, representing public health multi-disciplinary practice

5. Indigenous and First Nation Communities

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

- OPHS-requirement for work in this area
- Taking time to develop respectful local relationships with Indigenous Peoples and communities
- Informing work through Indigenous community voices
- Seeking Indigenous community guidance on public health work (i.e. Indigenous advisory committee)
- Strengthening capacity for a culturally safe workforce through ongoing staff training
- Commitment to a path forward for working with area Indigenous Peoples and communities (e.g. Public Health Sudbury & Districts Indigenous Engagement Strategy: Finding our Path Together)
- Collaboration between Northeast public health units with inclusion from an Indigenous Circle and First Nations representatives to identify mutually beneficial, respectful and effective principles and practices of engagement
- Practicing principles of Respect, Trust, Self-determination and Commitment for future engagement

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

- Meaningful dialogue at nation to nation level regarding jurisdictional issues and regarding funding

- Requirement for meaningful Indigenous representation on Board of Health if the same is supported by local communities
- Requirement for external Indigenous advisory committee to agency if the same is supported by local communities

6. Francophone Communities

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

- Implementation of Active Offer of French-language services within our agency – including reference to such services in local Client Service Standards
- Provincial French-language services community of practice for public health
- Strong relationships within communities, particularly in the school system
- Our agency Francophone Advisory Committee
- Data/demographics on Francophone populations (when available)

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

- Explore application of the French Language Service Act; including ensuring further clarity about its application
- Financial support for translation and training/competency building
- Expansion of/further support for French-language services Community of Practice
- Supports for recruitment of bilingual candidates and training of personnel
- Increase engagement with new French-speaking immigrants, including service delivery, and consider intersectionality with other racialized populations
- Enhance communication with Francophone communities about needs
- Improve service delivery by aligning Francophone service expectations in all sectors
- Institute a designated point-person for complaints, comments and questions
- Include designated Francophone representation on the Board of Health

7. Learning from Past Reports

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

- Adequate funding to achieve increased population health impact and long-term gains
- Surge capacity across the province
- Increased focus on prevention at the population health level by Ontario Health
- Consideration of economies of scale and restructuring to achieve this

- Emphasis on evidence-informed decisions-making based on population level need and impact
- Strengthened common identity for public health
- Modernized infrastructure – physical and information technology

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

- Local program delivery, connections and relationships, including meaningful links to municipalities
- Focus on population health, equity and upstream interventions
- Provincial and municipal funding contributions
- Autonomous boards of health
- Singular MOH/CEO leadership reporting to board of health
- Multidisciplinary leadership and workforce
- Leverage the strengths in current capacity and ensure is not weakened as system capacity issues are addressed (i.e. re-allocations)
- Continued focused on promotion, prevention and protection and informed by evidence of need and impact
- Exclusion of commercial interests
- Ensure funding to public health is kept separate from funding to health care to avoid the risk of erosion of investments upstream
- Ontario Public Health Standards (OPHS), including focus on priority populations
- Student placements within public health units
- Community outreach for program planning input

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

- Continued communication/consultation with local public health units
- Continued support for local decision-making/discretion
- Exploration of synergies with other ministries for supporting public health mandate
- Expanded disciplines in public health, including social work
- Financial support for responsive municipal engagement
- Consider the development of provincial advisory bodies before launching new initiatives to ensure local context during planning/implementation



BACKGROUND

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

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

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

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

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

PRINCIPLES

Foundational Principle

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

Organizational Principles

- 2) Ontario's public health system must remain financially and administratively separate and distinct from the health care system.
- 3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.
- 4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".
- 5) The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.
- 6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

Capacity Principles

- 7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.
- 8) Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.
- 9) Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Governance Principles

- 10) The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.
- 11) The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.
- 12) The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership or authority.

DESIRED OUTCOMES

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

TRANSFORMING PUBLIC HEALTH **FOR THE PEOPLE OF NORTHEASTERN ONTARIO**

A SUBMISSION TO THE GOVERNMENT OF ONTARIO

HELEN ANGUS, DEPUTY MINISTER OF HEALTH

AND

DR. DAVID WILLIAMS, CHIEF MEDICAL OFFICER OF HEALTH

Introduction

This submission is the result of many months of work by the undersigned Medical Officers of Health (MOH), who are the Chief Executive Officers (CEO) of their respective Boards of Health. This work was undertaken on their own initiative for the five Northeastern Boards of Health. It has been developed in response to the current Government's announced intention to streamline the complex system of providing public health programs and services aimed at both protecting and promoting the health of the people of Ontario. This document provides our best advice regarding governance and leadership in the North East should the changes to the public health system proceed as announced.

Context

Over the past several years, there has been considerable attention paid to the current complexity of the public health system. As recently as 2017, the report entitled *Public Health within an Integrated Health System; Report of the Minister's Expert Panel on Public Health* raised a number of ideas and recommendations for transforming that system, addressing such challenging issues as system delivery boundaries and leadership and governance models that might better accomplish the best fit of public health within a larger, transformed health system.

Ontario's current government has introduced fundamental change in the way health care is to be funded, structured and delivered, and in its conceptualization has embodied some of the ideas raised earlier regarding public health.

The five Northeastern health units, serving the areas of Algoma, North Bay/Parry Sound, Porcupine, Sudbury/Manitoulin, and Timiskaming began in 2017 to explore how they could collaborate more closely to achieve improved efficiencies with potential "functional mergers". With the April 2019 announcement of public health regionalization, the five MOHs for these health units were in a unique position to quickly refocus this work to consider how a new, single autonomous regional public health 'entity' might be created should the announced changes proceed. The goal would be to continue to meet the important public health standards in Ontario with all of the requisite standardization, capacity, and equity in the delivery of programs and services across the larger region, while at the same time realizing efficiencies and meeting the cost savings goals of government.¹

This report is the result of that work since 2017.

¹ The Ministry has identified a goal of provincial cost savings of \$200 million system-wide by 2021/22. The impact on regional public health budgets will depend on the ultimate determination of the level of municipal funding to offset announced changes to the provincial/municipal apportionment of funding.

It addresses the combined challenges raised above, proposes models for reorganizing service delivery, leadership, and governance, and sets out an orderly process of transitioning from the current five Public Health Unit (PHU) model, to a single Northeastern Regional Public Health Entity (NE-RPHE). If these changes proceed there would be much work still to be completed, however, we believe that the recommendations herein form a solid foundation upon which to build a more detailed model for public health in the North East.

The model proposed will need careful scrutiny:

- by the Ministry, in the context of its overall health care transformational design;
- by the many (108) local governments in the North East who are expected to continue to share with Ontario the cost of public health programming;
- by those communities in the North East who have a passionate interest in the way services are provided to their communities; and
- with special attention to Indigenous peoples, both First Nation communities and Indigenous peoples living in urban environments, as well as the significant Francophone population in the North.

The Geography and Population of the North East

Ontario's North is appreciably different than the South, even the more rural parts of southern Ontario. With the combination of large distances, unique histories, challenging travel especially in winter, and widely dispersed populations, the delivery of programs and services and even the matter of representation of communities in governance is difficult. Significant Indigenous and Francophone populations are defining factors as well.

We understand that the Ministry is seeking consistency across the ten regional public health entities to be created to serve the entire Province. We outline our proposals for some level of such consistency but stress the substantively different circumstances that characterize the North.

The current North East public health infrastructure is composed of five distinct areas (health units), each with its own MOH who is the CEO, and autonomous board governance. For ease of reference, a map outlining the segmentation of Northeastern Ontario for public health purposes is attached as **Appendix A**. Shown on that map are the main public health service delivery 'assets' currently in place.

Program and Service Delivery

First, we considered how best to visualize *program and service delivery* in a new, single regional public health entity. We settled on a simple concept that has driven our thinking: **Think corporately; deliver locally**. Embedded in that notion is a concept that considers how to achieve efficiencies in our work; creating a *single consistent set of systems for administrative purposes* supporting, measuring and managing a delivery structure that continues to *identify and meet the public health needs of local communities*.

We concluded that there is a sound business case for mapping that local service delivery into four, rather than five, distinct *sub-regions* in the North East. Note that this work assumes the existing geographic boundaries of the five current North East boards of health. It does not incorporate the District of Muskoka or parts of Renfrew County as proposed by Ministry officials.

Those *four sub-regional service areas* are centred on the urban centres of Sault Ste. Marie, North Bay, Timmins, and Sudbury.

While we have given considerable thought to the geographies serviced by each sub-region, we do recognize that much work remains to be done in determining the most logical functional structure. This

would take into account community delivery assets, and be determined over time, as the new structure is implemented.

We have identified several fixed ‘assets’ within the current five health units where efficiencies in the physical location of Public Health staff and offices could be achieved by reorganization of those assets. Work continues at the detailed service level as to how to realize and quantify those efficiencies, while continuing to meet the Ontario Public Health Standards (OPHS) and address local needs.

Leadership and Management

Following our agreed-to fundamental principles of maintaining the appropriate level of protection and promotion of the health of the people of the North East, and our **think corporately and deliver locally** approach, we have very carefully considered how both the leadership and management of a NE-RPHE and a sub-regional delivery model might be structured.

Our conclusions:

1. There is solid support for the need to have singular corporate management of the regional level in the form of a Regional Medical Officer of Health who is the Chief Executive Officer of the organization (RMOH). There must be unified accountability to the Board for policy direction and resource management for such a new model to succeed. We fully support the work to date of the Council of Ontario Medical Officers of Health (COMOH) in this respect and make what we believe to be the obvious observation that such a position must be held by a qualified public health physician **with a range of well-defined managerial and leadership competencies**.
2. The RMOH will be accountable to the Board and to the Chief Medical Officer of Health (CMOH) for public health strategy and compliance with the OPHS under the *Health Protection and Promotion Act* (HPPA).
3. At the regional level, we see the need for a carefully constructed set of systems, procedures, and processes that will be followed by all parts of the new organization. Key to success will be administrative and programmatic systems, accountabilities, and measures that will drive both effectiveness and efficiency in service delivery.
4. We envisage senior level executives, reporting directly to the RMOH, who will take responsibility for building and managing those corporate-wide systems. This is a key element of the **think corporately and deliver locally** approach.
5. We envisage savings to accrue to the NE-RPHE as systems are integrated, with singular leadership of key corporate service elements (such as accounting and finance, procurement, information technology, and human resource management), foundational standard elements (such as program planning and evaluation, effective public health practice, population health assessment, and health equity) and programmatic elements (such as overarching policy and programming in both health protection and health promotion).
6. We also turned our attention to the matter of how best to structure the “deliver locally” aspect of our proposed design. Implicit in our thinking has been the need to ensure that capacity is maintained to not only identify, anticipate, and respond to local public health issues, whether they be urgent or strategic in nature, but also be *seen to be* responsive at the local level. We know that our communities and municipalities will demand that in any new model.
7. We understand the key role that qualified physicians with public health training play in the public health domain, and the expectation that our stakeholders have and will continue to have that a qualified MOH will be “there for them.” This is aligned with the thinking of COMOH in this respect. We understand that there is an important role in building and maintaining excellent community stakeholder relationships by such physicians. The challenge in this very large geographical area is one of determining how best to meet those expectations.
8. We have also adopted a principle of recognizing and supporting the key roles played in public health by other health professionals who are now, and will continue to be, essential in the delivery of local public health programming. Nurses and public health inspectors, for example, must and

will play a role in local delivery. We believe that those professionals should also play *leadership roles* at the regional and sub-regional level.

9. At present, across the five current PHUs, there are seven physicians who are designated as MOHs or Associate MOHs (Note that one MOH position is currently in an acting capacity.) The COMOH model of seeing all public health physicians as “MOHs” aligns with our thinking. It is our carefully considered opinion that in the regional model and with the expected constraints, a smaller number of public health physicians can effectively meet the standards required.
10. With all of that in mind, our conceptualization of the leadership structure is as follows:
 - One physician to be the Regional Medical Officer of Health (RMOH), and in that role to be the Chief Executive Officer.
 - Four physicians to be designated as sub-regional MOHs. The goal will be to ensure that each of the four sub-regions has access to a designated MOH, where the circumstances require access to that level of expertise. One of those four MOHs would be designated as the Deputy Regional MOH (DRMOH) so as to ensure appropriate chain of authority at all times, acting in the place of the RMOH.
 - We continue to work on the challenge of building appropriate accountabilities and cross-discipline leadership in this model. We assert that the RMOH must be the ultimate decision-maker and we have identified two possible models for leadership at the sub-regional level. The preferred model is for the MOH assigned to that sub-region to take on the leadership role. It is also recognized that team leadership skills in some sub-regions might better be found in another health discipline. In this approach, the sub-regional MOH would not have this line authority. We note that COMOH supports MOHs playing various roles (e.g. local organizational leadership, medical leadership, program expertise consultation, etc.) according to local needs and this is aligned with our model.
 - Regardless, strong team leadership should be the most important factor in building and transitioning to a new and quite different set of accountabilities.
 - Finally, there is of course the matter of finding the best fit for the many valued professionals, including physicians, who now make up the public health assets across the North East.

We attach as **Appendix B**, a set of functional diagrams outlining how we see the structure of the regional/sub-Regional design for the new NE-RPHE. We note that these are a work in progress and depict the key reporting relationships, representing our thinking to date on how the regional and sub-regional functions can best be supported by these relationships.

Representation and Governance

One of the most challenging aspects of the restructuring is the matter of representation of the wide territory, numerous communities and municipalities, and diverse populations that make up the North East. We have endeavoured to strike a fair and reasonable formula for the creation of a single governing body of the regional public health entity, at least on a transitional basis.

In the current model according to the applicable Regulations under the HPPA, there are a total of 74 seats on the five Boards of Health; 51 of which are appointed by municipal councils. Of these, 38 municipal representatives are elected; the remaining 13 are non-elected ‘citizen’ representatives.

Perhaps the most striking thing to realize is that even under the *current* composition requirements, there are considerably fewer municipal representatives on the five existing Boards than there are municipalities (108).

Contemplating the composition of *one board that would represent 108 municipalities* makes clear the first challenge in constituting a regional Board.

We understand that, with the diverse population in Ontario's North, there are special considerations to be taken into account in developing representational models. Across the five current Boards there are no individuals on those Boards who are there *as identified representatives of diverse communities*, including First Nations/Indigenous populations, and the substantial Francophone population. There are indeed Indigenous and Francophone representatives, but they were not chosen specifically to represent those parts of their respective communities, to the best of our knowledge.

Another complexity to be considered. We will explore below the means by which such representation could be assured in the proposed new structure.

At present, the Province has a mandate under the current HPPA Regulations to appoint several representatives to each Board. There have been challenges to date for the Provincial Appointments Secretariat to populate those seats, resulting in numerous vacancies.

It should be acknowledged that there is another challenging issue facing municipal councillors who are appointed to PHU Boards, much as is the case with other bodies in the North, such as District Social Services Administration Boards. That issue is one of *fiduciary responsibility* to the PHU Board, and reconciling that duty to the fiduciary responsibility owed to the municipality where each holds elected office. This issue is particularly challenging in circumstances where those Boards have the statutory authority to set levies which the municipalities are obliged to pay.

Finally, and perhaps constructively, is the current best practice of creating governance boards on the basis of a carefully balanced set of skills, knowledge, familiarity with community, and experience – commonly referred to as a balanced matrix of *competencies*. Our premise, given all of the challenges outlined here, is to propose a *transitional model* for the first Board of the NE-RPHE that *bridges* those challenges, and **works toward skills-based boards in the public health sector**.

In fact, we urge adoption of a policy that would seek careful consideration of diversity and skills/competencies, as well as geographic representation, by both the municipal entities and the Province of Ontario, as they consider appointments to the proposed Board. Further, we urge that those appointing entities be encouraged to consult their existing PHUs and MOHs as to the most needed categories of Directors required.

Our proposal for composition, keeping in mind diversity, skills and competencies, and geographic locale:

- One representative municipal councillor, an elected official currently holding office in a larger, urban municipality, for each of the newly defined four sub-regional areas, centred on Sault Ste. Marie, North Bay, Timmins and Sudbury.
4 members
- Two additional municipal councillors, currently holding elected office in the many smaller municipalities throughout the North East, to ensure that the perspectives of smaller municipalities are reflected.
2 members.
- One non-elected representative of the community within each of those four sub-regional areas, chosen carefully by municipalities to bring to the Board table *a set of defined competencies and experience that contribute to a well-balanced Board*.
4 members

In the body of those municipal appointees, constituting the majority of the new Board, careful attention to representing all of the North East. Further, given the historical existence of an autonomous Board of Health in the Timiskaming District, at least one of the members of the initial Board as outlined above shall be a representative of the Timiskaming District.

- Three representatives appointed by the Province of Ontario, following the procedures of the Provincial Appointments Secretariat with approval by the Lieutenant Governor in Council, *with careful attention to*:
 - *the set of defined competencies and experience,*
 - *representation of the Francophone population of the North East:*

3 members
- One representative each for two defined populations in the North East, specifically chosen to represent:
 - A First Nations person, living in a First Nation community
 - An Indigenous person (First Nations, Metis, Inuit), living in an urban community

2 members

We note that representatives of diverse communities identified specifically in our proposal may be supplemented by other persons appointed by municipal or provincial bodies.

A total of 15 members.

Transition

We recognize that there may well be significant challenges in implementing the proposed composition of the first Regional Board; hence, the qualifier that this be considered a *transitional* process.

Considerations for how to choose such representatives include:

- A request of the current five Boards of Health, collectively, to collaborate on their advice to the appointing municipalities regarding the selection of current Councillors and community members who have demonstrated considerable interest in the public health issues and challenges in the North East, and who are supportive of and interested in the 'start-up' challenge of this new venture
- An interim Regulation under the Act that enables the Minister of Health to appoint or confirm the appointment of such Directors, whether municipally or provincially selected, to the transitional Board
- Building consensus amongst the appointing parties, including the Ministry of Health, as to the desired competencies for the composition of the inaugural Board. A draft outline of such competencies is attached to this proposal as **Appendix C**

Enabling transition

The Ministry in its announced plans for migration to a system with ten, rather than 35, PHUs across the province, has indicated a preference for consistent governance approaches. While this is a worthy goal, there are substantive differences across the north/south and urban/rural divides.

We believe that the desired consistency across Ontario should focus on some core principles of good governance:

- Skills-based boards, to the extent possible, while respecting the freedom of municipalities to appoint representatives of their choosing;
- Recognition of the need for representation that reflects geo-political difference, with special attention to the needs of Indigenous and other diverse populations;
- A careful balance of urban and rural representation so as to ensure that the perspective of all parts of the new Region are at the table;
- Appropriate mechanisms for the selection and appointment of representatives, where there are multiple and/or different political structures at the municipal level who are charged with making appointments of Directors;

- Attention to the above-noted challenge of appropriate fiduciary responsibility.

We fully expect that the HPPA and its Regulations will continue to include explicit direction to PHUs regarding core standards for public health. Those, and the associated mandate to the CMOH, should not change.

There will be a need, however, for substantial changes to the Act and Regulations to create the framework for the proposed streamlined new approach. We urge careful and diligent consultation with affected stakeholders in crafting a new regulatory regime to enable the system changes required.

All of which is respectfully submitted.

Algoma Public Health

Marlene Spruyt, BSc, MD, CCFP, FCFP, MSc-PH

North Bay Parry Sound District Health Unit

James Chirico, BSc, MD, FRCPC, MPH

Porcupine Health Unit

Lianne Catton, MD, CCFP-EM, MPH

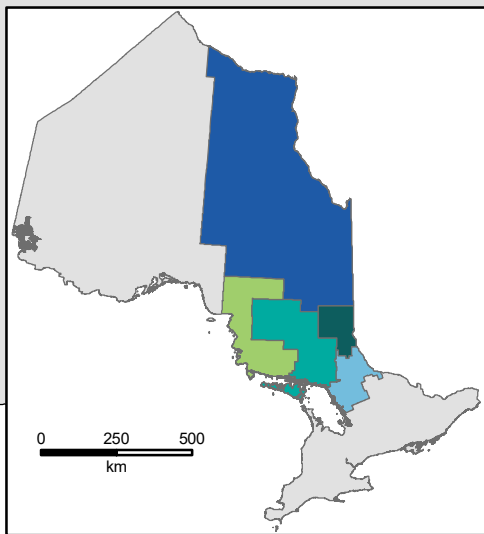
Public Health Sudbury and Districts

Penny Sutcliffe, MD, MHSc, FRCPC

Timiskaming Health Unit

Glenn G. Corneil, MD, CCFP, FCFP

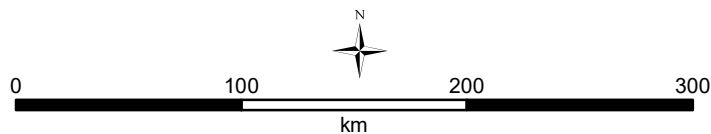
July 2019



NE Public Health

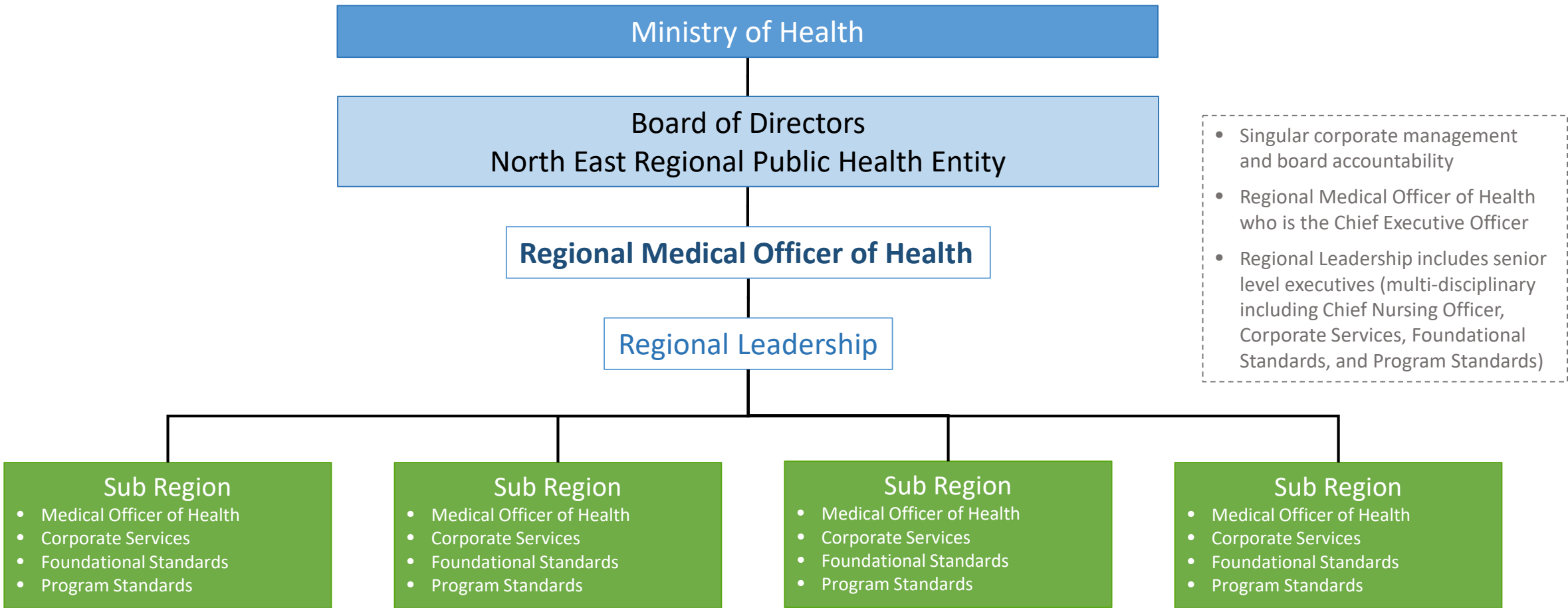
- North Bay Parry Sound District Health Unit
- Porcupine Health Unit
- Public Health Sudbury & Districts
- Algoma Public Health
- Timiskaming Health Unit

- Main office
- Branch/District/Satellite office



N

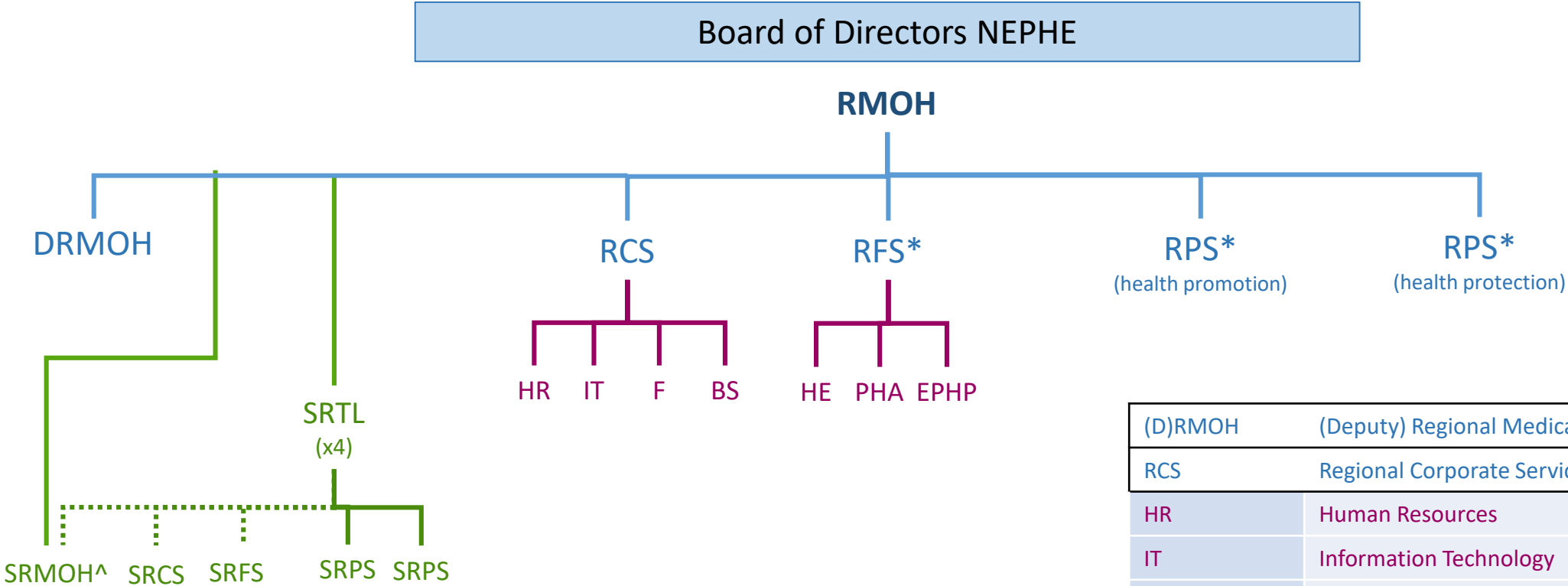
FUNCTIONAL CHART OVERVIEW



- Singular corporate management and board accountability
- Regional Medical Officer of Health who is the Chief Executive Officer
- Regional Leadership includes senior level executives (multi-disciplinary including Chief Nursing Officer, Corporate Services, Foundational Standards, and Program Standards)

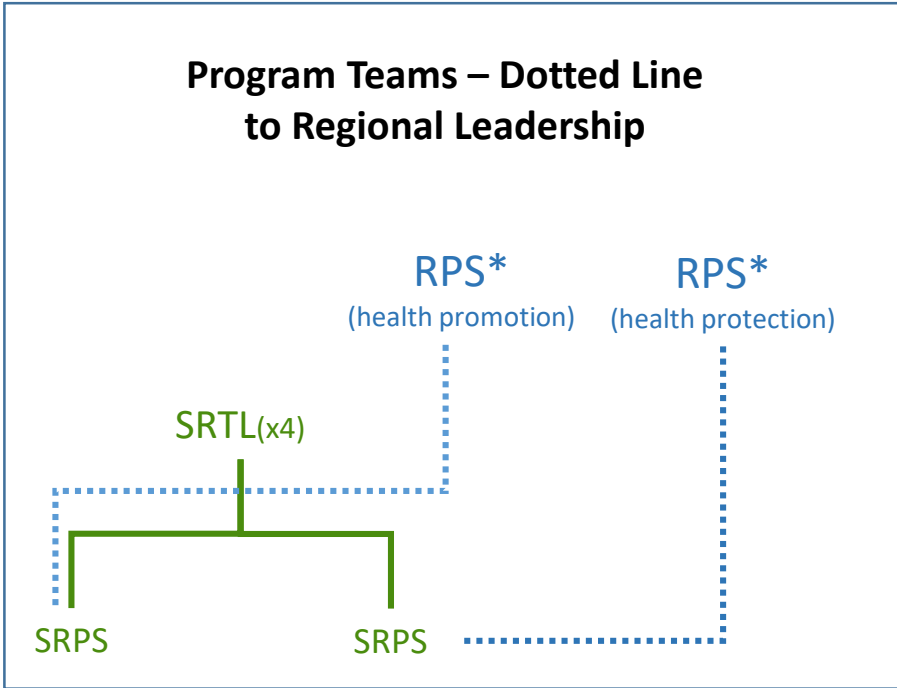
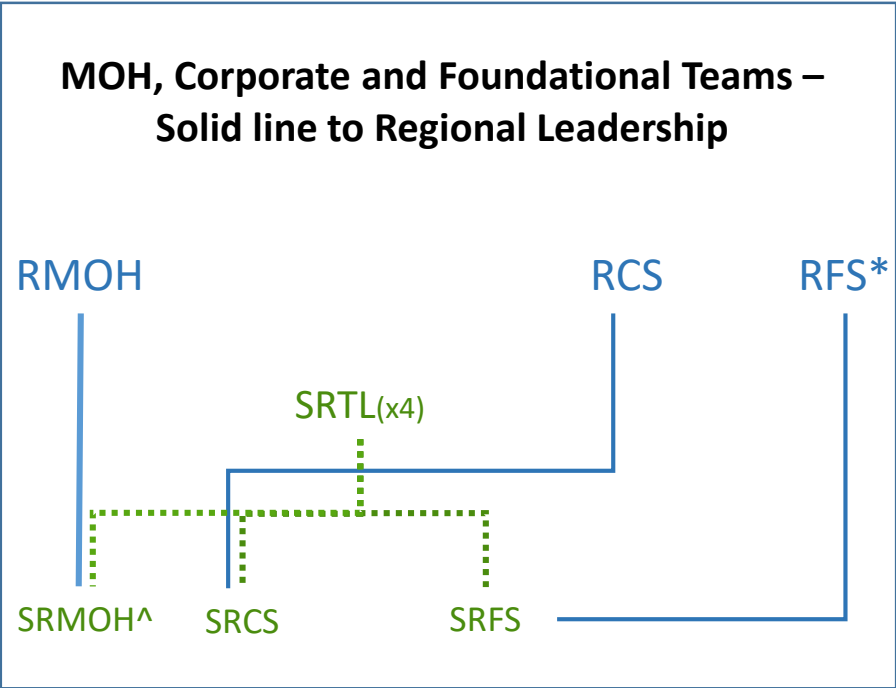
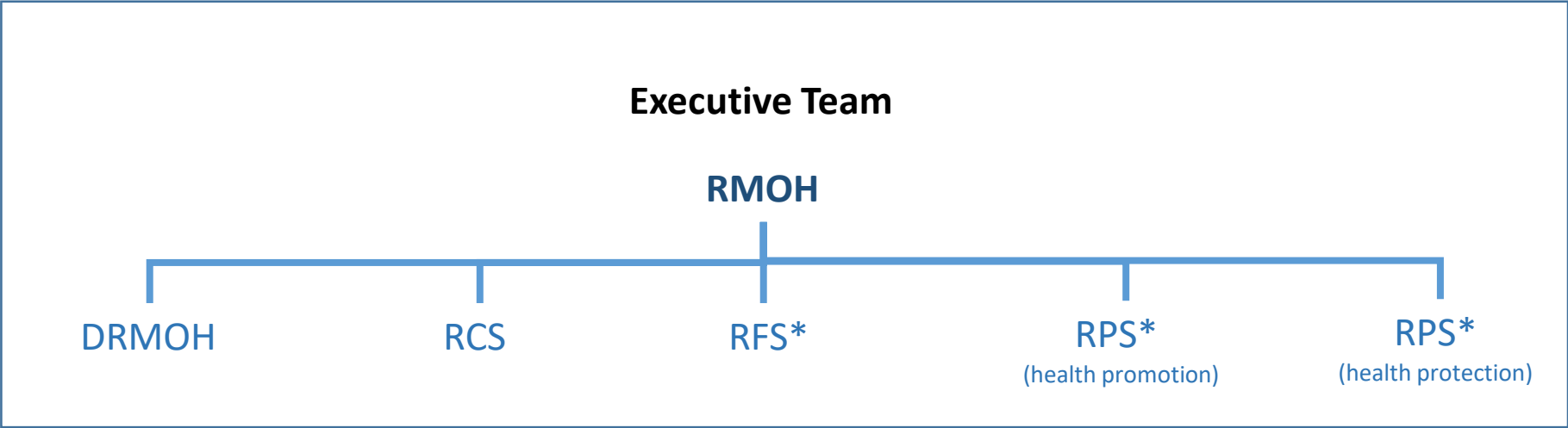
- Sub region leader is Medical Officer of Health (preferred) but could be from another health discipline
- Each sub region has a designated Medical Officer of Health
- Corporate Services and Foundational Standards teams – solid line to regional leadership as many functions are regional but require sub regional implementation
- Program teams – dotted line to regional leadership as many functions are sub regional but require regional coordination

FUNCTIONAL CHART DETAILED VIEW



(D)RMOH	(Deputy) Regional Medical Officer of Health
RCS	Regional Corporate Services
HR	Human Resources
IT	Information Technology
F	Finance
BS	Building Services
RFS	Regional Foundational Standards
HE	Health Equity
PHA	Population Health Assessment
EPHP	Effective Public Health Practice
RPS	Regional Program Standards
*	One of these positions is also the Chief Nursing Officer

SRTL~	Sub-Regional Team Leader~ (preferred option is the SRMOH, one of whom is the deputy regional MOH)
SRCS	Sub-Regional Corporate Services
SRFS	Sub-Regional Foundational Standards
SRPS	Sub-Regional Program Standards (health promotion)
SRPS	Sub-Regional Program Standards (health protection)
SRMOH	Sub-Regional Medical Officer of Health



*One of these positions is the Chief Nursing Officer

^One of these positions is the DRMOH

NORTHEASTERN REGIONAL PUBLIC HEALTH UNIT
BOARD GOVERNANCE

DIRECTORS PROFILE MATRIX		
		BOARD SIZE: 15
SKILL / EXPERIENCE	DESCRIPTION	NUMBER OF DIRECTORS REQUIRING SKILL
General		
Analytical and Critical Thinking	Individual having the ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound decisions.	All
Inter-personal Communications	Individual having the ability to effectively communicate their ideas, positions, and perspective to their peers, as well as understand the ideas, position, and perspective of their peers and facilitate resolutions of differences in the common interest.	All
Creative and Strategic Vision/Planning	Individual having the ability to envision and define future goals and objectives that provide improved benefits for the groups and individuals on whose behalf the organization acts. (For example, experience with strategic planning, performance measurement, business planning, etc.)	All
Experience service on boards of directors	<ul style="list-style-type: none"> • Strong understanding of and experience with the appropriate roles, group processes, protocols and policies that form the systems of Public Health Unit governance. • Demonstrated judgment and integrity in an oversight role. • Experience serving on a board or governance committee and/or senior level experience working with other strategic or policy boards. • Determination to act in one's own independent deliberative judgment with confidence and persistence in order to ask appropriate, relevant and necessary questions. 	All
Financial Literacy	Individual able to read and have a layman's understanding of financial statements, including budgets, income statements, balance sheets and cash flow projections.	All
Community Knowledge	Knowledge of the community (fabric; particular needs) and more broadly knowledge of the needs of the entire Regional area.	All
Commitment to Mandate	Demonstrates a strong understanding and commitment to the organization's mandate.	All

NORTHEASTERN REGIONAL PUBLIC HEALTH UNIT
BOARD GOVERNANCE

Specific		
Financial Expertise	<ul style="list-style-type: none"> • Senior executive experience (preferably with a designation) in financial accounting and reporting and corporate finance. • Comprehensive knowledge of internal financial controls, financial operational planning and management in an organization that includes expertise in auditing, evaluating and analyzing financial statements. 	1 or more
Communications / Public Relations Practices	Senior executive or consulting experience (preferably with a designation) with the planning, design, implementation and evaluation of strategic communications, and/or stakeholder relations initiatives.	1 or more
Risk Management	Senior executive or consulting in analyzing exposure to risk in the private, public or not-for-profit sector and successfully determining appropriate measures to manage such exposure.	1 or more
Legal Expertise	Individual having expertise in the law (preferably with a designation), particularly, as it relates to subjects of relevance to public health institutions.	1 or more
Health System Expertise	Individual having expertise in aspects of health, particularly as it relates to subjects of relevance to a public health organization, including research.	1 or more
Human Resources Expertise	Senior executive or consulting experience in human resources (preferably with a designation) particularly in the areas of compensation, labour relations, change management, organizational development and leadership.	1 or more
OTHER REPRESENTATION CONSIDERATIONS		
Other	As much as possible, given requirements above, the board will aspire to gender balance, cultural and linguistic diversity and a diversity of ages, with special attention to Indigenous representation from both urban communities and distinct First Nation Communities and the Francophone population.	

PUBLIC HEALTH MODERNIZATION DISCUSSION PAPER RESPONSE

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts, having reviewed and discussed edits to the *Preliminary Key Considerations: Public Health Modernization Discussion Paper Response*, authorizes the Board of Health Chair to so finalize the document for submission on the Board of Health's behalf to the Ministry of Health and the Special Advisor by the February 10, 2020, deadline.

BOARD OF HEALTH MEETING DATE

MOTION:

WHEREAS the Board of Health regularly meets on the third Thursday of the month; and

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 pm Thursday, February 20, 2020, be moved to 1:30 pm on Wednesday, February 19, 2020.

ADDENDUM

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

Please complete the January 2020 Board of Health meeting evaluation as well as the two declaration forms in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____