



Addendum: Board of Health Meeting

Thursday, November 21, 2019

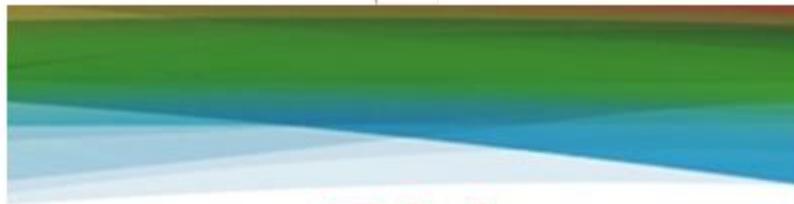


ADDENDUM – SEVENTH MEETING
BOARD OF HEALTH
NOVEMBER 21, 2019

7.0 ADDENDUM

DECLARATIONS OF CONFLICT OF INTEREST

- i) alPHa Information Break newsletter, November 18, 2019
- 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
- iii) Ontario Seniors Dental Care Program
 - Ministry of Health News Release *Ontario Launches Free Routine Dental Care for Low-Income Seniors*, November 20, 2019
- iv) Community Drug Strategy – Anti-Stigma
 - We are Jeff: Opioids and Our Community video



Information Break

November 18, 2019

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

Update on Public Health Modernization

Today, via webinar, the Ministry of Health launched the long-awaited consultation process for public health and emergency health services modernization. The Deputy Premier and Minister of Health, the Hon. Christine Elliott, announced there would be two discussion papers that will "anchor consultations in the coming weeks." Jim Pine, Special Advisor on Public Health and Emergency Health Services, noted the ministry was keen on meeting with as many stakeholders as possible and looked forward to "thoughtful input and dialogue" with stakeholders, who will be invited to make written submissions via email and a Ministry survey during the process. Chief Medical Officer of Health Dr. David Williams outlined a few of the key challenges in the public health discussion paper after speaking to the need for changing the current systems. Alison Blair, ADM, Emergency Health Services and Executive Lead for Public Health Modernization, also spoke to the key challenges facing the emergency health services sector that will be addressed in the consultations. In our ongoing efforts to help members stay updated on the latest news, alPHa will draft a summary shortly on the information presented at the webinar and share it broadly with the membership, so please stay tuned.

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

[View the Statement of Principles here](#)

[Go to alPHa's web page on Public Health Modernization](#)

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

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

Fall 2019 Symposium

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

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

Please click the link below to view the slide decks from November 6 and the Section meetings of November 7 (login and password required).

[Download the Fall 2019 Symposium & Section Meeting presentations](#)

alPHA Strategic Plan

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

[Learn more about alPHA's 2020-2023 Strategic Plan here](#)

Rapid Risk Factor Surveillance System (RRFSS) Update

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

News Roundup

[Province reorganizes LHINs to five transitional regions and transfers five provincial agencies to new Ontario Health](#) - 2019/11/13

[Ontario announces Digital First for Health Strategy to improve patient experience](#) - 2019/11/13

[Expert panel releases report, When Antibiotics Fail, on socioeconomic impacts of antimicrobial resistance](#) - 2019/11/12

[Ontario undertakes multi-sector provincial climate impact assessment](#) - 2019/11/07

[Province releases 2019 Ontario Economic Outlook and Fiscal Review](#) - 2019/11/06

[Standing Committee on Public Accounts' Report on Public Health: Chronic Disease Prevention](#) - 2019/11/05

[Ontario legislature resumes and announces priorities for upcoming session](#) - 2019/10/28

[Province gives \\$143M funding to municipalities to help lower costs and improve municipal services](#) - 2019/10/25

[Government of Ontario bans vaping product promotion outside of specialty stores](#) - 2019/10/25

[Ministry of Finance allocates 2020 Ontario Municipal Partnership Fund](#) - 2019/10/24

[CIHI releases data on changing opioid prescribing practices](#) - 2019/10/17

Current Consultations of Public Health Interest

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

[Go to alPha's Current Consultations web page](#)

Upcoming Events - Mark your calendars!

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

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

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

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

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

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A live webcast was held on November 18, 2019 to launch the first phase of the Emergency Health Services and Public Health Modernization consultation process, featuring remarks from Christine Elliott, Minister of Health and Deputy Premier; Dr. David Williams, Chief Medical Officer of Health; Alison Blair, Executive Lead for Public Health Modernization; and Jim Pine, Special Adviser, Public Health Modernization; followed by a question-and-answer period moderated by Colleen Kiel, Director (Acting), Strategy and Planning Branch, Ministry of Health.

The following is a summary of key messages. Content has been edited and condensed for clarity and to focus on issues of most interest to alPHa's members. A [recording](#) of the full webcast is available on the [consultation website](#) along with all of the resources referred to therein.

Minister Elliott: Opening Remarks

Minister Elliott characterized this initiative as part of the broader transformation of Ontario's health sector, the goal of which is to ensure that an integrated health system is available to everyone who needs care when they need it. She touched on the progress that has already been made with Ontario Health Teams before introducing the need to ensure that public health and emergency health services are modernized and strengthened in parallel.

She added that municipal partners have clearly communicated the need for a longer and more substantial consultation process, which is what is being launched today. She then introduced the team that will be leading the process to ensure that changes are informed by the expertise and daily experience of those who are on the front lines.

Jim Pine: Remarks

Jim Pine introduced the consultation plan, which he characterized as "resetting the discussion" to gather the best ideas that we can and learn from as many stakeholders as possible throughout the province to modernize these two sectors (EHS and Public Health). He clarified that the consultations for each are being carried out at the same time simply because of their respective integration with the municipal sector. Two separate discussion papers will be released later today, which will outline key challenges (i.e. the "why") and propose some ideas to address them (i.e. the "what").

Timing and location of the consultations are to be determined, and the aim will be to conduct them as part of existing meetings in a variety of settings and locations to make it as convenient for stakeholders as possible. Submissions in writing will also be welcome and there is a dedicated e-mail address to receive these. A survey tool will also be made available and regular updates will be posted on the Connected Care platform (subscribe to these here). He then reported that they are planning to provide a preliminary presentation of what the team has heard to date at the [Rural Ontario Municipal Association conference in January 2020](#).

David Williams: Remarks

Dr. Williams indicated that neither the challenges facing public health nor the prospect of significant change are anything new, and this is another chance to examine the strengths of the existing system and the emerging issues that are confronting it to generate ideas for a vision of what we want the sector to look like in the long-term. The [Discussion Paper](#) will be a core aspect of these discussions, in that it will focus on improving capacity, strengthening alignments with other stakeholders, eliminating duplication and inefficiencies, fostering more consistent priority setting, and ensuring that responses to public health emergencies is robust throughout the province. The team will also be asking stakeholders to provide ideas on the consultation process itself.

Alison Blair: Remarks

Alison Blair focused mainly on the EHS aspect of this consultation. She reiterated that this is in fact a reset and that there are no predetermined outcomes. Please see the recorded webinar if you are interested in more details about this (her remarks begin approximately 20 minutes in).

Colleen Kiel: Q&A

Is there a plan to merge PH and EHS?

No. The discussion papers are separate and the consultations for each are being carried out at the same time simply because of their respective integration with the municipal sector.

Is there consideration of the role of PHO?

Yes. The concept of the “three-legged stool” (Ministry, PHO, local public health) remains foundational and the modernization is expected to touch on all three as part of an iterative process.

What about First Nations and Indigenous communities?

Specific consideration is being given. Please see the memo linked below.

Where and when will consultations take place?

The goal is to start meetings towards the end of this month. Plenty of notice will be provided to allow for proper preparation and every effort will be made to piggyback on existing meetings (e.g. conferences, board meetings etc.). The process itself will be flexible in this regard and ideas about specific timing, locations and engagement with other stakeholders will be welcome. The deadline for submitting responses to the discussion paper questions via the survey tool will be February 10. Initial set of recommendations will likely not happen until early spring 2020.

Will written submissions be accepted?

Written submissions are encouraged and can be transmitted via the ehsmodernization@ontario.ca e-mail address.

What are the major public health issues now?

Coordination, updating and integration of technology, need for consistency and improving communications to ensure that each part of the system knows what the others are doing. Monitoring of health status is becoming imperative and we need improve the collection and analysis of data for more

timely and decisive responses, better targeting of resources and staff to ensure equity, addressing needs of high-risk groups, and how we apply our epidemiological knowledge to the health care system.

Are the April 2020 dates for implementation that were announced in the 2019 Ontario Budget still valid?

No. We can't implement what we don't know we're implementing.

RESOURCES:

- Consultation Website [English](#) and [French](#) (portal to most of what is included below).
- [Discussion Paper: Public Health Modernization](#)
- [November 18, 2019 Webcast recording](#)
- E-mail address: ehsphmodernization@ontario.ca.
- [Survey Tool](#)
- [Memo to First Nations / Indigenous Communities](#)
- [Sign up here to receive Connected Care updates](#).

alPHA will be making a submission to the consultation and will be requesting feedback from our members to inform it. Please visit [alPHA's Public Health Modernization page](#) to view materials collected to date related to this initiative since the 2019 Budget announcement on April 11.

We hope you find this information useful.

November 20, 2019

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

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

Dear Minister Elliott and Mr. Pine:

Re: Public Health Modernization

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

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

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

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

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

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

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

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

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

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

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

We look forward to participating in the upcoming consultations. We commend this approach and welcome the opportunity to participate in this engagement. As the province proceeds with its

modernization of health care and public health, the Board of Health and staff for the Simcoe Muskoka District Health Unit are ready to be a partner, providing our insights and expertise to bring forward all that is essential within public health.

Thank you for considering our recommendations.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CS:cm

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

Ontario Launches Free Routine Dental Care for Low-Income Seniors

Program Will Help Keep Seniors Healthy

November 20, 2019 9:00 A.M.

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

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

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

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

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

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

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

"The well-being of all Ontario's seniors is a top priority for this government," said Minister Cho. "This new dental care program will help eligible seniors receive the quality dental care they

deserve. By keeping seniors healthy, we can also help seniors avoid emergency visits to the hospital, prevent chronic diseases, and increase quality of life for seniors across the province."

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

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

QUICK FACTS

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

LEARN MORE

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Call 416-916-0204

Toll-Free 1-833-207-4435

To find out more:

TTY 1-800-855-0511

ontario.ca/SeniorsDental

- [Ontario's public health units](#)
- [Seniors: stay healthy and active](#)

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