Board of Health Meeting # 05-23

Public Health Sudbury & Districts

Thursday, September 21, 2023

1:30 p.m.

Boardroom

1300 Paris Street

Ontario

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Ryan Anderson** of Little Current be appointed as a part-time member of the Board of Health for the Sudbury and District Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

- - - - - - -

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Ryan Anderson** de Little Current est nommé au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Sudbury et du district pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : SEP 0 7 2023

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 1337/2023

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
www.ontario.ca/health

Ministère de la Santé

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

777, rue Bay, 5e étage
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Téléphone: 416 327-4300
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Ontario

August 2, 2023

Claire Gignac
1176 Diane Street
Sudbury ON P3A 4H5

Dear Claire Gignac:

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 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,

Sylvia Jones
Deputy Premier and Minister of Health

c: Medical Officer of Health

Resolution Number CC2023-111
Title: May 23, 2023
Date: Monday, May 29, 2023

Moved By Councillor Landry-Altmann
Seconded By Councillor Cormier

THAT the City of Greater Sudbury approves Nominating Committee resolutions NC2023-14 to NC2023-16 from the meeting of May 23, 2023.

CARRIED

Resolution Number NC2023-14
Title: Appointment of Citizens to Statutory Boards and Advisory Panels
Date: Tuesday, May 23, 2023

Moved By Councillor McIntosh
Seconded By Councillor Fortin

THAT the City of Greater Sudbury appoints Robert Barclay to the Board of Health for Public Health Sudbury and Districts for the term ending November 14, 2026, as outlined in the report entitled “Appointment of Citizens to Statutory Boards and Advisory Panels”, from the General Manager of Corporate Services, presented at the Nominating Committee meeting on May 23, 2023.

CARRIED

Public Health
Santé publique
SUDBURY & DISTRICTS

BOARD OF HEALTH GROUP PHOTO

A professional group photo of the Board of Health will be taken at 12:45 p.m.

Please arrive at 12:30 p.m. to gather in the Boardroom.

AGENDA – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, SEPTEMBER 21, 2023 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT
   - Order in Council Re: provincial appointment of Ryan Anderson effective September 7, 2023
   - Thank you letter from the Deputy Premier and Minister of Health to Claire Gignac dated August 2, 2023
   - Resolution from the City of Greater Sudbury Council re appointment of Robert Barclay to the Board of Health for Public Health Sudbury & Districts dated May 29, 2023

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION
   i) Climate Change Awareness and Adaptation
      - Jane Mantyla, Health Promoter, Health Protection Division

5. CONSENT AGENDA
   i) Minutes of Previous Meeting
      a. Fourth Board of Health Meeting – June 15, 2023
      b. Special Board of Health Meeting – August 24, 2023
   ii) Business Arising From Minutes
   iii) Report of Standing Committees
      a. Board of Health Executive Committee - August 16, 2023
   iv) Report of the Medical Officer of Health / Chief Executive Officer
      a. MOH/CEO Report, September 2023
   v) Correspondence
      a. Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales
      - Letter from Huron Perth Public Health Board of Health chair to the Minister of Finance and the Deputy Premier and Minister of Health, dated September 8, 2023

b. Support Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023

Public Health Sudbury & Districts Motion # 35-23

- Letter from Simcoe Muskoka District Health Unit Board of Health Chair to the Deputy Premier and Minister of Health, dated September 7, 2023
- Email from the City of Hamilton Public Health Committee to Ontario Boards of Health, dated August 28, 2023
- Email from the Premier of Ontario to Dr. Sutcliffe, dated July 12 ,2023

c. PHSD MOH/CEO Leadership

- Letter from NOSM University Associate Dean, Postgraduate Medical Education and Provost and Vice President Academic to the Board Chair Public Health Sudbury & Districts, dated September 4, 2023

d. Public Health Funding

- Letter from Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts dated August 22, 2023, received via email on August 29, 2023
- Letter from Middlesex-London Health Unit Board of Health Chair, Secretary and Treasurer, and Medical Officer of Health, to the Premier of Ontario, Deputy Premier and Minister of Health et al, dated August 2, 2023
- Letter from the Association of Ontario Public Health Business Administrators President to the Deputy Premier and Minister of Health and Chief Medical Officer of Health, dated July 7, 2023
- Letter from Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health Chair, to the Deputy Premier and Minister of Health, dated July 3, 2023
- Letter from Simcoe Muskoka District Health Unit Board of Health Chair to the Deputy Premier and Minister of Health, dated June 21, 2023

e. Physical Literacy for Health Active Children

Public Health Sudbury & Districts Motion # 29-22

- Letter from Thunder Bay District Health Unit Board of Health Chair, to the Deputy Premier and Minister of Health, dated July 14, 2023

f. 2023 Review of the Child, Youth and Family Services Act, 2017

- Letter from alPHa President to the Minister of Children, Community and Social Services, dated July 13, 2023

g. Public Health Matters - A Business Case for Local Public Health

- Letter and infographic from the President, Association of Local Public Health Agencies (alPHa) to Ontario Local Public Health Agencies, dated July 19, 2023

h. Food Insecurity

– Letter from Algoma Public Health Board of Health Chair to the Premier of Ontario, Deputy Premier and Minister of Health, and the Minister of Children, Community and Social Services, dated July 4, 2023

i. Bill 93, Joshua's Law (Lifejackets for Life), 2023

Public Health Sudbury & Districts Motion # 25-22

– Email from City of Hamilton's Public Health Committee to Ontario Boards of Health, dated June 21, 2023

j. Support for Improved Indoor Air Quality in Public Settings

Public Health Sudbury & Districts Motion # 17-23

– Email from Health Canada to Public Health Sudbury & Districts Board chair, dated June 15, 2023

k. Consultation on Restricting Food Advertising Primarily Directed at Children

– Letter from Middlesex-London Health Unit Board of Health Chair to the Health Canada Bureau of Policy, Intergovernmental and International Affairs, Food Directorate, dated June 9, 2023

vi) Items of Information

a. Wildfires in Canada Toolkit for Public Health Authorities dated August 2023

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Outdoor Air Quality Monitors and AQHI Across the North

– Letter from Timiskaming Board of Health Chair and Acting Medical Officer of Health, to the Minister of Environment, Conservation and Parks, dated August 1, 2023

– Letter from Porcupine Health Unit Board of Health Chair to the Minister of Environment, Conversation and Parks, dated July 5, 2023

EXPAND OUTDOOR AIR QUALITY MONITORS AND AQHI ACROSS THE NORTH

MOTION:

WHEREAS according to recent research, climate change in Ontario is expected to increase the number of wildfires caused by human activity and by lightening by 20% and 62%, respectively, between the periods of

1975-1990 and 2020-2040, and it is expected that the increases will be even greater in parts of Northern Ontario; and

WHEREAS wildfire smoke can impact air quality and cause health effects hundreds of kilometers from the fire zone; and

WHEREAS many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the Air Quality Health Index (AQHI), a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health; and

WHEREAS there is only one air quality monitoring station within Sudbury and districts that provides data for the AQHI, being one of only five stations across Northern Ontario; and

WHEREAS expanding air quality monitoring stations and the reach of the **AQHI to more communities in the North would be benefit communities'** health, and would provide a more robust surveillance system on wildfire smoke impacts;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated July 5, 2023 from the Porcupine Health Unit and August 1, 2023, from the Timiskaming Health Unit to the Honourable Minister, David Piccini, calling for the installation of Air Quality Monitoring Stations in their respective service areas; and

FURTHER THAT air quality monitoring stations and the AQHI be expanded across Northern Ontario to improve opportunities for health for all.

ii) Public Health System Strengthening

- Briefing Note and appended resources from MOH/CEO to Board of Health Chair dated September 14, 2023
- News Release from Porcupine and Timiskaming Medical Officers of Health, dated August 30, 2023

PUBLIC HEALTH SYSTEM STRENGTHENING

MOTION:

BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts receive this briefing note for information; and

THAT the Board of Health for Public Sudbury & Districts support the Board Chair and Medical Officer of Health to engage with their Northeastern counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations; and

THAT the Board Chair ensure reporting back to the Board on this matter at future meetings.

iii) Election of Officer – Board of Health Executive Committee

- Board of Health Executive Committee Terms of Reference, Board of Health Manual C-II-10

APPOINTMENT TO BOARD OF HEALTH EXECUTIVE COMMITTEE

MOTION

THAT the Board of Health appoint the following Board member at large to the Board Executive Committee for 2023, effective September 24, 2023.

_____, Board Member at Large

iv) **Public Health Sudbury & Districts' 2022 Annual Report**

- Link will be made available at meeting

7. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

8. RISE AND REPORT

RISE AND REPORT

MOTION:

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

9. ADDENDUM

ADDENDUM

MOTION:

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

10. ANNOUNCEMENTS

- Please complete the September 21, 2023, Board of Health meeting evaluation in BoardEffect following the Board meeting.

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

Public Health
Santé publique
SUDBURY & DISTRICTS

MINUTES – FOURTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM
THURSDAY, JUNE 15, 2023 – 1:30 P.M.

BOARD MEMBERS PRESENT

Robert Barclay	René Lapierre	Michel Parent
Renée Carrier *	Bill Leduc *	Mark Signoretti
Guy Despatie	Abdullah Masood	Al Sizer
Claire Gignac	Ken Noland	Natalie Tessier *

STAFF MEMBERS PRESENT

Stacey Gilbeau	France Quirion	Dr. Penny Sutcliffe
Sandra Laclé	Rachel Quesnel	
Stacey Laforest	Renée St Onge	

Media

**Via remote participation*

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) Addressing the Toxic Drug Crisis
      – Sandra Laclé, Executive Director

S. Laclé provided an overview of the drug/opioid crisis noting that it is a complex, persistent, and growing health and social crisis that urgently needs an intensified, collective approach to prevent deaths and injuries, to reduce the social harms and costs,

and, also importantly, to reduce unnecessary suffering and heartache. Rates of opioid toxicity deaths are higher and steeper for northern Ontario and for the PHSD catchment area in comparison with Ontario and Canada. Of the seven northern local boards of health, five, including PHSD, are experiencing the highest death rates in the province.

S. Laclé outlined the three tiers of the population heath approach to substance use: health promotion, substance use prevention, and treatment and harm reduction.

The public health role and responsibilities in preventing substance use and reducing the health and social harms associated with substance use is specified in the legislation and related directives; specifically, the *Health Protection and Promotion Act*, the Ontario Public Health Standards (OPHS), and a number of guidelines, including the Substance Use Prevention and Harm Reduction Guideline. It was clarified that there is work that is broadly owned by boards of health, and work that is supported by boards. Specifics about this work and board of health responsibilities were outlined.

Community drug strategies are an approach used across Ontario to ensure diverse community partners work together to improve the health, safety, and well-being of all. Locally, since 2015, Public Health Sudbury & Districts has joined forces with numerous community partners through the Community Drug Strategy for Greater Sudbury to reduce the harms associated with substance use and the four-pillar model of the local Community Drug Strategy was described. Evidence-informed practices being implemented in our community were also shared.

As a path forward to reverse the trend in the harms due to the toxic drug supply, a motion will be entertained by the Board at its meeting today to support a local leadership summit on the toxic drug supply this fall. The summit would rally local commitments to better understand and act to improve the determinants of substance use as well as map an approach to reduce harms from substance use and reduce the trend in preventable drug/opioid deaths. The Board of Health Chair added that the Fall summit, for which a date has not yet been selected, might also be an opportunity for guest speakers and for public health and government partners share their experiences.

Questions and comments were entertained, and clarification provided regarding the provincial consumption treatment services model and exclusion for provision of safe inhalation services. Given recent stats presented by the Ontario Chief Coroner regarding the mortality rate for overdoses in a home setting, the importance of communicating about the Supervised Consumption Services (SCS) and public education regarding safe use was highlighted. Additional information was provided regarding drug test strips.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Board of Health Meeting – May 18, 2023

ii) Business Arising from Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee – Unapproved minutes dated June 6, 2023

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

a. MOH/CEO Report, June 2023

v) Correspondence

a. Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

– Letter from Algoma Public Health Board of Health Chair to the Federal Minister of Health, dated June 8, 2023
– Letter from Huron Perth Public Health Board of Health Chair to the Federal Minister of Health, dated June 1, 2023

b. Federal School Food Policy

– Letter from Huron Perth Public Health Board of Health Chair to the Federal Minister of Families, Children and Social Development, Federal Minister of Agriculture and Agri-Food, and the Federal Minister of Health, dated June 1, 2023

c. Funding for Student Nutrition Program

– Letter from Huron Perth Public Health Board of Health Chair to the Minister of Children, Community and Social Services, dated June 1, 2023

d. Public Health Funding

– Letter from Peterborough Public Health Board of Health Chair to the Deputy Premier of Ontario and Minister of Health, dated May 19, 2023

e. Universal, No-cost Coverage for Prescription Contraceptives

– Letter from Peterborough Public Health Board of Health Chair to the Premier of Ontario, and the Deputy Premier of Ontario and Minister of Health, dated May 17, 2023

f. Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning

– Letter from City of Hamilton Mayor to the Minister of Health and the Associate Minister of Mental Health and Addictions, dated May 11, 2023

vi) Items of Information

a. 2023 alPHa Conference, AGM and Board Section Meeting

– Conference Program – Final
– Board of Health Section Agenda

R. Lapierre summarized the speakers and topics from the alPHa Conference, AGM, and Board section meeting, and provided highlights of talks, including by Dr. Greg Wells on *Rest, Refocus, Recharge: Apply the cutting edge science of brain states to perform at the highest level* and Sabine Matheson on *Public Health and the Political Landscape*.

The Board of Health Chair was pleased to share that, as an affiliate member of the Association of Public Health Dentistry, Public Health Sudbury & Districts manager, Charlene Plexman, received alPHa's Distinguished Service Award. Her plaque was displayed for Board member to view.

34-23 APPROVAL OF CONSENT AGENDA

MOVED BY GIGNAC – MASOOD: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS
   i) Support Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for kids), 2023
      – Briefing Note from the Medical Officer of Health/Chief Executive Officer to the Board of Health Chair, dated June 8, 2023

Today's motion aligns with the Association of Local Public Health Agencies (alPHa)'s motion *Toward a Renewed Smoking and Nicotine Strategy in Ontario* passed at alPHa's AGM. It is specific to vaping and teens and the health risks posed by vaping. Concerns of youth use of e-cigarettes include possible nicotine addiction, transition to tobacco products, and emerging risks of severe pulmonary illness. Vaping prevalence in Northern Ontario is elevated.

Highlights were provided regarding the various amendments that Bill 103 would introduce to the Smoke-Free Ontario Act, including the prohibition of the promotion of vapor products and that no person shall sell or supply a tobacco product, vapor product or prescribed product or substance to a person who is less than 21 years old.

alPHa's motion, which was noted to include ambitious targets for Ontario, will be shared with the Board of Health members.

35-23 SUPPORT BILL 103 – SMOKE FREE ONTARIO AMENDMENT ACT (VAPING IS NOT FOR KIDS), 2023

MOVED BY SIZER – SIGNORETTI: WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and

WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and

WHEREAS Board of Health motion 48-19 ***noted the Board's longstanding history of*** *proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and*

WHEREAS Bill 103 – Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

CARRIED

ii) Sudbury & District Medical Officer of Health

The Board of Health Chair indicated that the motion language has been updated to be more generic, indicating that any qualified retired Medical Officer of Health or Associate Medical Officer of Health could be appointed as Acting Medical Officer of Health, versus specifying individual names. The substantive changes are underlined.

36-23 SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOVED BY MASOOD – NOLAND: WHEREAS motion 05-14 (as amended by motions 41-14, 19-20 and 35-22) provides for the appointment of individuals as Acting Medical Officers of Health for Public Health Sudbury & Districts;

THEREFORE BE IT RESOLVED that the following paragraph amends motion 05-14 (as amended) by replacing paragraph five with the following paragraph:

AND FURTHER THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals are eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts):

- *Medical Officer of Health, Public Health Sudbury & Districts*
- *Public Health Physician, Public Health Sudbury & Districts*
- *Medical Officer of Health, Associate Medical Officer of Health, or Acting Medical Officer of Health for North Bay Parry Sound District Health Unit, Porcupine Health Unit, Timiskaming Health Unit, Algoma Public Health, Thunder Bay District Health Unit, or Northwestern Health Unit*
- *Any qualified retired Medical Officer of Health or Associate Medical Officer of Health.*

CARRIED

iii) Indigenous Engagement Governance Reconciliation Framework
- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 8, 2023
- Governance Reconciliation Framework

The briefing note summarizes Public Health Sudbury & Districts' Indigenous Engagement work since 2018 when the Board of Health endorsed the Indigenous Engagement Strategy, *Finding our Path Together – Maamwi MKaamidaa Gdoo Miikaansminan – Kahkinaw e mikskamahk ki meskanaw*.

Further to the education session and workshop that was offered to Board of Health members to help inform governance-level action, an Indigenous Engagement Governance ReconciliAction Framework has been drafted for the Board's consideration. The Framework would guide governance actions of the Board to further Indigenous engagement, as aligned with the agency's Indigenous Engagement Strategy.

The actions listed are examples provided under each strategic direction and are for future consideration as concrete next steps.

Questions and comments were invited. Board members who could not attend the May 2023 Indigenous Engagement workshop indicated their interest in attending future educational opportunities. Dr. Sutcliffe shared a similar workshop is being planned for staff and could be extended to Board of Health members who would like to attend. There will also be future training opportunities for Board of Health members.

37-23 INDIGENOUS ENGAGEMENT GOVERNANCE RECONCILIATION FRAMEWORK

MOVED BY NOLAND – SIGNORETTI: WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its the service area, including Indigenous people and communities, have equal opportunities for health; and

*WHEREAS in 2016, the Board of Health for Public Health Sudbury & Districts reaffirmed its commitment to motion #20-12, **including engaging with area First Nations' l**eaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations; and*

WHEREAS Board of Health motion #31-18 endorsed the Indigenous Engagement Strategy, Finding our Path Together – Maamwi MKaamidaa Gdoo Miikaansminan – Kahkinaw e mikskamahk ki meskanaw; and

WHEREAS the Board of Health for Public Health Sudbury & Districts engaged in an educational session and workshop focused on Indigenous engagement in May 2023; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Indigenous Engagement Governance ReconciliAction Framework, June 2023.

CARRIED

iv) 2022 Audited Financial Statements

- Public Health Sudbury & Districts Audited Financial Statements for 2022

Board of Health Finance Standing Committee Chair, M. Signoretti, shared that the Finance Standing Committee met on June 6, 2023, and reviewed the 2022 draft audited financial statements. Derek D'Angelo, lead audit partner from KPMG joined the Finance meeting via Teams to review the audit processes and present the audit findings report.

2022 was another very full year with a continued response to COVID-19, the refocus on Public Health recovery priorities and addressing the backlog of programs and services that occurred over during the pandemic. The ministry continued to provide Public Health Units with funding for COVID-19 extraordinary expenses for both case and contact management as well as vaccine clinics with the understanding that cost shared funding would need to be completely expensed before being eligible for extraordinary funding.

The infrastructure modernization projects also continued. The Elm Place office opened its doors at the end of January in 2022 and the renovations at 1300 Paris Street were

substantially completed in August with staff being welcomed back to 1300 Paris in September of 2022 to a newly renovated building and a new hybrid working environment.

During this time, PHSD navigated through these shifting priorities and adjusted its spending approach to ensure the organization was in the best financial position as possible.

The 2022 Audited Financial Statements reflect these major events with the variances being attributable primarily to COVID-19 and the modernization project overall.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2022.

The auditors note that they did not identify any material misstatements, illegal acts or fraud and no internal control issues.

As such, the auditors propose to issue an unqualified report on the financial statements subject to the approval today of the draft statements which can be found on page 86 of your meeting package. The financial statements for 2022 are presented with the Board Finance Standing Committee's recommendation for approval of the 2022 audited financial statements.

Dr. Sutcliffe and her Corporate Services Finance Team under Director, France Quirion, were recognized for their thorough, accurate and strategic work, successfully bringing us to this unqualified recommendation.

There were no questions.

38-23 ADOPTION OF THE 2022 AUDITED FINANCIAL STATEMENTS

MOVED BY SIGNORETTI – PARENT: WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2022 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 6, 2023;

THEREFORE BE IT RESOLVED THAT the 2022 audited financial statements be approved as distributed.

CARRIED

v) Drug/Opioid Crisis Leadership Summit

This motion relates to today's delegation.

39-23 DRUG/OPIOID CRISIS LEADERSHIP SUMMIT

MOVED BY SIZER – *DESPATIE: WHEREAS the Board of Health for Public Health Sudbury & Districts sounded the alarm on the local and regional opioid crisis in 2021 (motion 14-21); and*

WHEREAS Northern Ontario is experiencing the highest drug toxicity mortality rates in the province and despite the engagement of a multi-sector Community Drug Strategy, the rate for Sudbury and districts is worsening; and

WHEREAS the Ontario Public Health Standards ***requires boards of health to "****reduce the burden of preventable injuries and substance use through the development and implementation of public health interventions informed by collaboration with health* ***and social service partners";*** *and*

WHEREAS addressing this complex issue requires all sectors to be fully engaged to investigate and commit to intensified and innovative approaches to reverse the mortality trend and save lives; and

WHEREAS the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury (CDS-CGS), strongly endorsed the need for a local leadership summit on the escalating drug toxicity crisis; and

WHEREAS the Executive Committee, in recognition of the all-of-society complexity of the drug toxicity issue, strongly supported that the summit be planned and executed based on principles of inclusion and diversity, including the involvement of persons who use and are affected by substances;

THEREFORE, BE IT RESOLVED THAT the Board of Health endorse the recommendations of the Executive Committee of the CDS-CGS and direct the Medical Officer of Health to ensure Public Health engagement in organizing a local leadership summit on the escalating drug toxicity crisis.

CARRIED

7. IN CAMERA

40-23 IN CAMERA

MOVED BY MASOOD – *GIGNAC: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 2:38 p.m.*

CARRIED

8. RISE AND REPORT

41-23 RISE AND REPORT

MOVED BY DESPATIE *– PARENT: THAT this Board of Health rises and reports. Time: 3:05 p.m.*

CARRIED

It was reported that one agenda item relating to labour relations or employee negotiations was discussed. The following motion emanated from the in-camera meeting.

42-23 MOTION FOR CONSIDERATION OUT OF CAMERA:

MOVED BY NOLAND – PARENT: THAT this Board of Health approve the meeting notes of the April 20, 2023, 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

9. ADDENDUM

None.

10. ANNOUNCEMENTS

- Board of Health members are asked to complete the Board of Health meeting evaluation in BoardEffect following today's meeting.
- There are no regular Board of Health meetings in July and August.
- The next regular Board of Health meeting is Thursday, September 21, 2023, at 1:30 p.m. Everyone was wished a safe summer.

11. ADJOURNMENT

43-23 ADJOURNMENT

MOVED BY GIGNAC – DESPATIE: THAT we do now adjourn. Time: 3:06 p.m.

CARRIED

_____ _____

(Chair) (Secretary)

MINUTES - SPECIAL MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, AUGUST 24, 2023 – 9:30 A.M.

BOARD MEMBERS PRESENT

Robert Barclay	René Lapierre	Al Sizer
Renée Carrier	Ken Noland	Natalie Tessier
Guy Despatie	Michel Parent	
Claire Gignac	Mark Signoretti	

BOARD MEMBERS REGREST

Bill Leduc	Abdullah Masood

STAFF MEMBERS PRESENT

Rachel Quesnel	Dr. Penny Sutcliffe

R. LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 9:40 a.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. IN CAMERA

- Personal matters about an identifiable individual, including municipal or local board employees

44-23 IN CAMERA

MOVED BY SIZER – PARENT: THAT this Board of Health goes in camera to deal with one personal matter about an identifiable individual, including municipal or local board employees. Time: 9:42

CARRIED

5. RISE AND REPORT

45-23 RISE AND REPORT

MOVED BY BARCLAY– CARRIER: THAT this Board of Health rises and reports.
Time: 10:20 A.M.

CARRIED

It was reported that one in-camera agenda item relating to a personal matter about an identifiable individual, including municipal or local board employees was discussed and the following motions emanated:

46-23 APPRPOVAL OF IN-CAMERA MEETING NOTES

MOVED BY GIGNAC – PARENT: THAT this Board of Health approve the meeting notes of the June 15, 2023, 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

The proposed membership for the MOH/CEO Recruitment and Selection Sub-Committee of the Board of Health was outlined. The two representatives from the Board of Health Executive Committee will be discussed with the Executive Committee members. The position ad will be shared broadly and nationally and the Board of Chair will be available for any questions.

47-23 SUCCESSION PLANNING AND RECRUITMENT FOR PHSD MOH/CEO

MOVED BY NOLAND – TESSIER: BE IT RESOLVED that the Board of Health establish a Recruitment and Selection Sub-Committee, accountable to the Board of Health for recruiting and recommending an MOH/CEO candidate; and

FURTHER that the Recruitment and Selection Sub-Committee be comprised of the following: Chair and Vice-Chair of the Board of Health, and two members of the Executive Committee;

AND FURTHER, that the Chair of the Board of Health also be appointed Chair of the Recruitment and Selection Sub-Committee, with support from staff as required.

CARRIED

6. ADJOURNMENT

48-23 ADJOURNMENT

MOVED BY SIGNORETTI – SIZER: THAT we do now adjourn. Time: 10:24 a.m.

CARRIED

_____ _____

(Chair) (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

UNAPPROVED MINUTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
WEDNESDAY, AUGUST 16, 2023 – 10 A.M.
VIRTUAL MEETING

BOARD MEMBERS PRESENT

Claire Gignac	René Lapierre	Ken Noland
Mark Signoretti	Natalie Tessier	

STAFF MEMBERS PRESENT

Rachel Quesnel	France Quirion	Dr. Penny Sutcliffe

MARK SIGNORETTI PRESIDING

1. CALL TO ORDER

The meeting was called to order at 10:03 a.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and approved as circulated. There were no declarations of conflict of interest.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board of Health Executive Committee Meeting Notes dated April 6, 2023

01-23 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY LAPIERRE – GIGNAC: THAT the meeting notes of the Board of Health Executive Committee meeting of April 6, 2023, be approved as distributed.

CARRIED

5. NEW BUSINESS

- *Personal matters about an identifiable individual, including municipal or local board employees*

IN CAMERA

02-23 IN CAMERA

MOVED BY TESSIER – GIGNAC: THAT this Board of Health Executive Committee goes in camera to deal with personal matters about an identifiable individual, including municipal or local board employees. Time: 10:06 a.m.

CARRIED

RISE AND REPORT

03-23 RISE AND REPORT

MOVED BY NOLAND – TESSIER: THAT this Board of Health Executive Committee rises and reports. Time: 11:28 a.m.

CARRIED

It was reported that one personal matter about an identifiable individual, including municipal or local board employees, was discussed and two motions emanated:

04-23 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

Moved by GIGNAC – NOLAND: THAT this Board of Health Executive Committee approve the meeting notes of the October 20, 2022, 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

05-23 MOH/CEO SABBATICAL

Moved by LAPIERRE – GIGNAC: THAT the Board of Health Executive Committee for Public Health Sudbury & Districts approve a sabbatical for the Medical Officer of Health/CEO for a period of 12 months, beginning on a date mutually agreed upon by the Chair of the Board of Health and the Medical Officer of Health.

CARRIED

6. ADJOURNMENT

06-23 ADJOURNMENT

MOVED BY LAPIERRE – TESSIER: THAT we do now adjourn. Time: 11:33 a.m.

CARRIED

_____ (Chair)

_____ (Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, June 2023

Words for thought

Wildfires

Source: Public Health Agency of Canada. [Wildfires in Canada *Toolkit for Public Health Authorities*]

Date: August 2023

A warm welcome back to all Board of Health members!

This month's words for thought focus on wildfires which have been a preoccupation in our area and across Canada this summer. The recently released *Toolkit for Public Health Authorities* from the Public Health Agency of Canada recognizes that Canada is experiencing longer wildfire seasons and more frequent and extreme fire behaviour, which has significant effects on human health and the natural environment. Although the role of public health authorities in wildfire response varies across Canada, we are all engaged in ways to mitigate human health harms from these fires. As we head into the fall, we continue to build our resources, relationships and knowledge in this area, including the recognition of the impact of anthropogenic climate change on wildfire frequency and severity.

Also as we head into the fall, we are learning more about the August 22, 2023, Ministry of Health announcements signalling change to Ontario's public health system. There will be an opportunity to learn more about these announcements and discuss local impacts on today's agenda.

We are preparing for a potentially busy respiratory season this fall. As we await final Ministry guidance on COVID-19 and influenza vaccines, we are ensuring we are ready to ramp up immunization opportunities and support area high-risk settings such as long-term care homes, in outbreak prevention and response.

Finally, and as an agency priority, we are working with the City of Greater Sudbury and other partners in planning for a fall leadership summit on the escalating toxic drug crisis.

Yet another busy fall ahead for Public Health!

General Report

1. Board of Health

Board of Health membership

An orientation session was held on July 6, 2023, for City of Greater Sudbury municipal appointee, Robert Barclay.

Claire Gignac's appointment to the Board of Health as provincial appointee ends September 23, 2023.

Ryan Anderson has been appointed by the province as a member of the Board of Health for Public Health Sudbury & Districts for a period not exceeding one year, effective September 7, 2023. An orientation session is being organized.

Board of Health Group Photo

Smile: In the past, a professional business group photo of the Board of Health was taken approximately every second year; however, given the COVID-19 pandemic, a group photo has not been taken since 2018. A group photo will take place prior to the September 21, 2023, Board of Health meeting on Level 3.

Business casual in neutral or light colours is recommended rather than bright colours or bold patterns.

Board members are asked to arrive in the boardroom at Public Health Sudbury & Districts at 12:30 p.m. sharp for the business group photo.

Annual Board of Health Self-Evaluation

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

Board of Health members are asked to complete the annual 2023 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom – Collaborate – Surveys) by Friday, October 20, 2023. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board meeting.

2. Human Resources

The MOH/CEO Recruitment Sub-Committee is scheduled to hold its first meeting on September 18, 2023.

3. Mandatory training for Board of Health members

alPHa BOH governance – social determinants of health

The Association of Local Public Health Agencies (alPHa) is offering training opportunities for all members of Ontario Boards of Health to enhance their skills and knowledge in the areas of Board of Health governance and social determinants of health. These training courses will be available for both in-person and virtual learning.

We are exploring hosting an in-person training opportunity for our Board members and have invited any interested northern Board of Health members. To date, Temiskaming Board of Health, has confirmed its interest in joining us. More to come regarding dates and times.

Emergency preparedness

The Ontario Public Health Standards require that boards of health effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery

from emergencies with public health impacts, in accordance with ministry policy and guidelines. A key component of emergency preparedness is training of Board of Health members and staff. In order to document our commitment to emergency preparedness, Public Health Sudbury & Districts reports the percentage of Board of Health members and staff who complete mandatory emergency preparedness training annually.

The emergency preparedness PowerPoint is attached to the September BoardEffect event and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members. Please email quesnelr@phsd.ca by October 30, 2023, to confirm completion of the annual mandatory training.

4. Wildfires | Air Quality

On June 3, 2023, June 24, 2023, and August 15, 2023, Environment and Climate Change Canada issued Special Air Quality Statements locally due to forest fire smoke. In response, Public Health Sudbury & Districts issued press releases and social media posts to inform the public of the associated health risks, and measures to take to protect health. Further, staff provided recommendations directly to operators of children's recreation camps, summer day camps and childcare cares. It is understood that the provincial and federal governments are reviewing the current provincial monitoring network and Air Quality Health Index air pollutant triggers to more directly measure and report on impacts of forest fire smoke provincially. This is addressed on today's agenda, supporting northern health units' motions to improve air quality monitoring stations. Note that our previous Board of Health Motion, Improved Indoor Air Quality in Public Settings (#17-23), focused on the prevention of respiratory disease. Upgrades to HVAC systems in public buildings would also help remove outdoor contaminants, including those found in forest fire smoke, from indoor air.

In response to several Environment and Climate Change Canada heat warnings issued over the summer months, Public Health issued Heat Warnings and Extended Heat Warnings locally. Press releases and social media posts were issued to inform the public about prevention of heat-related illness.

5. Food Safety

Public Health Sudbury & Districts has been carefully following the events surrounding the tragic E. coli outbreak impacting several Calgary childcare centres. Alberta Health Services has reported that as of September 12, there were 264 lab-confirmed cases of E. coli connected to this outbreak, including 25 who are hospitalized, 22 of whom are confirmed as having hemolytic uremic syndrome (HUS). Alberta Health Services declared an outbreak on September 4, 2023, and is in the process of conducting a detailed investigation into the cause of

the outbreak, which is believed to be linked to a central kitchen used by the affected child care centres.

Locally, Public Health Sudbury & Districts continues our critical role of working closely with licensed child care centres and other settings serving vulnerable populations to ensure compliance with requirements and best practices related to food safety and infection prevention and control. The resumption of all routine inspections required under the *Ontario Public Health Standard* is a priority under Public Health Sudbury & Districts' Recovery Plan. To date in 2023, all local food premises serving licensed childcare centres and institutions (including hospitals and long-term care facilities) have been inspected within the timelines prescribed under the *Food Safety Standard* of the *Ontario Public Health Standards*.

We will carefully review lessons that emerge from the Calgary E. coli outbreak for local application as appropriate.

6. Financial Report

The financial statements ending July 2023, show a positive variance of $617,730 in the cost-shared programs before considering COVID-19 extraordinary expenses. The statements account for $2,446,539 in COVID-19 extraordinary expenses incurred to the end of July. Cost-shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost-shared programs at July 31 is nil with $1,828,809 in COVID-19 extraordinary expenses.

7. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial 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 disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to August 18, 2023, on August 21, 2023. The Employer Health Tax has been paid, as required by law, to August 31, 2023, with an online payment date of September 15, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to July 31, 2023, with an online payment date of August 31, 2023. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act*.

8. Provincial Funding 2023

On August 29, 2023, the agency received correspondence from the Ministry of Health dated August 22, 2023, providing notice of Ministry of Health funding for 2023, including one-time funding for the 2023-24 funding year.

A 1% increase was approved to Mandatory Program funding for an approved allocation of $17,132,775 for 2023. This allocation is pro-rated for the period of April 1, 2023 to December 31, 2023. The approved base funding for the Ontario Seniors Dental Care Program (OSDCP) was increased to $1,256,200, which is also pro-rated for the period of April 1, 2023 to December 31, 2023.

The mitigation grant was approved as previously communicated at $1,179,500 and the funding for Unorganized Territories was maintained at $1,092,500.

The Board of Health also requested one time funding. Funding was received for our roof repair capital project (terrace), vaccine catch up for school-aged children, vaccine fridges, and public health inspector practicum. One time funding was not received for our server replacement or for enhancements to the OSDCP.

The Ministry has indicated that funding approvals for COVID-19 extraordinary costs will be separately communicated and will likely be based on actual costs incurred (based on the quarterly reports). The Ministry also indicated that Infection Prevention and Control (IPAC) funding approvals will also be sent separately.

9. Local and Provincial Meetings

Northern Medical Officers of Health continue to meet bi-weekly and they also meet with the Office of the Chief Medical Officer of Health monthly.

I, along with S. Gilbeau, participated in the Council of Ontario Medical Officers of Health (COMOH) Drug/Opioid Poisoning Crisis Working Group meeting on September 11. I attended the Ministry of Health's Public Health Sector Coordination Table meeting on September 12.

Public Health staff continue to participate in the bi-weekly Ministry of Health COVID-19 Vaccine Operational, Planning, & Guidance teleconferences.

Following are the divisional program highlights.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

In partnership with Science North, youth in their summer camp programming had the opportunity to participate in a hands-on food literacy experience. A registered dietitian facilitated the opportunity for group dialogue about their experiences with food, and up-to-date information on nutrition and health. This experience goal was to increase the youth's awareness of the importance of balanced eating and promote food preparation skills for fuelling their bodies, health and well-being.

Physical activity and sedentary behaviour

In collaboration with Active Sudbury, Public Health coordinated and supported the 'GO PLAY' project which was part of ParticipACTION's Better Communities Challenge. The project took place between May 29 to July 10, 2023. The six-week project provided participating children with the opportunity to practice fundamental movement skills with sport organizations that foster the development of physical literacy. Coaches from participating sport organizations (The Baseball Academy, Sudbury Little Kickers, and Jungle Gym) volunteered their time and venue for the project. Each of the 30 participating children had the opportunity to try new sports and learn fundamental skills at no cost, and bus vouchers were provided to lower access barriers. This endeavour aligned with Board of Health resolution #29-22, *Physical Literacy for Healthy Active Children* and was the first of its kind for Active Sudbury serving to increase collaboration and strengthen existing and new partnerships within our communities. Physical literacy can play a key role in leveling up a population's health. Organizations that have adopted the principles of physical literacy within their programs and services seek to provide inclusive environments, increase access, and work toward reducing barriers to physical activity participation. By making physical activity programs offered by coaches, recreation providers, and educators more inclusive and accessible for all communities, we are collectively reducing health inequities.

In August, the Early Years Physical Literacy for Communities (PL4C) Community of Practice launched a webinar event for 45 early childhood educators. Webinar participants received guidance and resources to guide the creation of programs that foster the development of physical literacy in the early years. Physically literate individuals are more likely to have higher physical activity levels throughout their lives, providing physical literacy-rich environments that set children up for success. The Community of Practice (CoP) is provided in partnership with Public Health, Active Sudbury, and the City of Greater Sudbury Children Services. The group, including early year educators and curriculum consultants, will meet twice per month to engage in knowledge exchange, discuss barriers and successes in implementing physical literacy programs and share evidence informed resources. This CoP will further efforts to increase the

adoption of physical literacy programming in our service area and support the Board of Health Motion #29-22 Physical Literacy for Healthy Active Children that:

> *Encourage […] early learning centres to work to improve physical activity levels among children and youth across Sudbury and districts […] including through collaboration with […], Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to […] early childhood educators.*

2. Healthy Growth and Development

Breastfeeding

In alignment with other provincial health units, noting that this is no longer a Ministry of Health accountability indicator, Public Health Sudbury & Districts decided not to seek re-designation of the Baby-Friendly Initiative. We continue to promote, protect, and support breastfeeding through our established programs, services, and policies. In August, a new internal infant feeding training module was completed which provides updated evidence and has been created with a more inclusive lens (i.e., supporting formula feeding and language that embraces 2SLGBTQ+ families). This training is intended for all staff and volunteers and will be launched in the fall of 2023.

During the months of June, July and August, staff provided 269 breastfeeding clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin office locations.

Growth and development

During the months of June, July, and August, a total of 286 calls were made to parents. During these calls, staff conducted assessments using early identification and intervention screening questions to determine whether additional support services would be helpful for these families.

In June, staff facilitated an Introduction to Solids workshop to participants of the Our Children Our Future Welcome Baby program. A total of 6 parents were in attendance and were provided information on current feeding recommendations to increase their confidence when introducing solids.

Finally, staff participated in various screening days in our district offices. Staff attended the Manitoulin Service Providers Network Family Fun Screen Day and approximately 100 participants were in attendance. Healthy eating resources were shared at this event. Staff also attended the Espanola Early Years Screening Day and approximately 29 families attended. Healthy eating resources, Health Information Line (HIL) brochures and immunization information were shared. Staff attended the Chapleau Network of Service Providers Family Day and over 100 participants were in attendance. Healthy eating, safe helmet use and naloxone resources were shared at this event. Staff also attended the Markstay Family Fun Day and

approximately 300 participants from across Sudbury East were in attendance. Health Information Line brochures, parenting program brochures, and physical activity resources were shared at this event.

We sent 120 reminder postcards to families encouraging them to schedule appointments for their child's 18-month screening. The goal of this reminder is to have more infants screened for milestones with their health care providers.

Health Information Line

Between the months of June and August, the Health Information Line received 182 calls. Most inquiries were related to information on breastfeeding, infant feeding, the lack of primary health care provider as well as some requests for mental health services and general resources regarding healthy growth and development.

Healthy Babies Healthy Children

Throughout the months of June, July and August, the team continued to provide support to 156 active client families in the Greater Sudbury, Lacloche, and Manitoulin areas, including 1490 interactions (in home/virtual visits as well as phone calls). Public health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

In August, staff from the Healthy Families team were invited to an in-person prenatal class at M'Chigeeng Health Centre to discuss breastfeeding and infant feeding. A total of six expectant parents were in attendance.

In August 2023, 88 packages were disseminated across the catchment area to health care provider offices (including family physicians, midwives, and nurse practitioners) promoting the use of the Healthy Babies Healthy Children (HBHC) Prenatal Screening Tool. This tool is completed by pregnant people and used to identify families for potential risk of negative health outcomes for children. If they are identified with risk, they are contacted and offered support via the HBHC program.

During the months of June, July, and August 82 new registrants signed up for the Healthy Families team's online prenatal course. This course provides information on life with a new baby, infant feeding as well as the importance of self care and the changes a new baby can bring to relationships.

Positive parenting

In June 2023, staff from the Espanola office delivered the Bounce Back & Thrive parenting program at Webbwood Public Library. It was done in partnership with Our Children, Our Future and EarlyON Lacloche. Four participants in program, one child in childcare onsite.

During the same period, staff on the Healthy Families team completed the update of the www.parenting4me.com website to increase user-friendliness, correct outdated information and add a translation feature that allows interested parents to select either French or Spanish language. This was done in partnership with the Parenting Service Advisory Committee to promote parenting services and provide instruction on how to register for sessions across the catchment area.

3. School Health

Mental Health Promotion

In June, the School Health Promotion team concluded its mindfulness programming at two schools. The Comprehensive Mindfulness program (one school) included both a student program (36 students) and a staff/educator program (5-10 staff), running in tandem, to foster a culture of mindfulness amongst the school community. The stand-alone student Mindfulness program delivered to one English school (42 students) also concluded in June. Mindfulness practice has been shown to increase physical, emotional, and social well-being and is part of the school health team's upstream approach to bolstering protective factors, ameliorating risk factors, and creating supportive environments to promote student flourishing.

The team continued to support educators by providing resources related to mental health. The team also provided Mental Health resources relevant to the transition to post-secondary school (including resources for sexual health, mental health, healthy relationships, organizational skills, substance use, supporting self and others) to the residence student council in preparation for Frosh Week and back to school.

As part of our upstream approach to creating supportive environments and improving the capacity of adult influencers to support students' mental health, the team delivered Brain Architecture workshops to 23 pre-service workers and 65 school staff (primarily principals and vice principals) from 39 schools in one board. The workshop was very well received and the team was asked to return in the fall to reach more staff from this board.

The brain architecture game, developed in partnership with the Center on the Developing Child at Harvard University, demonstrates the critical importance of early experiences in contributing to healthy child development. Without naming or defining these concepts, the game highlights the role of early experience in neurodevelopment and neuroplasticity, the importance of stable relationships, social determinants of health, and many of the risk and protective factors related to childhood well-being and health. By educating educators on the importance of early experience in brain development, we are improving their capacity to promote the healthy development of school aged children and youth. This program is just one example of the upstream programming delivered by the School Health team aimed at improving the mental, social, and physical well-being of children and youth by helping to build strong school

communities that increase resiliency, build on strengths, foster a growth-mindset and help students to flourish.

Substance use and harm reduction

Using the approach outlined in the Flourishing Life Assessment and Applied Practice Framework (Flourishing Life Technologies Ltd.), the team delivered one Safe Grad presentation to 30 grade 12 students at one high school. The Safe Grad presentations include content on healthy decision making as it relates to sexual health, substance use and other risky behaviours that students are at risk of engaging in as they celebrate the end of the school year. In addition to building knowledge and understanding of the specific risks of risky behaviours, the content of these presentations is aimed at bolstering personal strengths (e.g. self awareness, social awareness, and self management), environmental strengths (e.g. caregiver, school, peer, and community influence/ support) performance strengths (e.g. character strengths), and protective factors to help youth in making healthy and informed decisions.

4. Substance Use and Injury Prevention

Alcohol and Cannabis

In June 2023, staff participated in a media interview with Radio Canada regarding Bill S-254, - An Act to amend the *Food and Drugs Act* (warning label on alcoholic beverages). This summer social media posts were posted on how alcohol can increase your risk of cancer, planning ahead for a safe ride if using substances during the long weekend, and alcohol drink sizes (know before you pour).

Comprehensive tobacco control

Community members seeking cessation supports are referred through the Tobacco Information Line (TIL) to other programs throughout Ontario (i.e., Stop on the Net, Ottawa Model for Smoking Cessation Community Program, Smoker's Helpline, Health Connect Ontario, Non-Insured Health Benefits for Inuit and First Nations people, Ontario Drug Benefits, etc.). The TIL received 15 calls in June, 20 calls in July and 9 calls in August from individuals or health care providers requesting information on smoking cessation supports. Four social media posts were published in July and August promoting CAMH's Stop on the Net program for smoking cessation.

In June 2023, staff participated in a media interview with CBC radio in Sudbury regarding the new regulations that came into effect on August 1, 2023, requiring health warning labels on individual cigarettes. Canada will be the first country in the world to put warning labels on individual cigarettes to help reduce further tobacco use. The continued implementation of warning labels is an evidence-based approach that is an effective way to inform tobacco users of the health hazards associated with tobacco use and to decrease smoking rates.

Fall Prevention

In August, STAND UP! training was provided to 24 new and returning facilitators. These trained facilitators can now provide STAND UP! classes across the catchment area. STAND UP! is a validated 12-week fall prevention program for older adults (65+) offered at no cost. STAND UP! focuses on building balance, strength and flexibility among older adults who are concerned about their balance or who have had a fall. The program has been shown to reduce the number of falls participants experience. Preventing falls before they happen is key to reducing the mounting demand for alternate levels of care (ALC). STAND UP! is part of the regional Stay on Your Feet strategy, which aims to support healthy, active aging for older adults with a strong focus on injury prevention. Presently, the five northeastern public health units work with Ontario Health North East to implement the strategy, locally.

Mental health promotion

The third and final component of the Mental Health Literacy training series, entitled Promoting Mental Health for All was released to agency staff on June 1, 2023, for staff to complete.
A feedback survey, which will close in September, was issued to all staff to aid in the evaluation of this initiative. A social media post was created to raise awareness about International Self-Care Day, July 24, to encourage the public to participate in self-care activities. The aim of the post was to recognize that self-care is necessary for everyone, and self-care tasks should not be big or complicated but rather simple such as being in nature.

June 27, 2023, marked the official opening and successful inauguration of the Youth Wellness Hub (YWH), an endeavour Public Health supported through planning, organization, and development of a comprehensive application to secure funding for the YWH.

Catering to youth aged 12 to 25, this innovative YWH stands as a beacon of support for the youth in our community. Functioning as a comprehensive resource, the hub offers an array of vital services, including mental health assistance, primary healthcare, substance use counselling, employment guidance, system navigation, and various community and social programs. Prior to the grand opening, Public Health participated in critical consultations with Compass – Child & Youth Mental Health Services to ensure smooth and efficient service pathways were identified.

To commemorate this milestone, Public Health took to social media to share the news. Staff also engaged with the Youth Advisory Committee to increase awareness of public health programs and services that support the hub's objectives, ensuring a well-rounded and comprehensive response to the unique needs of youth in the Sudbury community.

Substance Use

On June 16, 2023, the Community Drug Strategy (CDS) received reports of an increase in the number of drug poisonings (overdoses) and unexpected reactions from the use of substances in the Sudbury and districts area resulting in a drug warning being issued.

Throughout the months of June to August 2023, four media requests were completed. In June, an interview was conducted with CBC to discuss the drug warning issued by the CDS. In July, an interview was completed with the Manitoulin Expositor that discussed the Board of Health motion in support of the drug toxicity leadership summit. Lastly, in August, an interview was completed with CTV Northern Ontario to discuss the new spectrometer at The Spot (SCS), as well as with Canadian Press regarding a variety of topics including opioid surveillance, the overdose death rates in northern Ontario, supervised consumption sites, the upcoming leadership summit, and harm reduction supplies and services.

A new planning committee for a local leadership summit was created and it met for the first time on August 17, 2023. This committee follows the endorsement from the City of Greater Sudbury, Public Health Sudbury & Districts, and the Greater Sudbury Police Service of the strong recommendations from the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury Drug Toxicity Leadership Summit on the escalating drug toxicity crisis.

The Drug Toxicity Leadership Summit aims to address the escalating drug toxicity crisis in our region and explore innovative strategies to prevent drug-related harm. It is recognized that the drug toxicity crisis is a complex *issue requiring all sectors to be fully engaged to investigate and commit to intensified and innovative approaches to reverse the mortality trend and save lives.* The summit expects to promote greater collaboration by bringing together experts, policymakers, health care professionals, community leaders, and individuals with lived and living experience.

Monthly committee meetings continued with the Northern Ontario Toxic Drug Crisis Response Community of Practice (NOTDCR) and CDS Steering Committee. The NOTDCR Community of Practice is working on two projects, a webinar with Dr. Scott Neufeld and a panel to discuss working at the structural level to address stigma against people who use drugs and an environmental scan of services addressing problematic drug use across northern Ontario. The CDS Steering Committee is providing support to the Leadership Summit Planning Committee, currently to support an environmental scan of local services.

Harm reduction – Naloxone

In collaboration with Health Protection, Health Promotion staff continue to support 38 community partners with distribution and training of naloxone. This is in addition to our own Needle and Syringe Program.

In May 2023, a total of 1102 naloxone doses were distributed, and 132 individuals were trained in its use. Numbers for June and July include 1263 and 1265 naloxone doses distributed and 244 and 242 individuals trained.

Staff continue to update documents and resources for this vital response to the local crisis. For example, staff have updated 5 Steps to Giving Naloxone to include “Additional doses maybe

needed." The possible need for multiple naloxone kits in case of an overdose is included with all drug warnings and when speaking with the media.

Smoke Free Ontario Strategy

From June 2023 to August 2023, the NE TCAN developed a series of video advertisements that ran across the northeast on CTV and Bell Media platforms. The ads promoted smoke-free and vape-free spaces including homes, vehicles, and patios. In addition to the Youth and the Adult Nicotine Dependence advisory committees, a Young Adult Advisory committee was formed. In consultation with Public Health Ontario, the advisory committees developed comprehensive workplans for a 3-year planning cycle and completed a yearly update of the corresponding situational assessments each for youth, young adult, and adult populations. These assets were developed using the PHO 6-step framework and utilize interventions that were graded using the health impact pyramid. The planning resources will be shared with all 34 public health units in Ontario to inform local planning to support an evidence-informed, coordinated approach to comprehensive tobacco control.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases and COVID Case and Contact Management

Public Health nurses on the Vaccine Preventable Diseases (VPD) team facilitated 1478 phone calls, equating to 1624 inquiries in June, July, and August 2023. Of these inquiries, 40% were related to the *Immunization of School Pupils Act*, 29% were general immunization inquiries, 4% were related to accessing an immunization record, 1% were related to immunizations for travel purposes, 1% were related to international immunization record submission, 18% were related to COVID-19 immunization, and less than 1% were about cold chain maintenance. The nature of approximately 5% of calls was classified as other or unknown.

Over the months of July and August 2023, VPD staff completed cold chain inspections at 169 locations. Routine cold chain inspections assess the level of compliance with vaccine storage and handling requirements. Routine inspections enable Public Health staff to provide information and resources regarding the proper storage and handling of vaccines and the proper temperature monitoring device that should be in place to optimize vaccine potency. There are an additional 20 facilities that require ongoing cold chain follow-up.

The Vaccine Preventable Diseases team also continued ISPA enforcement activities through the months of June and August 2023, issuing an additional 2793 first notification letters to students at 56 elementary schools in our catchment area. With this work, a total of 4555 first notification letters have been issued to students at 79 elementary schools since the start of May 2023.

The VPD Team completed outreach related to routine immunization with all alternative schools in the catchment area. Subsequent to this outreach, an immunization clinic was conducted at Carrefour Options+ and St. Albert's Adult Learning Centre on June 6, 2023. Respectively, 100% and 40% of students under 18 years of age at each school received one or more vaccine for which they were eligible, due, or overdue.

During the months of June, July, and August 2023, the Vaccine Preventable Diseases team distributed more than 10 300 doses of vaccine to community partners across the service area (including to pharmacies, primary care offices, and walk-in clinics). These vaccines distributed offer protection against tetanus, diphtheria, pertussis, poliomyelitis, hepatitis A, hepatitis B, human papillomavirus, rabies, meningitis, haemophilus influenza B, measles, mumps, rubella, pneumonia, rotavirus, shingles, and varicella (chickenpox).

2. COVID-19 and Schools

Public Health Nurses continue to monitor monthly COVID-19, gastrointestinal, and respiratory illness reporting in schools and Licenced Child Care Centres and follow up accordingly. The COVID-19 and School team supported 104 schools and 86 daycares during the month of June 2023.

The COVID-19 and Schools team focus remains on supporting the school health program of immunization, as per the *Immunization for Children in Schools and Licensed Child Care Settings Protocol.* They review and update immunization records, as well as contact individuals who are due/overdue for routine immunizations and offer clinic appointments. Public Health nurses have been administering routine immunizations within the catchment area. In June 2023, Public Health nurses conducted 202 ISPA-related immunization appointments.

3. COVID-19 Vaccination

In line with the Ontario Ministry of Health's guidance released in early July, communications were shared that individuals 5 years and over should consider delaying the receipt of their COVID-19 vaccine booster until the fall of 2023. Receiving a booster in the fall, as respiratory season commences, maximizes protection against COVID-19 when peak circulation of the virus is expected. This messaging was shared widely with the community through monthly PSAs, a partner email, and an advisory alert to health care partners. Certain individuals, based on their unique health status and personal situation and in consultation with a health care provider, were able to receive a booster dose during the summer months, including District Offices. Opportunities were also available for those aged 6 months and up who were starting or completing their series.

The team completed and submitted the Fall Vaccine Capacity Planning Template to the Ministry in preparation for the fall respiratory season, which is likely to begin at the end of September

2023. Staff continue to monitor local eligibility and demand and ensure sufficient opportunities are available for community members across the catchment area.

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

Sexual health promotion

For the month of June 2023, we attended Confederation Secondary School for a Pride Week event. We set up a booth, advertised our services, and provided education and resources to the students. We also offered onsite testing as a part of the event. Offsite testing was also offered for Community Living Greater Sudbury. A social media post for Pride Week was run on Facebook and X (formerly Twitter) on June 29, 2023, and July 10, 2023.

Two community presentations were completed in the month of July 2023. The first presentation was on healthy relationships and postpartum birth control for Our Children Our Future (OCOF), and safe sex/STIs for the Youth Initiative, a male group home. July was spent further connecting with community partners and making plans for fall 2023. Cambrian College has agreed to have us set up a booth during FROSH week to help us advertise our sexual health clinic services to all the new students attending the college. Ongoing efforts were made to continue to highlight the importance of screening for syphilis. We were able to distribute more syphilis postcards to our community partners, including the Northeast Ontario Medical Offices (NEOMO) and Sudbury FHO Clinic.

At the beginning of August, we attended OCOF (Bancroft location) and delivered a presentation on contraceptive methods. It was a successful turnout with 15 participants and their little ones. A social media post was created to help advertise our sexual health clinic services and bring awareness to STIs to run this fall. Two nurses attended the Midnight at Dawn Expo on August 19 to further promote our sexual health services and to provide education to the public on safe sex, STIs, and birth control options.

Sexual health promotion

Staff attended a number of events and venues over the summer months, providing education and resources, as well as promoting our services, and offering onsite testing. Social media posts for Pride Week were issued on June 29, 2023, and July 10, 2023.

Sexual health clinic

In June, July, and August 2023, staff responded to 148 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections or pregnancy counselling. Staff completed a total of 876 telephone assessments related to STIs, blood-borne infections, or pregnancy counselling in June, July, and August, resulting in 578 on-site visits.

Growing Family Health Clinic

In June, July, and August 2023, the Growing Family Health Clinic saw a total of 194 patients and had 62 new referrals.

Health Protection

1. Control of Infectious Diseases (CID)

During the months of June, July, and August 2023, 350 reports of sporadic communicable diseases were investigated, including 192 sporadic cases of COVID-19. Eleven respiratory outbreaks were declared in the months of June, July, and August. The causative organism for eight outbreaks was identified as COVID-19. The cause of two outbreaks was rhinovirus, and the cause of the remaining outbreak could not be confirmed. Further, one enteric outbreak was declared in an institution. The causative organism of the outbreak was not identified. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the months of June, July, and August, eight infection control complaints were received and investigated.

2. Food Safety

During the summer months, Public Health inspectors issued one closure order to a food premises due to a lack of water. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

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

Staff issued 240 special event food service permits and 19 farmer's market vendor permits to various individuals and organizations.

Through seven Food Handler Training and Certification Program sessions offered over the summer months, 103 individuals were certified as food handlers.

In response to an increase in complaints being received regarding uninspected food premises advertising over social media, a media release was issued on August 22, 2023. The release reminded the public to ensure food is obtained from routinely inspected food premises in order to reduce the risk of foodborne illness and referred to the Public Health's *Check Before You Go!* website. Methods for reporting uninspected food premises were also provided.

3. Health Hazard

In June, July, and August, 114 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

4. Ontario Building Code

In June, July, and August, 132 sewage system permits, 59 renovation applications, and 10 consent applications were received.

5. Rabies Prevention and Control

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

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

6. Safe Water

In June, July, and August, 34 beaches were sampled with a total of 865 samples collected during 159 visits. Re-sampling was conducted in response to two sampling results that exceeded the recreational water quality standard of 200 *E. coli* per 100 mL of water. During the summer months, two beaches were posted as unsafe for swimming due to elevated levels of *E.coli*. All beach sample results have since returned to levels that are deemed to be acceptable for the public to swim in.

Public health inspectors investigated six blue-green algae complaints in the months of June, July, and August, one of which was subsequently identified as blue green algae capable of producing toxin.

During the summer months, 274 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 34 regulated adverse water sample results, as well as a drinking water lead exceedance at one local school.

Seven boil water orders, and eight drinking water orders were issued, including for the Town of Kagawong, Capreol, as well as an area of Skead Road in Greater Sudbury. Furthermore, four boil water orders, and seven drinking water order were rescinded.

7. Smoke Free Ontario Act, 2017 Enforcement

In June, July, and August, *Smoke Free Ontario Act* Inspectors charged one individual for smoking in a workplace vehicle and charged one employer for failure to post prescribed signs. Furthermore, one individual was charged for smoking on school property, 10 charges were issued for smoking on hospital property, and four retail employees were charged for selling tobacco to a person who is less than 19 years of age. One charge was issued to a business for failure to post prescribed signs, and one charge was issued to a corporation for failure to ensure compliance with proprietor obligations under the *Smoke Free Ontario Act*.

8. Vector-Borne Diseases

In June, July, and August a total of 11 567 mosquitoes were trapped and sent for analysis. During this time, a total of 195 mosquito pools were tested, two for Eastern Equine Encephalitis virus, and 193 for West Nile virus. All pools tested negative for Eastern Equine Encephalitis. One pool, located on Manitoulin Island, tested positive for West Nile virus. A media release was issued on August 15, 2023, to inform and remind the public of the importance of taking precautions to protect against infection.

9. Emergency Preparedness & Response

Staff participated in Exercise George, a HAZMAT release scenario with the City of Greater Sudbury and Vale on June 21, 2023, and attended the Greater Sudbury Emergency Management Advisory Panel June 30, 2023. Staff attended the Espanola Emergency Management Committee Meeting on June 27, 2023, and the Assiginack Emergency Management Program Committee on June 29, 2023, where attendees participated in discussions, planning and tabletop exercises.

In response to a request from the Ministry of Health that all public health units conduct an internal emergency exercise in preparation for the upcoming fall respiratory season, staff conducted an internal tabletop exercise on August 15, 2023, to test our preparedness to respond to elevated respiratory disease in the community. Public Health Sudbury & Districts collaborated with Ontario Health North to conduct the tabletop exercise with local health system partners on August 16, 2023. A summary of both exercises is being shared with the Ministry of Health to inform provincial preparedness for the 2023/2024 respiratory illness season.

10. Needle/Syringe Program

In May, June, and July 2023, harm reduction supplies were distributed, and services received through 7 934 client visits across the Public Health Sudbury & Districts' region, and staff responded to 19 telephone consultations related to harm reduction inquiries.

Knowledge and Strategic Services

1. Health Equity

Efforts continue in support of Public Health's commitment to build internal staff capacity for health equity. Staff reflection circles have been held subsequent to the following training sessions: Removing the Barriers: Making your Organization 2SLGBTQ friendly and Public Health for Equitable Systems Change Webinar Series. The discussions from these circles will help guide Public Health efforts to create a health public health culture with embedded equity and inclusion practices.

The Health Equity team collaborated with SVC and Health Promotion divisions to participate in the Rural and Northern Immigration Pilot welcome event exhibit. The team has also provided support to external partners. This includes providing input to the local Francophone Immigration Committee on strategic planning; participating in the Northern Network for Francophone Immigration consultation with partners about their strategic plan, and collaborating with Centre de santé communautaire du Grand Sudbury to review patient intake forms to ensure that additional questions that help establish newcomers' medical history are included. The team has also collaborated with Réseau du mieux-être francophone du Nord de l'Ontario to provide data on francophone and racialized groups.

To support health equity in our community, Public Health staff began to provide consultation to the newly formed Health Sciences North (HSN) Health Equity work group, which seeks to develop recommendations for HSN to adopt core health equity standard-focused questions in their Electronic Medical Records.

To help shape the City of Greater Sudbury (CGS) Housing Supply Strategy, the Health Equity team, in collaboration with the Health Promotion and Health Protection divisions, provided input to the CGS Housing Supply Strategy survey, which seeks to understand the needs of residents at different stages of their life, regardless of income level, and address thoughtful, targeted and sustainable residential development.

2. Indigenous Engagement

The work in Indigenous engagement continues to move forward, with a focus on strengthening Public Health's capacity for a culturally competent workforce and a goal of developing further actions to move forward on all aspects of the agency's Indigenous engagement strategy.

In honour of the National Day for Truth and Reconciliation on September 30, 2023, Public Health is participating in the Greater Sudbury Police Services relay. The goal of the initiative is to raise awareness of residential schools and in particular the calls to action brought forward by the Truth and Reconciliation Commission of Canada (TRC). A total of 75 staff members have signed up, pledging a total of 5 700 kilometers of physical activity between September 1 and September 22. As part of this initiative, participating staff members are reviewing training videos and reflecting on the 94 Calls to Action. Board of Health members were also invited to sign up to the relay. Further, a guest speaker will present to staff on her personal journey to reconciliation while identifying examples of self-directed education and ways to grow personally and professionally in reconciliation. The team is also collaborating with local partners, the N'Swakamok Native Friendship Centre and Better Beginnings and Better Futures in the organization of a full day event to celebrate the National Day for Truth and Reconciliation, being held at Bell Park on September 28, 2023. Other National Day for Truth and Reconciliation activities will be promoted to all staff and Board of Health members to support their efforts to dialogue and learn about Indigenous perspectives and cultural practices as well as work toward reconciliation.

Public Health is also engaging with Stephanie Stephens, facilitator, to offer mandatory cultural safety training to all permanent staff. In alignment with the Indigenous Engagement Governance ReconciliAction Framework, approved by the Board of Health in June 2023, consideration will also be given to attendance at the training by Board of Health members.

A smudging policy and procedure has been developed to support smudging within the office space at 1300 Paris St. Smudging is an Indigenous ceremony that includes the burning of medicines (sage, sweetgrass, cedar, and tobacco) to connect with the creator and the land. Indigenous peoples, including Knowledge Keepers and Elders, often use smudging to purify or cleanse a person/place of negativity. Smudging ceremonies are integral to Indigenous approaches to healing, and it is important that Public Health staff have these opportunities to observe and participate in these ceremonies.

External collaborations include involvement with the provincial Public Health Indigenous Exchange Network (PHIEN), who is offering a webinar on the First Nations data sovereignty principles of ownership, control, access, and possession – more commonly known as OCAP®. This will be geared to select interested agency staff on September 20, 2023. Staff have also continued to support local First Nation and Urban Indigenous organizations by sharing COVID-19 vaccine medical directives and plan for fall vaccine clinics.

As a rapid response to a critical event, the Public Health team engaged with a local Indigenous community to offer support via the Health Centre. The support included providing an updated list of resources prepared by our Mental Health and Substance Use team. Further, we engaged with the Manitoulin Island Health Care Collaborative on this matter during an urgent meeting on June 22, 2023. This meeting included crucial partners such as the Manitoulin Health Centre,

Ontario Health, Health Sciences North, Manitoulin Family Health Teams, First Nation health services representative, and more.

3. Population Health Assessment and Surveillance

From June to August 2023, the Population Health Assessment and Surveillance (PHAS) team responded to a total of 320 requests, for an average of 25 requests per week. While completing these requests, the team collaborated with and supported numerous teams across the agency. This includes provision of data to support agency program planning efforts.

Resulting from an agency-wide collaboration with all teams who contribute to school health, a School Resource Atlas (for internal use) has been launched in preparation for the start of the school year. This interactive web map will enable staff involved in school-related programming to access school specific data, neighborhood demographic data, and information on walkable amenities to schools. Multiple workflows were incorporated and improved as part of this process, with additional future phases expected.

With the resumption of the 2023-2024 school year, the PHAS Team will once again be monitoring elementary and secondary student absenteeism daily. Increases in absenteeism, which may be an early indicator of infectious disease within the school or broader community, are shared with public health nurses for follow-up with the school's principal.

4. Research and Evaluation

As part of the agency's commitment to evidence-informed practice and program planning, and in light of current provincial context and budget considerations, Knowledge and Strategic Services led an agency-wide process to examine how we can work more effectively to meet the minimum requirements of the Ontario Public Health Standards while considering local needs. Teams from all topic areas participated in topic specific workshops to discuss recommendations to work differently; supports required to work more upstream; and areas to scale down based on funding, needs, and risks. Findings and recommendations from these business case considerations will inform agency budget considerations as well as next steps for 2024 programming planning.

5. Strategic Planning

Throughout the last few months, members of Knowledge and Strategic Services continued to support engagement and analysis of feedback as part of the strategic planning process. Between May and July 2023, Public Health facilitated one focus group with Board of Health members, 11 focus groups with Public Health staff, and five focus groups with community partners (including 1 Urban Indigenous/First Nation-focused session and 1 Francophone-focused session). Community partners and members of the general public were also invited to

complete an online survey between July 20, 2023, and August 4, 2023. In total, 507 community members and 38 community partners completed the online survey. Data from the focus groups and survey are being analyzed and reviewed to inform preliminary recommendations for Public Health's next Strategic Plan. Recommendations will be brought forward to the Board of Health Executive Committee and later the Board of Health this fall.

6. Student Placement

There are currently 12 confirmed student placements slated for the fall term. Students include Laurentian and Cambrian BScN students, along with midwifery, dietetics, and nurse practitioner students.

A letter of support was provided to Laurentian University in support of a funding application for the development of a new interprofessional learning centre to support the education of future health care practitioners including public health nurses.

7. Strategic Engagement Unit and Communications

Throughout the summer months, the agency communicated about the health impacts of and ways to be protected against poor air quality from wildfire smoke and hot weather events. In addition to providing information about blue-green algae and swimming advisories for area beaches, messaging about injury prevention and opioid related events was also disseminated using the agency's social and digital media channels as well as through traditional media. Promotion of Pride week and month along with positive diversity related messaging and information about healthy eating and cancer screening was also shared with the community. The agency also remains committed to monitoring COVID-19 and the overall respiratory illness situation in Sudbury and districts and to communicating important updates.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 7 Periods Ending July 31, 2023

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	17,005,200	9,919,694	9,919,694	0	7,085,506
MOH - One Time Mitigation Grant	1,179,500	688,043	688,043	0	491,457
MOH - Unorganized Territory	826,000	481,834	481,836	(2)	344,164
Municipal Levies	9,418,510	5,494,277	5,494,253	24	3,924,257
Interest Earned	120,000	120,000	257,436	(137,436)	(137,436)
Total Revenues:	$28,549,210	$16,703,848	$16,841,261	$(137,413)	$11,707,949
Expenditures:					
Corporate Services:					
Corporate Services	5,572,941	3,559,660	3,397,986	161,673	2,174,955
Office Admin.	111,350	48,026	46,467	1,559	64,883
Espanola	120,721	69,799	68,530	1,269	52,191
Manitoulin	131,888	76,262	61,268	14,994	70,620
Chapleau	130,602	75,239	61,347	13,892	69,255
Sudbury East	18,970	11,066	11,295	(229)	7,675
Intake	343,287	198,050	186,918	11,132	156,369
Facilities Management	677,485	356,452	356,594	(142)	320,891
Volunteer Resources	3,850	0	0	0	3,850
Total Corporate Services:	$7,111,094	$4,394,553	$4,190,405	$204,148	$2,920,689
Health Protection:					
Environmental Health - General	1,299,780	747,170	747,572	(402)	552,208
Enviromental	2,668,155	1,485,293	1,334,781	150,512	1,333,374
Vector Borne Disease (VBD)	89,308	20,692	15,382	5,310	73,926
Small Drinking Water Systems	198,210	114,352	68,079	46,273	130,131
CID	786,461	459,334	595,029	(135,695)	191,432
Districts - Clinical	214,329	124,074	124,298	(223)	90,032
Risk Reduction	178,042	27,033	24,008	3,024	154,034
SFO: E-Cigarettes, Protection and Enforcement	265,559	145,674	120,414	25,260	145,145
Total Health Protection:	$5,699,844	$3,123,622	$3,029,563	$94,059	$2,670,281
Health Promotion:					
Health Promotion - General	1,156,588	641,420	607,952	33,467	548,636
School Health and Behavior Change	1,177,924	676,133	634,618	41,515	543,306
Districts - Espanola / Manitoulin	353,273	202,217	204,602	(2,385)	148,671
Nutrition & Physical Activity	1,951,353	1,087,706	865,566	222,140	1,085,787
Districts - Chapleau / Sudbury East	421,764	240,780	253,111	(12,330)	168,653
Tobacco, Vaping, Cannabis & Alcohol	675,857	374,508	67,253	307,254	608,604
Family Health	1,344,607	759,667	631,840	127,828	712,767
Mental Health and Addictions	786,387	443,983	772,129	(328,147)	14,257
Dental	464,592	260,482	244,710	15,772	219,882
Healthy Smiles Ontario	634,445	359,996	362,771	(2,776)	271,674
Vision Health	11,770	4,982	4,519	463	7,251
SFO: TCAN Coordination and Prevention	473,208	257,116	262,168	(5,052)	211,040
Harm Reduction Program Enhancement	161,321	93,106	33,374	59,732	127,947
Total Health Promotion:	$9,613,088	$5,402,095	$4,944,613	$457,482	$4,668,475
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	311,216	164,632	164,894	(262)	146,322
VPD and COVID CCM	909,095	529,515	773,123	(243,608)	135,972
Sexual Health	1,353,228	777,888	743,986	33,902	609,242
MOHLTC - Meningittis	(0)	(0)	(128)	127	127
MOHLTC - HPV	0	0	(850)	850	850
Total SVC:	$2,573,539	$1,472,035	$1,681,026	$(208,991)	$892,513
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,021,373	1,733,846	1,798,068	(64,222)	1,223,305
Workplace Capacity Development	23,507	7,963	7,066	898	16,441
Health Equity Office	14,440	5,346	13,195	(7,849)	1,245
Nursing Initiatives: CNO, ICPHN, SDoH PHN	482,094	278,131	275,835	2,296	206,260
Strategic Engagement	10,230	2,807	313	2,494	9,917
Total Knowledge and Strategic Services:	$3,551,644	$2,028,094	$2,094,476	$(66,382)	$1,457,168
Total Expenditures:	$28,549,210	$16,420,400	$15,940,083	$480,317	$12,609,127
Net Surplus/(Deficit)	$0	$283,448	$901,178	$617,730	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 7 Periods Ending July 31, 2023

		BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Total Expenditures YTD	Cost Shared Variance YTD (over) /under	Total Variance YTD (over)/under	Budget Available
Revenues & Expenditure Recoveries:									
	MOH Funding	28,610,241	16,764,879	16,912,207	0	16,912,207	(147,328)	(147,328)	11,698,034
	Other Revenue/Transfers	638,091	321,582	358,394	0	358,394	(36,812)	(36,812)	279,697
	Total Revenues & Expenditure Recoveries:	29,248,332	17,086,462	17,270,601	0	17,270,601	(184,139)	(184,139)	11,977,731
Expenditures:									
	Salaries	18,599,919	10,718,947	10,457,798	1,974,404	12,432,202	261,149	(1,713,255)	8,142,121
	Benefits	5,869,305	3,385,848	3,362,558	277,278	3,639,836	23,290	(253,988)	2,506,747
	Travel	291,920	136,997	101,410	29,932	131,342	35,588	5,655	190,510
	Program Expenses	1,076,576	392,130	334,873	13,414	348,287	57,256	43,843	741,703
	Office Supplies	75,150	36,548	59,210	6,589	65,799	(22,662)	(29,250)	15,940
	Postage & Courier Services	74,100	39,679	42,246	0	42,246	(2,567)	(2,567)	31,854
	Photocopy Expenses	4,240	2,248	1,773	0	1,773	475	475	2,467
	Telephone Expenses	67,810	39,556	38,956	9,304	48,260	600	(8,705)	28,854
	Building Maintenance	479,008	273,889	282,185	3,155	285,341	(8,297)	(11,452)	196,823
	Utilities	236,920	138,203	103,077	0	103,077	35,126	35,126	133,843
	Rent	323,548	188,736	172,465	69,086	241,552	16,271	(52,815)	151,083
	Insurance	191,590	189,507	185,311	0	185,311	4,196	4,196	6,279
	Employee Assistance Program (EAP)	35,000	20,417	25,903	0	25,903	(5,487)	(5,487)	9,097
	Memberships	33,209	21,337	32,996	0	32,996	(11,659)	(11,659)	213
	Staff Development	125,781	41,199	22,714	213	22,927	18,485	18,272	103,067
	Books & Subscriptions	9,695	5,963	3,723	0	3,723	2,240	2,240	5,972
	Media & Advertising	130,654	37,685	15,084	497	15,582	22,601	22,103	115,570
	Professional Fees	415,012	184,806	229,020	24,237	253,258	(44,215)	(68,452)	185,992
	Translation	49,390	36,805	42,206	9,481	51,687	(5,401)	(14,882)	7,184
	Furniture & Equipment	22,120	4,466	(1,924)	0	(1,924)	6,389	6,389	24,044
	Information Technology	1,137,385	908,048	857,836	28,947	886,783	50,212	21,265	279,549
	Total Expenditures	29,248,332	16,803,013	16,369,422	2,446,539	18,815,961	433,591	(2,012,948)	12,878,909
	Net Surplus (Deficit)	0	283,448	901,178		(1,545,360)	617,730	1,828,809	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended July 31, 2023

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	31,812	58,588	35.2%	*Dec 31*	58.3%
Pre/Postnatal Nurse Practitioner	704	139,000	45,812	93,188	33.0%	*Mar 31/2024*	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	8,003	91,997	8.0%	*Mar 31/2024*	33.3%
Northern Fruit and Vegetable Program	743	176,100	123,572	52,528	70.2%	*Dec 31*	58.3%
Supervised Consumption Site	767	1,094,021	496,033	597,988	45.3%	*Dec 31*	58.3%
Healthy Babies Healthy Children	778	1,476,897	448,575	1,028,322	30.4%	*Mar 31/2024*	33.3%
IPAC Congregate CCM	780	840,000	220,361	619,639	26.2%	*Mar 31/2024*	33.3%
Ontario Senior Dental Care Program	786	1,079,800	551,264	528,536	51.1%	*Dec 31*	58.3%
Anonymous Testing	788	64,293	21,432	42,861	33.3%	*Mar 31/2024*	33.3%
Total		5,060,511	1,946,864	3,113,647			

The Honourable Peter Bethlenfalvy, Minister of Finance
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Legislative Building, Queen's Park
Toronto ON M7A 1A1

September 8, 2023

Re: Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales

Dear Minister Bethlenfalvy and Minister Jones,

Huron Perth Public Health (HPPH) Board of Health made a motion on September 8, 2023, to endorse the Ontario Public Health Association's (OPHA) letter to you dated May 31, 2023 (attached), titled *'Modernizing alcohol marketplace and product sales'*.

The letter from the OPHA implores the Government of Ontario to not increase access, availability or affordability of alcohol and points to Ontario's report card for alcohol policy being downgraded to an F from the Canadian Alcohol Policy Evaluation (CAPE) 3.0 report released in 2023. This is a clear call for the need for, and room for, policy improvement in Ontario.[1].

The OPHA recommends five essential policy measures to decrease alcohol-related harms; all of which are supported by research:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing, or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth residents, ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week.[2] This was significantly higher than the comparable provincial average of 16.3%. [2]

[1] Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Results from Ontario. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.
[2] Canadian Community Health Survey (CCHS). 2015-2020. Statistics Canada.

Results from the latest COMPASS survey (2022-23) show that 45% of high school students in Huron Perth who responded to the survey reported drinking alcohol in the past month, and 28% reported binge drinking in the past month.[3] The letter from OPHA encompasses recommendations that would be beneficial to Huron Perth communities and residents.

Research has found that people of lower socioeconomic status tend to experience greater harms associated with alcohol consumption than those of high socioeconomic status.[4,5] HPPH Board of Health recommends that a health equity lens is applied when considering the potential impacts of policy levers, consequences, and public health impacts as a result of modernization of the alcohol marketplace and product sales. We strongly encourage the above five policy measures to be implemented to reduce alcohol-related health harms and burden of diseases.

Sincerely,

Bernie Maclellan
Chair, Huron Perth Public Health

cc:
The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
All Ontario Boards of Health

[3] Bredin C, Leatherdale ST. Methods for linking COMPASS student-level data over time. COMPASS Technical Report Series. Huron Perth Public Health. 2022-23. Waterloo, Ontario: University of Waterloo. Available at: www.compass.uwaterloo.ca
[4] World Health Organization (WHO). 4 June 2021. Addressing alcohol consumption and socioeconomic inequalities: how a health promotion approach can help. Snapshot series on alcohol control policies and practice. Brief 1.
[5] Bloomfield K. Understanding the alcohol-harm paradox: what next? The Lancet Public Health 2020; 5: e300–e301

simcoe muskoka
DISTRICT HEALTH UNIT

September 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Electronic cigarettes (e-cigarettes) are addicting youth to nicotine at an alarming rate. Between 2017-2019, vaping rates doubled among Ontario students in grades 7-12. In Simcoe Muskoka, 32% of students in grades 7-12 and 43% of high school students reported using an e-cigarette in the past year. This is particularly concerning when considering the highly addictive effects of nicotine in e-cigarettes is associated with an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Further, there are significant health risks associated with youth vaping as a result of the toxic and carcinogenic substances in devices including lung damage, changes to the brain, burns, dependence or addiction, difficulty learning, and increased anxiety and stress.

As chair of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health I am writing in support of Public Health Sudbury and Districts letter on June 28, 2023 regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103's focus on preventing youth uptake of vaping is important to decrease morbidity and mortality and keep Ontarians out of the healthcare system now and in the future. This includes prohibiting the promotion of vapour products, raising the minimum age for purchasing vapour products and requiring that specialty vape stores obtain store location approval from the Board of Health.

Such amendments proposed by Bill 103 align with the philosophy of previous positions of the Board of Health, which have been focused on reducing nicotine and tobacco use in our communities. This includes previous Board communications to the Province of Ontario and the Federal Government in support of the previous 2017 Tobacco Endgame for Canada (committing to a target of less than 5% tobacco use in Canada by 2035), supporting previous tobacco tax increases (2018) and a 2014 letter to the Director General, Health Products and Food Branch Inspectorate regarding the increased use and availability of electronic cigarettes.

In 2023, the Board of Health called on the Ontario government to establish a renewed smoking, vaping and nicotine strategy which was supported from the Association of Local Public Health Agencies and the linked letter was sent in August 2023 to the Ontario Minister of Health. Such communications to government have been supported by SMDHU's comprehensive approach to smoke-free programming via education, promotion and

enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the Not An Experiment initiative.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for the youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. SMDHU would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:SR:sh

cc: France Gélinas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario Boards of Health
Association of Local Public Health Agencies

References

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Berenbaum E, Keller-Olaman S, Manson H, Moloughney B, Muir S, Simms C, Singh H, Watson K. Current evidence on e-cigarettes: a summary of potential impacts. Toronto, ON: Queen's Printer for Ontario; 2018.

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> On Behalf Of Richardson, Elizabeth
Sent: Monday, August 28, 2023 11:26 AM
To: AllHealthUnits@lists.alphaweb.org
Subject: [allhealthunits] INFORM: City of Hamilton - Correspondence Endorsed at August 16, 2023 Public Health Committee Meeting

ATTN:
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)

This email is to provide notification that at its meeting on August 16, 2023 the City of Hamilton's Public Health Committee endorsed the attached correspondence (originals attached for reference):

- (2023-06-28) Sudbury & Districts:
  Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Thank you,

Krislyn Fernandes (She/Her)
Administrative Coordinator to Dr. Elizabeth Richardson, Medical Officer of Health

Office of the Medical Officer of Health | Public Health Services
Healthy and Safe Communities Dept. | City of Hamilton
100 Main Street West, 6th Floor | Hamilton, ON | L8P 1H6
t: 905.546.2424 x3502 | e: Krislyn.Fernandes@hamilton.ca

Mailing Address:
110 King Street West, 2nd Floor | Hamilton, ON | L8P 4S6

My work day may look different than yours. There is no expectation to read or respond to this email outside of your normal working hours.

From: Doug Ford <Premier.Correspondence@ontario.ca>
Sent: July 12, 2023 11:02 AM
To: Penny Sutcliffe <sutcliffep@phsd.ca>
Subject: An email from the Premier of Ontario

Thanks for your letter about the Public Health Sudbury & Districts' resolution dealing with youth vaping. I appreciate hearing the board's views on the issue.

I note that you've sent a copy of the resolution to the Honourable Sylvia Jones, Minister of Health. Minister Jones or a member of her team will respond to you as soon as possible.

Thanks again for the information.

Doug Ford
Premier of Ontario

c: The Honourable Sylvia Jones

September 4, 2023

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

Dear Mr. Lapierre

We would like to extend our sincere appreciation for the incredible career of Dr. Penny Sutcliffe. Her obvious impact during COVID is just one highlight in a distinguished career and service to the Greater Sudbury area. Dr. Sutcliffe has been an important collaborator in the education and recruitment of future PHPM leaders through NOSM University's Public Health Residency Program.

We look forward to continuing and advancing these collaborations with Public Health Sudbury and Districts, its leadership and new Medical Officer of Health and CEO. To that end, we would like to offer our support and availability to participate in any way you need in your recruitment and hiring efforts. Public Health in Northern Ontario needs amazing leadership. Someone who is forward thinking, collaborative and an effective advocate for our needs!

Please give our kudos and congratulations to Dr. Sutcliffe and we look forward to working with you in planning the future.

Sincerely,

Dr. Rob Anderson
Associate Dean, Postgraduate Medical Education, NOSM University

Dr. Céline Larivière
Provost and Vice President Academic, NOSM University

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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
www.ontario.ca/health

Ministère de la Santé

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

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www.ontario.ca/sante

August 22, 2023

e-Approve-72-2023-537

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

Dear René Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to $405,300 in additional base funding and up to $880,000 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Sudbury and District Health Unit shortly with further details concerning this funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit
Peter Kaftarian, Associate Deputy Minister, Clinical Care and Delivery
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
Patrick Dicerni, Assistant Deputy Minister (A), Hospitals and Capital Division

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

August 2, 2023

Attention:
The Honourable, Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
City of London Council
County of Middlesex Council
Teresa Armstrong, Member of Provincial Parliament for London Fanshawe
Terence Kernaghan, Member of Provincial Parliament for London North Centre
Peggy Sattler, Member of Provincial Parliament for London West
Rob Flack, Member of Provincial Parliament for Elgin-Middlesex-London
Monte McNaughton, Member of Provincial Parliament for Lambton-Kent-Middlesex

RE: Middlesex-London Health Unit 2024 Budget

Dear Premier, Honourable Ministers, Members of Provincial Parliament, City of London Council, and County of Middlesex Council,

The Middlesex-London Health Unit (MLHU) is grateful to the provincial government for its continued commitment to keeping the health and safety of Ontarians a top priority, with steadfast financial support for the Health Unit throughout the pandemic. Public health provides a critical foundation for the broader public healthcare system, during pandemics and beyond, through the provision of efficient and effective interventions that keep Ontarians out of emergency departments and hospital beds. Within its mission to protect and promote the health of people in Middlesex-London, the team at the MLHU helps to prevent the spread of infectious diseases, prevent illnesses associated with environmental exposures, promote healthy growth and development for babies, children, and youth (including mental health), prevent injuries and chronic diseases, and ensure system readiness for public health emergencies. Investing in public health is therefore a critical long-term, sustainable approach to building a strong healthcare system.

The MLHU Board of Health wants to ensure the province was aware of the significant funding shortfall facing the MLHU in 2024. The MLHU anticipates funding reductions in 2024 with the end of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding. The proposed shift of Mitigation Funding to municipal partners introduces pressures beyond the funding increases required to keep pace with inflation, currently forecasted at 3.9% for 2024. Further, the rapidly increasing population creates greater need; between 2016 and 2021 the population of Middlesex-London grew by 10%.

Without adequate funding, it is anticipated that it will not be possible for the MLHU to execute substantial components of the Ontario Public Health Standards in 2024. One recent example is the MLHU Strathroy Dental clinic, recently opened in June 2023, with capital funds from the Ontario Seniors' Dental Care Program to support low-income seniors and low-income children 17 and under. This is a vital program in Middlesex County and has a large waitlist of clients interested in seeking dental care. To date, operational funding has not been provided for this clinic, adding to the list of significant financial pressures facing the MLHU in 2024.

The MLHU shares the concerns of its public health colleagues from across Ontario regarding our collective ability to meet the *Ontario Public Health Standards*, the legislative guideposts to ensure the health of Ontarians, set out by the Ministry of Health. We ask that the Ministry return the funding to the previous 75:25 Provincial/Municipal allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures. Sufficient and stable funding for public health is required to maintain the public health services that are essential to the health of our communities, now and into the future.

Sincerely,

Matt Newton-Reid
Board Chair
Middlesex-London Health Unit

Emily Williams, BScN, RN, MBA, CHE
Secretary and Treasurer
Middlesex-London Health Unit

Dr. Alex Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

CC: All Ontario Boards of Health
Middlesex-London Board of Health Members
David Jansseune, Assistant Director, Finance, Middlesex-London Health Unit

July 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health

Delivered via email: Sylvia.Jones@ontario.ca

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

Delivered via email: Kieran.Moore1@ontario.ca

Dear Minister Jones and Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I write to you to express our interest in sharing our collective wisdom and experience to strengthen our public health system, enabling it to be responsive to growing demand and complexity, and accountable to Ontarians for the public dollars it spends. Our Association membership is comprised of business leaders in the 34 public health units across Ontario.

The AOPHBA wishes to acknowledge the Province of Ontario's support both past and on-going, in relation to the COVID-19 Pandemic. Whether through one-time funding for COVID-19 activities including case and contact management, enforcement, vaccination, the school-focused nurses initiative or through guidance documents, messaging, provision of cold storage units, information technology applications such as CCM and COVAX, your support allowed public health to increase capacity and our ability to respond to the ever-changing pressures of the COVID-19 pandemic. We also wish to acknowledge the exhaustive efforts of our public health units' public health professionals that went above and beyond to care for their communities. But our collective work is far from over. We now need to regroup and reflect upon the learnings of the COVID-19 Pandemic. Dr. Moore's 2022 Annual Report, *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, rightly points to a call for action to be prepared to protect ourselves from future health threats, but also to invest in building a strong and resilient system and communities that create the best possible health for all. Preparedness is an on-going process, not an end state.

Above all, to be effective in reducing the demand on the health care system while simultaneously building an adaptive and resilient public health system that is responsive to threats to population health, sustainable and stable funding is required. Sustainable and stable funding will not only allow public health units to meet the requirements of the Ontario Public Health Standards (OPHS), but also the increased demand caused by the COVID-19 pandemic as well as build on current capacity to respond to emergent public health issues. The 2024 budget year presents a substantial risk to the capacity of public health units with the discontinuance of mitigation funding, rising operating costs, and increased and on-going work involving COVID-19. Head count reductions of highly valued health professionals will be required to address these pressures, negatively impacting our ability to meet the requirements of the OPHS.

We know that a balanced approach is necessary, managing the health care needs of today and preparing for the disease threats of tomorrow. Recognizing that there are always fiscal limitations, AOPHBA appreciates the need to ensure the system is designed to optimize the use of every dollar invested in public health. Our members have a keen interest and unique knowledge-base to contribute to system-wide or regional planning for an improved public health system, in particular with respect to administrative effectiveness and efficiency.

Dr. Moore's 2022 Annual Report states "To be ready for the next outbreak, Ontario's public health sector must take a collective, forward-thinking approach to pandemic planning. It must make sustained investments in strengthening sector and system, community, and societal readiness." We encourage you to create sustained public health funding levels that are supportive of public health's response to the requirements of the Ontario Public Health Standards, including sector and system readiness to emerging public health issues. We are eager for the opportunity to collaborate on the strengthening of public health and offer our collective wisdom and experience to create a strong, effective, and efficient public health system for the future.

Our Association Executive would be pleased to meet with you, in person, to discuss this matter of mutual importance and we are available at your convenience.

Sincerely,

Cynthia St. John
President
Association of Ontario Public Health Business Administrators (AOPHBA)

C: The Hon. Doug Ford, Premier
AOPHBA Membership
Association of Local Public Health Agencies (alPHa) Board of Directors
Ontario Boards of Health
Association of Municipalities of Ontario (AMO)
Dr. Catherine Zahn, Deputy Minister of Health

July 3, 2023

Honourable Sylvia Jones, Deputy Premier and Minister of Health
Province of Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: Sylvia.Jones@pc.ola.org

Dear Minister Jones,

I want to begin by thanking you and your government for your continued commitment to keeping the health and safety of Ontarians a top priority. Your steadfast financial support for public health units throughout the COVID-19 pandemic was critical to ensuring our ongoing ability to meet the needs of our communities.

On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I am writing to you to share our concerns about significant funding shortfalls anticipated for 2024.

The Province of Ontario invested significant funds across the health sector to support the response to the COVID-19 pandemic. The success of preventing the spread of COVID-19 through vaccination and other public health measures is something to celebrate. Given that COVID-19 is no longer a public health emergency of international concern, it is understandable that the scope and scale of interventions and financial support provided by the Province is pared back.

We are aware that several one-time buckets of funding are planned to end throughout 2023. This includes the School Focused Nurses Initiative, COVID-19 Extraordinary Funding, and Mitigation Funding. This leaves public health units to respond to increased community needs that arose during the pandemic (such as drug poisonings), address public health service back-logs (such as immunizations), and continue to manage COVID-19 as an endemic infectious disease using a base budget that is essentially the same as it was in 2018.

The end of the above-mentioned one-time funding, coupled with increased operational costs due to inflation, means that HKPRDHU will be challenged to meet the growing needs of our communities and the continued expanding requirements of the Ontario Public Health Standards (OPHS). Our anticipated financial shortfall to maintain our existing programs, assuming that Mitigation funding is continued, is estimated at $1.9 million. To illustrate the gap in funding solely related to inflationary pressures, had the consumer price index been applied annually since 2018 to the HKPRDHU base budget, the provincial portion of our base budget for mandatory programs would be $14,728.994 (an increase of $2.7 million dollars).

Although one-time funding enabled health units to address urgent needs arising in a timely fashion, the lack of sufficient, predictable funding is a barrier to establishing a permanent strong and resilient public health system. Strong infrastructure for local public health is paramount to ensuring that Ontario is ready for the next surge in COVID-19, the next pandemic, the next extreme weather event, or the next emerging health hazard.

Now, more than ever, our communities need a robust public health system. While the threat of COVID-19 has dimmed, the need for an agile public health response to infectious disease threats was clearly articulated in the Chief Medical Officer of Health report for 2022 (insert link to Being Ready).

Public health units are a fundamental part of the solution to address the current challenges faced in primary and acute care. By preventing the spread of infectious diseases, preventing illnesses associated with environmental exposures, and preventing chronic diseases through policy development and health promotion, public health units keep people out of emergency departments and out of hospitals. Investing in public health is a long-term, sustainable approach to building a strong health care system.

For the above reasons, the Board of Health for HKPRDHU urges the provincial government to demonstrate their ongoing support for public health by increasing the provincial contribution to mandatory programs and continuing Mitigation funding. Should Mitigation funding end, we urge the provincial government to reverse the 70/30 policy decision made in 2019.

As we look to a future that holds a strong, resilient health system for all Ontarians, we urge the Province to provide the necessary supports for the recovery and strengthening of public health in a comprehensive and sustainable way.

Respectfully,

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

David Marshall, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies

June 21, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, Floor 5
Toronto, ON M7A 2J3

Email to: sylvia.jones@ontario.ca

Re: Simcoe Muskoka District Health Unit 2024 Budget

Dear Minister Jones,

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I wish to express appreciation for the Ontario government's investment in public health during the COVID-19 pandemic, the most extraordinary emergency response of our lifetime. Public health remains a cornerstone of the health system during pandemics and at other times, providing cost-effective services that have reduced overall provincial health care costs and kept many people out of emergency departments and hospitals, while at the same time maintaining a healthy and productive population.

Sufficient, predictable, and timely provincial funding into the future is vital to maintaining these essential cost-saving services. The *Public Health Resilience in Ontario* report and the 2023 pre-budget submission of the Association of Local Public Health Agencies (alPHa), as well as the 2022 Annual Report from the Chief Medical Officer of Health (*Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*) have spoken to the great value of the Province's ongoing investment in local public health.

The provincial Mitigation Funding of $2.2 million provides a very important contribution to the Province's overall grant to the budget for SMDHU, which is vitally important in maintaining the Board's full range of services to the communities it serves. In addition, ongoing dedicated funding for COVID-19 would allow SMDHU to continue to respond to COVID-19 as a disease of public health significance in accordance with the provincial guidelines.

Specifically the continuation of these funds would help to ensure that residents and visitors of Simcoe Muskoka receive a full range of essential public health programs and services that have kept Ontarians out of hospitals, such as food safety inspections to prevent foodborne illness, ensuring safe drinking water to prevent community-wide outbreaks, supporting parents and families for healthy growth and development, tobacco control to prevent lung cancer and chronic obstructive pulmonary disease, promoting healthy nutrition to prevent diabetes and cardiovascular disease, improving mental health in school children, immunization against vaccine-preventable diseases, and preparations for future public health emergencies, to name but a few. Funding would also support SMDHU's continued presence throughout our region such that public health services are accessible to all via various modalities, including in our local offices and by ready phone contact.

Given the impacts identified above and the value achieved through ongoing funding from the Province for local public health services in our communities of Simcoe County, the District of Muskoka, and the Cities of Barrie and Orillia, the Board urges that the Province include its Mitigation Funding within its base funding grant commencing in 2024, and also continue funding for the COVID-19 response (vaccination and outbreak management). In this context, the Board notes and supports alPHa's position for a return to the provision of 75% of the funding by the Province for the base budgets of local public health units.

To maintain the public health services that are essential to the health of our communities, it is critical that local public health agencies be adequately resourced by the Province, now and into the future.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl
Chair, Board of Health
Simcoe Muskoka District Health Unit

cc: Councils of the Simcoe Muskoka obligated municipalities
Association of Local Public Health Agencies
Ontario Boards of Health in Ontario
MPPs of Simcoe Muskoka

Thunder Bay District
Health Unit

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TBDHU.COM

July 14, 2023

VIA ELECTRONIC MAIL

The Honourable Sylvia Jones
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

RE: Letter of Support – Physical Literacy for Healthy Active Children

On May 17, 2023, at the regular meeting of the Board of Health of the Thunder Bay District Health Unit, the Board considered a report on "Physical Literacy Endorsement" and a letter from Public Health Sudbury & Districts to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following Resolution was carried:

> *THAT with respect to Report No. 27-2023 (Healthy Living and School Health) we recommend that the Board of Health endorse correspondence from Public Health Sudbury and Districts, entitled "Physical Literacy for Healthy Active Children;"*
>
> *AND THAT the Thunder Bay District Board of Health write a letter of support to the Minister of Health and Deputy Premier;*
>
> *AND THAT a copy of the letter be sent to the Minister of Education, Local School Boards, Sports and Recreation Organizations, Early Learning Centres and local Members of Provincial Parliament.*

Supporting programs that build Physical Literacy among children and youth at the community, recreation, school, and early-years levels will have a positive impact on physical activity levels, academic outcomes,

…/2

mental health, and chronic disease prevention. The Thunder Bay District Health Unit fully supports collaboration between agencies to promote physical literacy among children and youth, and thanks you for your consideration.

Sincerely,

Don Smith, Chair
Board of Health
Thunder Bay District Health Unit

cc. Hon. Stephen Lecce, Minister of Education
Thunder Bay and District Directors of Education
Loretta Ryan, Executive Director, alPHa
Ontario Boards of Health
Lise Vaugeois, MPP
Kevin Holland, MPP
Thunder Bay and District Social Services Administration Board – Childcare Services
Local Recreation providers

Attachment

PROGRAM/ DIVISION	Healthy Living and School Health Health Promotion	***REPORT NO.***	27-2023
MEETING DATE	May 17, 2023	***MEETING TYPE***	Regular
SUBJECT	Physical Literacy Endorsement		

RECOMMENDATION

THAT with respect to Report No. 27-2023 (Healthy Living and School Health) we recommend that the Board of Health endorse correspondence from Public Health Sudbury & Districts, entitled “Physical Literacy for Healthy Active Children;”

AND THAT the Thunder Bay District Board of Health write a letter of support to the Minister of Health and Deputy Premier;

AND THAT a copy of the letter be sent to the Minister of Education, Local School Boards, Sports and Recreation Organizations, Early Learning Centres and local Members of Provincial Parliament.

REPORT SUMMARY

To provide the Board of Health with information relative to the request to endorse a letter from Public Health Sudbury & Districts, entitled “Physical Literacy for Healthy Active Children.”

BACKGROUND

On December 30, 2022, Public Health Sudbury & Districts submitted a letter to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging working together to improve physical activity levels among children and youth through collaboration with agencies that provide comprehensive Physical Literacy training.

The Thunder Bay District Health Unit (TBDHU) is mandated to deliver programs and services that reduce the burden of preventable chronic diseases of public health importance and improve the health of school-aged children and youth. The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. Participating in regular physical activity, and having the knowledge, skills, and opportunities to participate in physical activity, can reduce the risk of chronic disease, improve academic outcomes and support positive mental health.

Physical Activity Levels

Canadian children are not getting enough physical activity. As highlighted by the 2020 ParticipACTION Report Card on Physical Activity and Youth, approximately one-third of children and youth between the ages of 5 and 17 are meeting the recommended 60 minutes of daily physical activity.

Since 2005 the Ontario Ministry of Education has required that all students in Grades 1-8 have a minimum of 20 minutes of daily physical activity (DPA) during instructional time. A 2013-2014 evaluation indicated only 50% of classrooms in the province met the DPA policy, supporting the need for public health efforts to improve physical activity levels.

According to the 2021 Ontario Student Drug Use and Health Survey report, among students in grade 7-12:

- 21% of students are physically active on a daily basis for at least 60 minutes;
- 20% of students in grades 7-12 rate their physical health as “fair” or “poor” compared to 11% in the 2019 survey; and
- 83% of students spend 3 hours or more a day in front of an electronic screen in their recreational time, compared to 71% in the 2019 survey.

Physical Activity and Physical Literacy

Engaging in regular physical activity is an important protective factor against chronic diseases. Increased physical activity levels also support cognitive development, brain health, and academic achievement and are associated with improved mental health.

“Physical Literacy” is often used interchangeably with terms such as “physical education”, “fundamental movement skills” or “motor skill development”. To ensure a consistent definition and understanding of the term, the International Physical Literacy Association released a consensus statement on the definition of physical Literacy in 2014:

> *“Physical Literacy is the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life.”*

Public health interventions that support the development of Physical Literacy among children and youth can have an effect on physical activity levels later in life. When children and youth have the confidence, competence, and motivation to be physically active, they are more likely to sustain the behaviour change into adulthood.

COMMENTS

TBDHU plans, implements, and evaluates a variety of interventions to promote physical activity and Physical Literacy. In 2018, the City of Thunder Bay and the

Thunder Bay District Health Unit received a grant from the Ontario Sport and Recreation Communities Fund to work on a project called “Building Physical Literacy Capacity in Thunder Bay.” Partnering with Sport 4 Life, the project built Physical Literacy capacity in the community by training passionate leaders who work with children in the early years (0 to 6 years) to incorporate Physical Literacy into their programming. These Physical Literacy “Master Trainers” also gained knowledge, resources, and tools to train staff within their own workplace or organization. Sixty-six Master Trainers completed the program from 2018-2020.

Following a gap in Physical Literacy programming from 2020-2022 related to the COVID-19 response and staff re-deployment, Physical Activity Promoters from the Healthy Living Team and Public Health Nurses from the School Health team have resumed collaboration on physical activity and Physical Literacy interventions in schools:

- Currently, a 4-week Daily Physical Activity and Food Literacy Challenge called “Walk Broc and Roll” is running in 20 schools (including 3 District Schools and 2 First Nation Schools). Results of the challenge will be evaluated in June 2023 to determine effectiveness.

- The Healthy Schools Team is fostering environments that promote physical activity during the school day by providing support for the Active Recess program at local schools. Public Health Nurses provide training to peer leaders to organize and lead indoor or outdoor games during recess with an emphasis on inclusion, safety, fun and Physical Literacy.

- Additional plans for Physical Literacy promotion in 2023 include the development of an online Resource Portal for educators and early years providers, a Community of Practice for Physical Literacy Master Trainers, a Social Media Campaign, and Community Events related to Physical Literacy.

FINANCIAL IMPLICATIONS

There are no financial implications with this report.

STAFFING IMPLICATIONS

There are no staffing implications with this report.

CONCLUSION

It is concluded that supporting programs that build Physical Literacy among children and youth at the community, recreation, school, and early-years levels will have a positive impact on physical activity levels, academic outcomes, mental health, and chronic disease prevention;

It is further concluded that the Board of Health should endorse the correspondence from Sudbury & Districts Public Health entitled “Physical Literacy for Healthy Active Children”.

LIST OF ATTACHMENTS

Attachment 1: Letter from Sudbury & Districts Public Health.

PREPARED BY: Joanna Carastathis, Manager - Healthy Living,
Marianne Stewart, Manager - Family & School Health

THIS REPORT RESPECTFULLY SUBMITTED BY: ***DATE:***

Shannon Robinson, Director – Health Promotion May 17, 2023

_____

Medical Officer of Health/Chief Executive Officer

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

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

alPHa Sections:

- Boards of Health Section
- Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

- Association of Ontario Public Health Business Administrators
- Association of Public Health Epidemiologists in Ontario
- Association of Supervisors of Public Health Inspectors of Ontario
- Health Promotion Ontario
- Ontario Association of Public Health Dentistry
- Ontario Association of Public Health Nursing Leaders
- Ontario Dietitians in Public Health

Hon. Michael Parsa
Minister of Children, Community and Social Services
7th Floor, 438 University Ave.
Toronto, ON M5G 2K8

July 13, 2023

Dear Minister Parsa,

Re: 2023 Review of the Child, Youth and Family Services Act, 2017 (CYFSA)

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health, and Affiliate organizations, I am writing today to provide our feedback on the 2023 Review of the Child, Youth and Family Services Act, 2017 (CYFSA), especially as it pertains to your Ministry's responsibility for the Healthy Babies, Healthy Children program that is delivered by our members.

Early childhood development is among the most critical determinants of health, with ample evidence having demonstrated that experiences, both positive and negative, have the greatest impact between birth through to the age of 6. Experiences during these years will have measurable effects on the social, economic and health outcomes throughout a person's life, which in turn contribute to social, economic and health outcomes of society.

We have noted with interest that prevention and community-based services is one of the six key areas of focus for this legislative review, and that increasing access to prevention, early identification and early intervention services to better support healthy child development and family well-being has already been identified as a priority.

As you are aware, our members are responsible for the delivery of the Healthy Babies Healthy Children (HBHC) program under the Ontario Public Health Standards, with funding provided by your Ministry. HBHC is a critically important program that represents the earliest possible opportunity to identify children who may be exposed to a host of social and economic risk factors that are known to have cumulative negative impacts on health and development throughout the lifespan. Despite its indisputable value, this program has seen significant erosion over nearly two decades of chronic underfunding.

Attached is our most recent resolution on early childhood development, which calls on the Province to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions; and renews our ongoing call for adequate funding of the Healthy Babies Healthy Children program.

This call fits squarely with the identified priorities of the current review of your governing legislation and we hope that you will take this into careful and serious consideration.

We look forward to discussing this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

COPY: Hon. Sylvia Jones, Deputy Premier and Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health
CYFSA Project Lead, Ministry of Children, Community and Social Services

Encl.

Yours sincerely,

Dr. Charles Gardner
alPHa President

alPHa RESOLUTION A19-8

TITLE: **Promoting Resilience through Early Childhood Development Programming**

SPONSORS: **Northwestern Health Unit**
Thunder Bay District Health Unit
Middlesex-London Health Unit

WHEREAS one in five Canadians are affected by mental illness or an addiction issue every year, and the burden of illness is more than 1.5 times the burden of all cancers and 7 times the burden of all infectious diseases; and

WHEREAS suicide is the second leading cause of mortality among young Canadians aged 10-24 and suicide accounted for 24% of all deaths among youth 15 to 24 years old from 2009-2013; and

WHEREAS there were more than 9,000 deaths in Canada from 2016 to 2018 and more than 1,250 deaths in Ontario in 2017 related to opioids; and

WHEREAS the annual economic burden of mental illness is approximately 51 billion in Canada with a substantial impact on emergency room departments and hospitals; and

WHEREAS 70% of mental health and substance use problems begin in childhood; and adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict and neglect, have been clearly linked to risk for mental illness and addiction later in life; and

WHEREAS programming that enhances the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system and utilization of social services; and

WHEREAS every $1 invested in early childhood development can save $9 in future spending on health, social and justice services; and

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the HBHC program provides home visiting services and home visiting programs have demonstrated effectiveness in enhancing parenting skills and promoting healthy child development in ways that prevent child maltreatment; and

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family relationships, and financial instability and addressing parental mental illness and substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008 with the exception of increased base funding in 2012 for an increase in public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment; and

WHEREAS fixed costs such as salaries and benefits, travel, supplies, equipment and other operational costs have increased the costs of operating the HBHC program, and

WHEREAS operating the HBHC program with the existing funding has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions;

AND FURTHER that alPHa engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario;

AND FURTHER that the Chief Medical Officer of Health of Ontario, Ontario Public Health Association, Centre for Addictions and Mental Health and other relevant partner agencies be so advised.

ACTION FROM CONFERENCE: Carried as amended

From: COMOH <comoh-bounces@lists.alphaweb.org> On Behalf Of Gordon Fleming
Sent: Wednesday, July 19, 2023 4:10 PM
To: COMOH LIST (comoh@lists.alphaweb.org) <comoh@lists.alphaweb.org>
Subject: [COMOH] Public Health Matters – A Business Case for Local Public Health

Re. Public Health Matters – A Business Case for Local Public Health

Dear alPHa Members,

The Association of Local Public Health Agencies (alPHa) is pleased to provide you with our new infographic, *Public Health Matters - A Business Case for Local Public Health*, which highlights the business case for local public health being essential to the province's population health and the associated economic prosperity. This edition builds upon the first two infographics, *Public Health Matters (Fall Vaccine Success)* and *Public Health Matters (A Public Health Primer)*.

These communications tools can be used with local decision makers to ask for their support for the goals and objectives of public health. We anticipate these infographics will be useful resources in your various engagements with stakeholders and community partners, including local councillors and MPPs. alPHa encourages you, as local public health leaders, to use and share these resources widely.

Respectfully,

Dr. Charles Gardner
President

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

alPHa Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

A BUSINESS CASE FOR LOCAL PUBLIC HEALTH

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

We are asking decision makers for their support for the goals and objectives of public health, with sustained and sufficient resources to ensure stability for Ontario's locally-based network of public health agencies.

Local public health remains essential to the province's population health and the associated economic prosperity.

Local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

INVESTMENT IN LOCAL PUBLIC HEALTH

Investment in local public health includes the following returns:

REDUCED HOSPITALIZATIONS AND DEATHS:

Public health measures such as **vaccination, case and contact management, outbreak response, community infection control measures** reduced hospitalizations by 13 times during the COVID-19 pandemic.

Local public health is also central to responding to new infectious disease risks such as MPOX, reemerging pathogens like poliomyelitis and tuberculosis, and the return of annual seasonal epidemics such as influenza and respiratory syncytial virus (RSV).

SAFE COMMUNITIES:

Local public health protects our communities by working with municipalities to provide **safe water, safe food,** and **emergency preparedness** and **response.**

HEALTHY CHILDREN:

Local public health protects children through **promotion of healthy growth and development, vaccination, dental screening,** and **school health.**

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management
- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments

PUBLIC HEALTH MATTERS

alPHa
Association of Local PUBLIC HEALTH Agencies

FUNDING

Local public health requires sufficient and sustainable base funding from the provincial government.

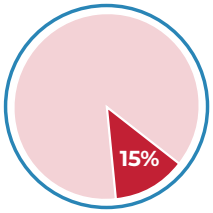
The end of mitigation funding ($46.8M) from the province would equal a **14.76% ($316.7M) municipal levy increase**, or a **3.78% ($1.24B) loss** to the overall funding of local public health programs.

A return to the previous **provincial-municipal** cost-sharing formula for all programs and services would help to offset this loss.

COVID-19 RECOVERY

In the wake of the COVID-19 pandemic, local public health has been working hard to put back in place its full range of programs, with progress being made on its recovery priorities (Public Health Resilience), and responding to seasonal respiratory viruses.

PUBLIC HEALTH LEADS TO HEALTH CARE SAVINGS



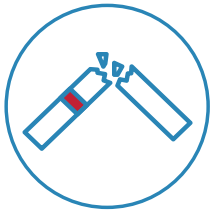
Health promotion and **disease prevention** are mandated roles for local public health agencies. In doing this, they also who work with the Ministry of Health and key stakeholders in addressing chronic diseases such as diabetes, heart disease and cancer.

HEALTH INEQUITIES DUE TO SOCIOECONOMIC POSITION CONTRIBUTED $60.7B = 15% OF ALL HEALTH CARE COSTS.

Smoking, alcohol, diet and **physical activity** improvements could prevent $89B in health care costs = 22% of all health care costs over 10 years.

Alcohol use is another major contributor to health care and societal cost. It is estimated that alcohol use costs the Ontario economy $5.3B in health care, law enforcement, corrections, prevention, lost productivity and premature mortality.

It is estimated that **diabetes** in Canada cost the health care system $15.36 billion over a 10 year period, affecting nearly 10% of the population.



Promotion of **tobacco cessation** and **tobacco control** reduced health care costs by 1.7% overall = $4.2B saved over 10 years.


Healthy Growth and Development


Immunization


Infectious and Communicable Diseases Prevention and Control


Oral Health


Safe Water

School Health


Substance Use and Injury Prevention

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

July 4, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social Services
Delivered via email: michael.parsaco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa:

Re: Income-based policy interventions to effectively reduce household food insecurity (HFI)

On June 28, 2023, the Board of Health for Algoma Public Health (APH) passed a resolution endorsing income-based policy interventions to effectively reduce household food insecurity (HFI), which is an urgent public health problem that imposes serious consequences to the health and well-being of Ontarians.

HFI is inadequate or insecure access to food due to household financial constraints.[1, 2] It is a sign of poverty, rooted in a lack of adequate and stable income to make ends meet. In 2022, more than 2.8 million Ontarians were food insecure, and this will only get worse with recent sky-rocketing inflation.[3]

Locally, APH monitors food affordability as required by the *Ontario Public Health Standards*. Our local data shows that low-income households, especially those receiving Ontario Works (OW) and Ontario Disability Support Program (ODSP), struggle to afford basic costs of living and will be increasingly vulnerable as food prices continue to rise.[4]

Not being able to afford adequate food has profound adverse effects on people's physical and mental health and their ability to lead productive lives. This creates a heavy burden on the health care system with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households.[5] Effective income policies to reduce food insecurity could offset considerable public expenditures on health care and improve overall health.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

Food charity is NOT a solution to the problem. Food banks may provide temporary food relief but do not address the root causes. Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.[2]

We urge the province to collaborate across sectors to implement income-based policies that effectively reduce food insecurity, such as[1, 2, 5]

- increasing minimum wage to a rate that better reflects costs of living, such as a living wage,
- raising social assistance to reflect costs of living,
- indexing Ontario Works to inflation, and
- reducing income tax rates for the lowest income households.

Such income policies preserve dignity, address the root cause of the problem, give choice of which foods to buy, and ensure the basic right to food.

Sincerely,

Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and Chief Executive Officer for Algoma Public Health
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

References:

1. Tarasuk V, Li T, Fafard St-Germain A-A. Household food insecurity in Canada, 2021. 2016. https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf
2. ODPH Position Statement on Responses to Food Insecurity: Ontario Dietitians in Public Health. 2023. Available from: https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1.
3. New data on household food insecurity in 2022. PROOF, 2023.https://proof.utoronto.ca/
4. Food affordability in Algoma infographic. 2023.
5. alPHa Resolutions- Determinants of health. Resolution A05-18, Adequate Nutrition for works and Ontario Disability Support Program Participants and Low Wage Earners; Resolution A15- 4, Public Health Support for a Basic Income Guarantee; Resolution A18-2, Public Health Support for a Minimum Wage that is a Living Wage. Association of Local Public Health Agencies, 2009.https://www.alphaweb.org/page/Resolutions_SDOH

From: Gauthier, Matt <Matt.Gauthier@hamilton.ca>
Sent: June 21, 2023 4:21 PM
To: Rachel Quesnel <quesnelr@phsd.ca>; 'allhealthunits@lists.alphaweb.org' <allhealthunits@lists.alphaweb.org>
Cc: René Lapierre <lapierrer@phsd.ca>; Penny Sutcliffe <sutcliffep@phsd.ca>; Richardson, Elizabeth <Elizabeth.Richardson@hamilton.ca>; Fernandes, Krislyn <Krislyn.Fernandes@hamilton.ca>; Gauthier, Matt <Matt.Gauthier@hamilton.ca>
Subject: RE: Letter of Support re Bill 93, Joshua's Law (Lifejackets for Life)

Good Afternoon,

At its meeting held on June 12th, the City of Hamilton's Public Health Committee endorsed the attached piece of Correspondence.

Kind regards,

Matt Gauthier
Legislative Coordinator
Office of the City Clerk
Corporate Services | City of Hamilton
(905) 546-2424 Ext. 6437

Hamilton

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Rachel Quesnel
Sent: Tuesday, May 16, 2023 4:18 PM
To: 'allhealthunits@lists.alphaweb.org' <allhealthunits@lists.alphaweb.org>
Cc: René Lapierre <lapierrer@phsd.ca>; Penny Sutcliffe <sutcliffep@phsd.ca>
Subject: [allhealthunits] Letter of Support re Bill 93, Joshua's Law (Lifejackets for Life)

ATT: Ontario Boards of Health
Please see attached letter from the Board of Health Chair, Public Health Sudbury & Districts, to the Premier of Ontario regarding Bill 93, Joshua's Law (Lifejackets for Life), 2023.

Thank you,

Hélène Leroux *on behalf of Rachel Quesnel*

Rachel Quesnel
Executive Assistant to the Medical Officer of Health and Secretary to the Board of Health
Adjointe de direction et Secrétaire du Conseil de santé
Public Health Sudbury & Districts / Santé publique Sudbury et districts
1300 rue Paris Street, Sudbury, Ontario P3E 3A3
quesnelr@phsd.ca | Tel#: 705.522.9200 ext. 291 | Fax#: 705.677.9606

From: HECSB-SED-DGO / DGSESC-DSM-BDG (HC/SC) <hecsb-sed-dgo-dgsesc-dsm-bdg@hc-sc.gc.ca>
Sent: June 15, 2023 10:45 AM
To: Rachel Quesnel <quesnelr@phsd.ca>
Subject: Health Canada Response to your Correspondence

Dear René Lapierre:

Thank you for your letter of May 30, 2023, sent on behalf of Public Health Sudbury & Districts' Board of Health and addressed to the Honourable Jean-Yves Duclos, Minister of Health, among others, regarding support for improved indoor air quality in public settings. Minister Duclos has asked that I respond on his behalf.

Thank you for sharing your Board of Health's resolutions. Health Canada shares your commitment to protecting the health of Canadians and acknowledges the importance of indoor air quality. As observed during the pandemic, proper ventilation is one part of preventing the transmission of COVID-19 and other respiratory viruses in indoor settings. The Government of Canada has developed guidance on how to improve ventilation and air filtration for various settings which can be found at the following links: COVID-19: Guidance on indoor ventilation during the pandemic and Infographic: Maintain and improve indoor air quality.

Additionally, Health Canada has developed draft guidance on indoor air quality in office buildings. This guidance provides information on the sources of pollutants, mitigation steps to improve indoor air quality, and information for professionals for use during indoor air quality investigations.

Health Canada's guidance for indoor air quality in schools is currently in development. It is intended to help provinces, territories, Indigenous communities, public health officials, school boards, and school administrators maintain and improve air quality in schools by providing evidence-based recommendations.

Recognizing you have also directed your correspondence to the federal Minister of Intergovernmental Affairs, Infrastructure and Communities, I will defer to them to respond to your requests related to grants, tax breaks and incentives.

I hope that you will find this information helpful. Thank you again for taking the time to write about this important matter.

Sincerely,

Greg Carreau
Director General
Safe Environments Directorate

June 9, 2023

Bureau of Policy, Intergovernmental and International Affairs, Food Directorate
Health Products and Food Branch, Health Canada
251 Sir Frederick Banting
Postal Locator 2204C
Ottawa, ON K1A 0K9

Re: Consultation on Restricting Food Advertising Primarily Directed at Children

At the May 18, 2023 meeting, the Middlesex-London Board of Health carried the following motion regarding Bill C-252, *An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children*:

It was moved by **A. DeViet, seconded by M. Smibert,** *that the Board of Health:*

1) *Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children"; and*
2) *Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:*
    - *Increasing the age to under 18 for restricting commercial advertising*
    - *Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.*

Youth are vulnerable to the advertising of the food and beverage industry. This exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing. Advertising of food and beverages influences choices in food and is considered an environmental determinant of health.

Current proposed amendments to Bill C-252, *An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children* include focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth aged 13-17 vulnerable to harmful advertising.

The Middlesex-London Board of Health would like to propose the following additional measures (amendments) be considered for the policy update:

- Increasing the age to under 18 for restricting commercial advertising; and
- Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.

Attached to this letter is Report 35-23 re: Support for Health Canada's Policy Update on Restricting Advertising of Food and Beverages to Children for further reference.

Sincerely,

Matthew Newton-Reid
Board Chair
Middlesex-London Health Unit

CC: Honourable Jean-Yves Duclos, Minister of Health of Canada
Honourable Patricia Lattanzio, Member of Parliament, Saint-Léonard—Saint-Michel
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. Alexander Summers, Medical Officer of Health
Julie Goverde, Acting Manager, Community Health Promotion
All Ontario Boards of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 35-23

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2023 May 18

SUPPORT FOR HEALTH CANADA'S POLICY UPDATE ON RESTRICTING ADVERTISING OF FOOD AND BEVERAGES TO CHILDREN

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children";***
2) ***Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:***
   - ***Increasing the age to under 18 for restricting commercial advertising***
   - ***Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.***

Key Points

- Children and youth are vulnerable to the advertising of the food and beverage industry. Constant exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing.
- Health Canada released a policy update in April 2023 to protect children by restricting food and beverage advertising. However, the policy update solely focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth vulnerable to harmful advertising.

Background

Food and Beverage Advertising

Food and beverage advertising substantially influences food and beverage choices and preferences, and has been identified as an environmental determinant of health (Potvin Kent et al., 2022). Children and youth are exposed to food and beverage advertising on a constant basis. In 2019, approximately $628,600,000 was spent on food advertising, with more than 90% of the advertising being for foods that do not meet Canada's Food Guide (Potvin Kent et al., 2022). Over 50 million food and beverage advertisements were found on popular children's websites in 2015-2016, and over 90% of those ads were for foods high in sodium, sugar, and/or saturated fat (Heart & Stroke, 2021). Digital advertising via social media, the internet, and mobile devices is less costly, and has been shown to be more effective and persuasive compared to traditional media (Potvin Kent et al., 2022). Social media advertising provides companies with the ability to directly interact with consumers, which provides valuable information to companies (Potvin Kent et al., 2022). In addition, the use of digital media by children and youth has been increasing, resulting in increased exposure to digital marketing (Potvin Kent et al., 2022).

Negative Health Impacts of Food and Beverage Marketing to Children and Youth

The food industry appeals to children and youth using cartoons, celebrities, popular music, slang, and sports to market their products (Heart & Stroke, 2021, Truman & Elliott, 2019; Harris et al., 2020). Children are targeted because they are unable to critically assess advertisement messages, can influence family spending, and provide an opportunity to establish brand loyalty at a young age (Ontario Dietitians in Public Health [ODPH], 2019). Youth are also vulnerable to marketing due to their cognitive and emotional development, peer pressure, high levels of exposure to advertising, and increased independent purchasing power (Harris et al. 2020; Truman & Elliot, 2019). These factors can influence children and youths' food preferences, purchase requests, and consumption patterns, which negatively impacts their health and wellbeing (Hastings et al., 2006; & Cairns, Angus, & Hastings, 2009; Wilcox et. Al., 2004; Carter et al., 2011; Dietitians of Canada 2010).

History of Legislation

The Canadian Children's Food and Beverage Advertising Initiative set voluntary standards for the food industry to follow. However, this voluntary approach has not been effective at reducing food and beverage advertising to children (ODPH, 2019). Policies to protect this vulnerable population from food and beverage advertising have been established in many countries including Mexico, Spain, Sweden, Norway, Brazil, and the province of Quebec in 1980 (ODPH, 2019). Legislation in Quebec has resulted in children seeing fewer food and beverage ads, and fewer characters being used for food and beverage marketing in comparison to other Canadian provinces (Potvin Kent et al., 2011).

In September 2015, *Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*, was introduced, and passed by the Senate and the House of Commons, however, was not called to final vote in 2019. In 2016, Health Canada committed to protecting vulnerable populations as part of the Healthy Eating Strategy through restricting commercial advertising of food and beverages that do not support the health of children and youth. *Bill C-252, An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)* was introduced in November 2021, and has been adopted by the Standing Committee on Health on April 18th, 2023, and presented to the House of Commons on April 26, 2023.

Current Legislative Action

Health Canada has committed to implementing restrictions on food and beverage advertising to children by the fall of 2023 in their *Forward Regulatory Plan* for 2022-2024. Health Canada recently released a policy update in April 2023, indicating intention to amend the *Food and Drug Regulations* to "*restrict advertising to children under the age of 13 of foods that contribute to excess intakes of sodium, sugars and saturated fat… focusing on television and digital media first"* and is accepting comments until June 12, 2023.

Conclusion

Legislation that regulates food and beverage advertising to children and youth helps to protect this population from negative health impacts. The current policy proposal from Health Canada limits restrictions to children under 13, leaving some youth vulnerable. It also limits legislation to television and digital media, allowing other persuasive advertising methods such as celebrity endorsements to continue. References for sources within this report are noted in Appendix A.

This report was prepared by the Community Health Promotion Team, Healthy Living Division.

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WILDFIRES IN CANADA

Toolkit for Public Health Authorities

August 2023

Public Health Agency of Canada
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Wildfires in Canada: Toolkit for Public Health Authorities

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Acknowledgements

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1) Rationale

Canada is experiencing longer wildfire seasons and more frequent and extreme fire behaviour, which has significant effects on human health and the natural environment.[1] In Canada, wildfire season typically runs from early April to late October. This year we are going through an unprecedented wildfire season, with larger geographic extent and severity than previously recorded.[2] A number of factors are likely contributing to this change. Anthropogenic climate change is affecting the number and severity of wildfires. Storms with lightning strikes, rising temperatures, erratic precipitation, and circumstances like disease and pests that kill or weaken trees, are all ways in which climate change affects the risk of wildfires.[3]

While wildfires are a natural part of the ecosystem, human behaviors and interactions with the environment can directly result in the ignition of wildfires. Furthermore, forest management and land use patterns have changed drastically over time. The way forests and other wildlands are managed for industry, housing and infrastructure can contribute to the risk of wildfires in Canada. In addition, policies discouraging Indigenous cultural burning, which has been used for centuries to naturally manage land by getting rid of dead plants and encouraging new growth, has interrupted the natural restoration of forests by fires. Some provinces and territories have focused on fire suppression efforts, which has also impacted natural restoration and therefore wildfire risk.

The role of public health authorities in wildfire response varies cross Canada. In most cases, public health authorities contribute to the emergency response by providing direction, recommendations, advice and communications aimed at minimizing the associated human health hazards and risks. While some regions of Canada experience cyclical wildfire events most years, large wildfires are more recently occurring in regions with limited experience, including public health involvement in wildfire emergencies. This has resulted in the engagement of public health professionals with differing levels of experience and familiarity with wildfire response. With the increased profile of public health authorities as health system responders during the COVID-19 pandemic, public health authorities at all levels of government are more engaged than ever before.

1.1) Purpose

The purpose of this toolkit is to summarize information and bring together existing resources to support public health authorities in the prevention and mitigation, preparedness, response and recovery to wildfire-related human health risks (including both physical and mental health risks). Some of the content may also be applicable to urban fires; however, this is not the focus of this document except in the case of wildfires that spread to and through the wildland urban interface.

Recognizing that local contexts and public health systems and resources vary, the public health actions and interventions that have been summarized in this document are not meant to be directive. They are potential actions that can be adopted or adapted in different jurisdictions and situations. The resources provided are a non-exhaustive compilation of existing documents including provincial and territorial guidance documents (Table 2: Provincial/Territorial Guidance Document Links), fact sheets, and literature. In addition, **the guidance provided in documents external to the Government of Canada may not reflect the views and opinions of the Government of Canada or be available in both official languages.**

1.2) Goal

The goal of this document is to provide a compilation of resources that can support the varying needs of public health authorities in the management of wildfire-associated human health hazards and risks in Canada.

1.3) Objectives

The objectives are:

- To facilitate evidence-based and timely decision making by public health authorities
- To synthesize existing resources in the form of evidence-based summaries of human health hazards and risks
- To support the sharing of best practices and lived experiences
- To apply an equity informed public health lens to the management of human physical and mental health hazards and risks for the 4 components of Emergency Management

2) Background

2.1) Health Hazards and Risks

Wildfires, and the response to them, present a range of physical and mental health hazards and risks. The main physical health hazards are due to fire, smoke and heat. Secondary consequences and mental health impacts can also occur or be exacerbated as a result of wildfire events. Climate change is expected to increase the frequency, duration, severity, and season length of wildfires, representing a significant public health concern, given potential impacts on health and wellbeing.[4] Increased exposure to wildfire smoke and evacuations will put increasing strain on those who live and work in the impacted areas. This includes those working in public health, healthcare, and response services, as well as other populations who are disproportionately impacted by smoke and/or the needs generated by evacuations.[5] Health hazards and risks could be reduced with comprehensive prevention, mitigation and preparedness activities that strengthen both community and individual resilience and address inequities with respect to the social determinants of health.

2.1.1) Fire

Wildland fires or wildfires are any non-structure fire that occurs in vegetation such as trees, grasses, and shrubs. This includes unplanned fires (both natural and human-caused) and intentional burning and prescribed fires (as a part of fire management). How wildfires develop and spread depends on a complex balance between ignition source(s), climate/weather, potential fuel(s), and geographic topography.[6]

Wildfires can contribute to the health and diversity of ecosystems; however, they can also be health hazards and lead to disasters and death. Wildfires can impact individual and community health (physical health, mental health, and well-being), harm ecosystems, threaten industry, damage infrastructure, and cause secondary impacts such as erosion, increased risk of landslides and flooding after fires.[7]

For more information, refer to: The First Public Report of the National Risk Profile (publicsafety.gc.ca) and to Public health risk profile: Wildfires in Canada, 2023 - Canada.ca.

2.1.2) Smoke

Populations geographically closest to wildfires have the highest exposure to the effects of fire and smoke from wildfires. However, wildfire smoke can travel large distances and can affect the air quality for extended periods of time, meaning populations across Canada face potential exposure.

Wildfire smoke is a complex mixture of gases, particles and water vapour that contains pollutants such as: sulphur dioxide, nitrogen dioxide, carbon monoxide, volatile organic compounds, fine particulate matter (PM2.5), and ozone. Fine particulate matter (PM2.5) is considered the main public health threat from wildfire smoke. Fine particulate matter is a general term for all small particles found in air measuring equal to or less than 2.5 µm in aerodynamic diameter. Since it is so small, this fine particulate matter can be inhaled deep into the lungs and enter the bloodstream.[8] Health Canada recommends that levels of PM2.5 should be kept as low as possible, as there is no apparent threshold that is fully protective against the health effects of PM2.5.[9,10] As smoke levels increase, health risks increase.

Carbon monoxide (CO) exposure from wildfire smoke does not pose a significant health hazard to the public, as it does not travel far from the original source. However, in the event of an improperly vented or malfunctioning combustion appliance, or if the source of the smoke is close, CO can be a health hazard indoors. Other pollutants present in wildfire smoke including nitrogen oxides (NOx), polycyclic aromatic hydrocarbons (PAHs) and volatile organic compounds (VOCs) contribute to the cumulative hazardous potential of exposure.

For more information, refer to: Guidance for Cleaner Air Spaces during Wildfire Smoke Events –- Canada.ca and Public health risk profile: Wildfires in Canada, 2023 –- Canada.ca.

2.1.3) Health Effects

Wildfires can impact physical health as well as mental health and well-being. Closer proximity to wildfires can pose immediate risk to individuals from direct contact and smoke related health effects.

Most acute symptoms from wildfire smoke are transient and self-resolving. Milder and more common symptoms of smoke exposure include headaches, a mild cough, a runny nose, production of phlegm, and eye, nose and throat irritation. These symptoms can typically be managed without medical intervention. More serious symptoms that should prompt medical assessment include dizziness, chest pains, severe cough, shortness of breath, wheezing (including asthma attacks), and heart palpitations. Less commonly, exposure to wildfire smoke can lead to medical emergencies including heart attack, stroke and premature death.[11]

Exposure to wildfire smoke is associated with several health effects including, exacerbations of asthma and Chronic Obstructive Pulmonary Disease (COPD), increased respiratory infections, and premature

death. Additionally, there is some evidence to suggest an association between wildfire smoke and cardiovascular health effects, mental health and birth outcomes.[12] There is very little evidence on the long-term health effects from seasonal wildfire smoke, because the episodic nature of exposures makes such evidence hard to obtain. Therefore, the long-term effects are typically generalized from population-based studies of the long-term effects of ambient PM2.5, which consider the overall mix of PM2.5 from all sources, including wildfire smoke. In Canada, it is estimated that 54-240 premature deaths are attributable to short-term exposure to wildfire-PM2.5 annually and 570-2500 premature deaths attributable to long-term exposure annually, as well as many non-fatal cardiorespiratory health outcomes.[13]

With respect to mental health, people in closer proximity to a wildfire and evacuees may experience new or worsening post-traumatic stress disorder, depression, generalized anxiety, and other mental health impacts.[5,14,15,16] Evacuation can also result in disruption of traditional and subsistence activities in Indigenous communities, which can negatively impact mental and spiritual well-being. After a wildfire, residents who return home face financial, health and social stresses of rebuilding homes and community, in addition to a devastated landscape that serves as a daily reminder of their loss. This can lead to solastalgia, a form of mental or existential distress caused by environmental change.[17] Exposure to wildfire smoke may also have mental health impacts but the evidence is inconsistent and limited.[18]

Key considerations when determining the potential population health impacts from wildfire exposure include:

- Exposure characteristics: proximity, concentration of smoke, duration of exposure and minute ventilation.
- Population susceptibility: number of people at higher risk and populations in situations of vulnerability.
- Availability of interventions to reduce impacts such as population access to cleaner air spaces.
- Concurrent exposures such as heat.

For more information, refer to: Wildfire smoke, air quality and your health - Canada.ca and Public health risk profile: Wildfires in Canada, 2023 - Canada.ca.

Additional Resources:

- Health impact analysis of PM2.5 from wildfire smoke in Canada (2013–2015, 2017–2018) - ScienceDirect
- Particulate matter 2.5 and 10 - Canada.ca
- BCCDC_WildFire_FactSheet_HealthEffects.pdf

2.1.4) Smoke and Heat

Extreme heat events may occur in parallel to wildfires and exposure to wildfire smoke. Extreme heat events can cause significant morbidity and mortality. For example, over 600 people in BC died during an extreme heat event that occurred June 25-July 1, 2021.[19,20] In most cases, extreme heat is the more immediate risk to health and cooling should be prioritized over clean air if needed.

For more information, including advice for the public, refer to: https://www.canada.ca/en/health-canada/services/publications/healthy-living/combine-wildfire-smoke-heat.html and Extreme heat events: Overview - Canada.ca

Additional Resources:

- Medical health officers' letter about heat and smoke (interiorhealth.ca)
- Continuing Education Course: Wildfire Smoke and Your Patients' Health Wildfire Smoke and Your Patients' Health | US EPA
- Health of Canadians in a Changing Climate: Advancing our Knowledge for Action
- BC factsheet: Wildfire smoke during extreme heat events

2.1.5) High Risk Populations

Everyone's health is at risk from the pollutants in wildfire smoke but people at higher risk include:

- Older adults
- Pregnant people
- People who smoke
- Infants and young children
- People who work outdoors and those who have an occupational exposure
- People involved in strenuous outdoor exercise
- People with an existing illness or chronic health conditions, such as cancer, diabetes, lung or heart conditions

For more information, refer to: Wildfire smoke, air quality and your health - Canada.ca.

2.1.6) Equity Considerations

Wildfire associated health hazards are not experienced uniformly amongst populations in Canada. A range of social determinants of health (SDOH), including age, sex and gender, and socioeconomic status, among others, influenced the health outcomes of various population groups experiencing wildfires. These differential impacts included mental health and physical health outcomes as well as social and community impacts. Wildfires are expected to have a disproportionate impact on the high risk populations identified above as well as people who may experience other health equity limitations such as people with disability, those with lower socio-economic status, and Indigenous communities.[7] Populations living in communities closer to high fire-risk areas also experience higher rates of adverse physical and mental health impacts. Rural and remote areas and Indigenous communities are most often evacuated due to wildfires.

Wildfire evacuations can impact the mental and physical health, well-being, and social stability of evacuees who stay in host communities, as severe wildfires can cause prolonged evacuations. Evacuated communities have to wait until authorities deem that the wildfire hazard has passed and that it is safe for communities to return home. Host community arrangements also vary significantly across Canada and Indigenous evacuees have faced inadequate language, cultural, health and spiritual supports, insufficient or crowded communal and hotel accommodations, and racist treatment while evacuated.[21]

Even in the absence of evacuation, wildfires can restrict access to communities, especially those that are more remote with limited entry/exit points, due to impacts on infrastructure (e.g., highways/roads) and services; this can result in a lack of health and related services including medical supplies, personnel, and food.

The impacts of wildfires can be worse for many high risk populations and populations in situations of vulnerability, including those experiencing inequities. It is important that a health equity lens and cultural safety principals be embedded in the public health actions and interventions listed in this document. The recent 2022 Chief Public Health Officer report regarding public health action on climate change in Canada also emphasized how systemic inequities drive one's exposure, sensitivity, and adaptive capacity to climate hazards as different individual factors and SDOH influence people's climate vulnerability. Therefore, it is important to understand the ways different population groups, especially those already in situations of vulnerability, in Canada experience and are affected by wildfires to ensure that emergency management protocols and plans can incorporate evidence-based equity considerations and be well-positioned to support the needs of all people.

For more information, refer to: Public health risk profile: Wildfires in Canada, 2023 - Canada.ca.

2.2) Partnerships

Wildfire prevention, mitigation, preparedness, response and recovery is complex, involving intersectoral and interjurisdictional collaboration, community engagement, and the use of many sources of information in decision making. A key strength in public health efforts on any health issue is the value of convening and collaborating across diverse sectors and partners. Public health authorities develop relationship and trust with community groups, diverse leaders and response partners through a variety of public health programs and functions that are foundational to adaptation and mitigation measures for climate related events.

Since 2007, federal, provincial and territorial collaboration in emergency management has been guided by the Emergency Management Framework for Canada.[22] In Canada, emergencies are managed first at the local level. This may involve municipalities, fire departments, police, paramedics, hospitals, local public health, and other members of the emergency response team. If assistance is needed at the local level, a request can be made to the applicable province or territory. If the emergency exceeds the province or territory's capacities, the provincial or territorial government can request assistance from the federal government.

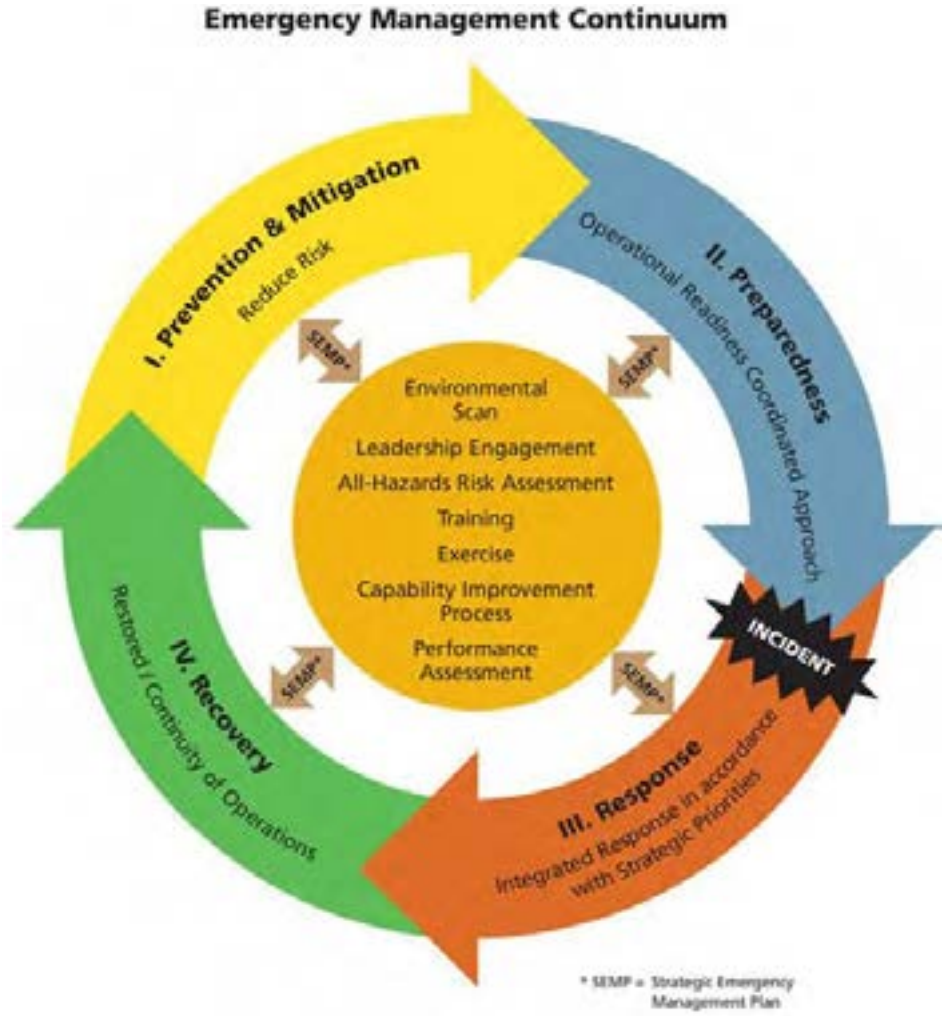
Once the federal government becomes involved, the federal response is coordinated using the 2011 all-hazards Federal Emergency Response Plan. In most cases, federal government institutions manage emergencies with event-specific or departmental plans in addition to the processes outlined in the Federal Emergency Response Plan.[7] The federal government has responsibilities for federal emergency response coordination; disaster financial assistance to provinces and territories; national situational awareness for wildfire events if requested by wildland fire management agencies; and for wildfires on national park land and military bases.[7] The Canadian Armed Forces may also be requested to assist in disaster response (e.g., Operation LENTUS).[23]

At the international level, Canada joined 187 countries at the United Nations (UN) General Assembly in 2015 in adopting the UN Sendai Framework for Disaster Risk Reduction (2015-2030).[24] This framework is a non-binding international agreement that establishes international priorities for disaster risk reduction. As a signatory to the Sendai Framework, the Government of Canada has committed to improving resilience strategies, preparedness efforts, early warning systems and cooperation to reduce disaster risks.[7]

3) Public Health Action and Interventions

Public health authorities at various levels of government may be involved in a variety of actions and interventions with respect to the emergency management of wildfires. There are potential actions and interventions for each of the 4 interdependent components of emergency management: prevention and mitigation, preparedness, response and recovery. It is recognized that these components can be undertaken sequentially or concurrently. Examples of potential interventions for each component are offered in subsequent sections.

Figure 1: The Emergency Management Continuum[25]



The resources in the list below provide content that encompasses all 4 components of the Emergency Management Continuum. Some specific links from these comprehensive resources are also provided under the respective component specific sections in this document. In addition, available provincial and territorial guidance documents are linked at the end of this document.

Wildfires (Canada.ca) – this Government of Canada Wildfires landing page has resources on the current situation, emergency response, support, recovery, and information for the public.

Wildfire Smoke and Health | National Collaborating Centre for Environmental Health (NCCEH – CCSNE) – this website has multiple resources regarding Wildfire Smoke and Health.

Wildfires (CDC) – this US Centres for Disease Control and Prevention page on wildfires has information on preparing for wildfires, staying safe during a wildfire, and staying safe after a wildfire.

Public health responses to wildfire smoke events | National Collaborating Centre for Environmental Health (NCCEH – CCSNE) – this resource is meant to better understand the perceptions, challenges and needs of public health practitioners in Canada when responding to wildfire smoke events.

3.1) Prevention and Mitigation

The two main components of a public health risk are the likelihood the hazard will occur and the potential impact of the hazard on an affected individual, group, population, system or society. From a public health perspective, prevention and mitigation of wildfire risk requires an examination of how both of these risk components can be reduced in order to minimize the negative physical and mental health impacts in a population. This includes identification of specific high-risk groups, settings and circumstances, as well as actions that can reduce exposure and vulnerability and enhance capacities and capabilities of whole-of-society emergency management.

3.1.1) Potential public health actions for prevention and mitigation

Supporting climate change mitigation measures.

Completing climate change and health vulnerability and adaptation (V&A) assessments.

Public communication and awareness raising initiatives regarding:

- the role of climate change in the occurrence of health hazards like wildfires
- human behaviours that increase the likelihood of a wildfire
- the ways wildfires impact peoples' health

Public health interventions to reduce the prevalence of chronic diseases that can put people at higher risk to the adverse effects from wildfires.

Initiatives to reduce inequities with respect to the social determinants of health and bolster individual and community resilience.

Promoting and engaging with communities and partners on wildfire prevention and mitigation measures.

3.1.2) Tools and Resources

The following reports provide context and content that may support the risk mitigation actions identified above.

Health of Canadians in a Changing Climate — Advancing our Knowledge for Action – this Health Canada report from 2022 includes chapters on: Air Quality, Climate Change and Health Equity, and Adaptation and Health System Resilience. A fact sheet on Climate Change, Wildfires and Canadian's Health that is based on the scientific assessment in the report is also available.

Mobilizing Public Health Action on Climate Change in Canada – this 2022 Chief Public Health Office of Canada Report examines the impacts of climate change on the physical and mental health of people in Canada, and the role that public health systems can play to prevent and reduce these impacts across the country.

Canadian Wildland Fire Strategy. A 10-year review and renewed call to action. (nrcan.gc.ca) – this report of the Canadian Council of Forest Ministers Wildland Fire Management Working Group from 2016 speaks to the need to enhance prevention and mitigation capability through increasing community responsibility and engagement and improving planning through collaboration and consultation with communities, First Nations and stakeholders. This progress report is not health focused but may serve as a reminder of previous commitments to steps that may benefit from public health engagement.

National Collaborating Centre for Environmental Health (**NCCEH - CCSNE**) - this website has multiple resources regarding Wildfire Smoke and Health. The Mitigating Wildfire and Smoke Risks section includes the following resources:

- **Wildfire management in Canada: Review, challenges, and opportunities (Tymstra *et al.*, Jan 2020)**
  This ***peer-reviewed article*** takes a broad view of wildfire management in Canada, providing important perspectives regarding the need to protect public health and safety while recognizing that current strategies are insufficient.
- **FireSmart™ Canada (2021)**
  This program, now administered by the Canadian Interagency Forest Fire Centre (CIFFC) is an essential resource for communities and citizens wishing to make their communities and properties "fire smart". Resources include manuals, articles, online courses, in-person workshops, and case studies of FireSmart™ Neighbourhoods across Canada. Many resources are available in both official languages.
  - **FireSmart™ BC homeowner's manual (Sept 2019)**
    This excellent illustrated ***guidebook*** instructs individual homeowners on how to dramatically reduce the risk that a wildfire will spread within the property.
  - **FireSmart™ guidebook for community protection (Government of Alberta, 2013)**
    This streamlined FireSmart™ ***toolkit*** provides essential background information, templates, and tools to help communities develop a wildfire response plan, based on local wildfire risk, based on topography, fuel types, and other factors. Communication strategies used in the guide are discussed in this ***peer-reviewed article***.

First Nations Fire Protection Strategy, 2023 to 2028 (sac-isc.gc.ca) – this strategy, co-developed by the Assembly of First Nations (AFN) and Indigenous Services Canada (ISC) promotes fire protection on reserve.

Lung Health Foundation – this foundation's website provides content for high-risk populations that links to Government of Canada content on wildfires. However, it also provides content on lung diseases (e.g., childhood asthma, COPD) and how to protect your lungs for the general public.

National Collaborating Centre for Determinants of Health – this website includes multiple resources that address various aspects of the determinants of health and current inequities in Canada.

Thirteen public interventions in Canda that have contributed to a reduction in health inequalities – this 2010 report from the National Collaborating Centre for Healthy Public Policy, identifies policies and programs that have been shown to reduce health inequities in Canada.

National Indigenous Fire Safety Council - this website contains the Wildland Urban Interface (WUI) Community Preparedness Digital Tool, National Incident Reporting System (NIRS), as well as programs in seven program areas, two of which focus on fire department management and community governance. The latter supports the development of policies and bylaws, communication plans and fire emergency plans.

3.2) Preparedness

Preparedness for a wildfire event includes identifying and addressing response capabilities[26], specifically outstanding needs and gaps that public health authorities might be in a position to fill. It may involve working with health and emergency management partners, and engaging inclusively and meaningfully with communities and individuals to build capacity and resilience across different population groups to ensure that health inequities are not inadvertently worsened. For some jurisdictions, wildfires are seasonal events and preparedness involves more "reminders", "re-assessment" and "reinstatement" type activities, whereas for other jurisdictions preparedness activities may include the development of new plans, training and exercises, arrangements/acquisitions, emergency information and public education products.

3.2.1) Potential public health actions for wildfire preparedness

Coordinate with partners including engagement with people with lived or living wildfire experience.

- This should include Indigenous Peoples and those who are disproportionately impacted by the effects of wildfires.

Identify roles and responsibilities for public health authorities at all levels of government in the event of a wildfire emergency.

Create emergency response plans for which interventions would be used/recommended under specific circumstances (i.e., with triggers for action).

Identify and ensure timely access to surveillance data streams and foster agreement on data thresholds/ranges that will be needed to inform decision making during response and recovery periods.

- Consider not just air pollution but also water and soil contamination, contaminated food sources (animal and animal products), and impact on wildlife that are potentially part of food security.

Identify potential cleaner air space locations, considering cultural needs, safety issues and protocols for use.

Recommend engineering evaluations of HVAC systems for institutions and public locations as needed (e.g., critical infrastructure).

Identify/ensure public health awareness of regions/communities at risk for wildfire smoke events, and identify high risk sub-groups in these areas.

Contribute from a health perspective to public communication and awareness raising initiatives regarding individual and institutional preparedness actions:

- Make personal/institutional emergency response plans for evacuation, sheltering in place, in-home cleaner air space and access to necessary medication and health services (when sheltering in place and in the event of an evacuation)
- How to manage heat and smoke events at the same time
- Recognizing if you are at high risk for wildfire related physical and mental health hazards and what you can do about it in advance
- Optimize personal and institutional HVAC systems to maintain clean indoor air
- Acquisition/access to N95 respirators

Identify and plan for mental health supports – including but not limited to:

- Stress related violence
- Companion animal care
- Economic hardship
- Prolonged absence from home, communities, daily routines
- Loss of life, property, culturally significant locations and infrastructure

Consider resource availability, procurement and stockpiling needs for:

- HVAC filters
- Air purifiers
- Air quality monitoring devices
- N95 respirators

3.2.2) Tools and Resources

The following reports provide context and content that may support the preparedness actions identified above.

"How to Prepare for Wildfire Smoke" factsheet **(Health Canada, June 2021)** -a public educational fact sheet that includes a "Checklist for wildfire smoke season preparedness"

Guidance for Cleaner Air Spaces during Wildfire Smoke Events **(Health Canada, September 2020)** – a guidance product that includes preparedness content pertaining to this intervention

National Collaborating Centre for Environmental Health (**NCCEH - CCSNE**) - this website has multiple resources regarding Wildfire Smoke and Health. The Preparedness and Response Planning section includes the following resources:

- **Prepare for the worst: Learning to live with wildfire smoke (Henderson, June 2021)**
  This ***webinar*** provides an overview of the worsening fire risks in western Canada and demonstrates the almost immediate public health impacts of smoke exposure to the community. The presentation also covers some of the tools and strategies that can be used to reduce health impacts and achieve the necessary state of preparedness for a smokier future.
- **Planning framework for protecting commercial building occupants from smoke during wildfire events (ASHRAE, June 2021)**
  This ***guidance document*** provides detailed information on heating, ventilation, and air conditioning (HVAC) and other building measures to protect occupants against smoke exposure, while also accounting for potential SARS-CoV-2 transmission. The document outlines how to develop, implement and evaluate a smoke readiness plan, with numerous additional linked resources.
- **BC Health and Smoke Exposure (HASE) coordination committee guideline (BC Centre for Disease Control, June 2023)**
  The purpose of this ***advisory document*** is to describe the coordination of regional, provincial and federal measures to minimize the public health impacts of wildfire smoke. It describes the roles and responsibilities, and process of activation, coordination and response to wildfire smoke, as well as assessing outcomes and making recommendations to protect public health interventions. Although specific to BC, this may be useful to policy makers in other jurisdictions.
- **Wildfire smoke: a guide for public health officials (US Environmental Protection Agency, Aug 2019)**
  This ***guide*** is designed to help public health officials prepare for smoke events, take measures to protect the public, and communicate with the public about wildfire smoke and health.
- **Forest fires: a clinician primer (Nsoh *et al.*, July 2016)**
  This ***article*** succinctly reviews populations most at risk during fire events, tools for situational awareness (e.g., smoke forecasting and environmental monitoring), and steps that can be taken to protect patients.
- **Guidance for BC public health decision makers during wildfire smoke events (BC Centre for Disease Control, Sept 2014)**
  This ***advisory document*** provides public health decision makers with current evidence and BC-specific guidance for the assessment of, preparation, and possible interventions for a wildfire smoke event.

- **Public Health Planning for Wildfire Smoke (Maguet, Aug 2019)**
  This ***report***, which is a follow-up to Maguet (2018) cited below, describes a multi-jurisdictional qualitative inquiry into current public health planning for wildfire smoke events. It also addresses the capacity to respond to wildfire smoke events and perceptions of wildfire smoke as a public health priority.

About FireSmart™ | FireSmart™ Canada – this is a website for a national program that helps increase neighborhood resilience to wildfire and minimize its negative impacts in Canada. It includes multiple preparedness educational resources and tools for the public and has links to provincial and territorial liaisons.

National Indigenous Fire Safety Council - this website contains the Wildland Urban Interface (WUI) Community Preparedness Digital Tool, National Incident Reporting System (NIRS), as well as programs in seven program areas with a focus on fire prevention and public education programs for Indigenous communities

Emergency Preparedness Guide for Community Members – this guide prepared by the Northern Inter-Tribal Health Authority (updated in 2021) includes information, tools and resources for northern communities, with an emphasis on wildfire smoke-related risk management.

Wildfire smoke and animals – this web content from the American Veterinary Medical Association includes signs and symptoms to watch for in your animals, and tips to protect pets and livestock.

Pets and Disasters - to plan for disasters and includes tools like a pet evacuation checklist. There are also links to content for horse owners, and large animals and livestock in disasters.

Appendix A – Federal Government Roles – Wildland fires – this is an example of the mapping of federal government roles and responsibilities. A similar document could be developed as part of preparedness activities that ensure awareness and engagement between public health authorities and partners at other levels of government.

3.3) Response

The public health response to wildfires may vary between jurisdictions. Depending on the roles and responsibilities of the various responders and government departments, public health's involvement could range from providing education and advice, to making recommendations, to issuing directive actions. However, in all situations it is expected that the focus of the public health response will be on measures, activities and interventions that reduce the negative physical and mental health impacts of the wildfire events with specific consideration of health equity issues. The concurrent use, or "layering", of multiple measures will support a comprehensive response to the health risks.

3.3.1) Potential public health actions for wildfire response

Provide advice/recommend/direct communications, regarding:

- How to assess your risk during smoke events, including visual assessment and how to access and interpret air quality monitoring data (e.g., local AQHI)
- Who is most at risk and what they should do differently
- When to reduce time spent outdoors
- When to decrease physical exertion outdoors
- When to cancel outdoor events
- When to go to a cleaner air space (in home or community) and how to set up one in your home
- Effective use of air purifiers and filters
- How to set up a community clear air shelter
- When and how to wear an N95 respirator
- What to do when both smoke and heat events are occurring concurrently
- How to access critical medical supplies, services and medications during smoke and fire events
- When and who to evacuate

Monitor surveillance data and update messaging and public health actions as needed.

Act as part of an interdisciplinary emergency response team.

3.3.2) Tools and Resources for: Key Public Health Measures, Activities and Interventions

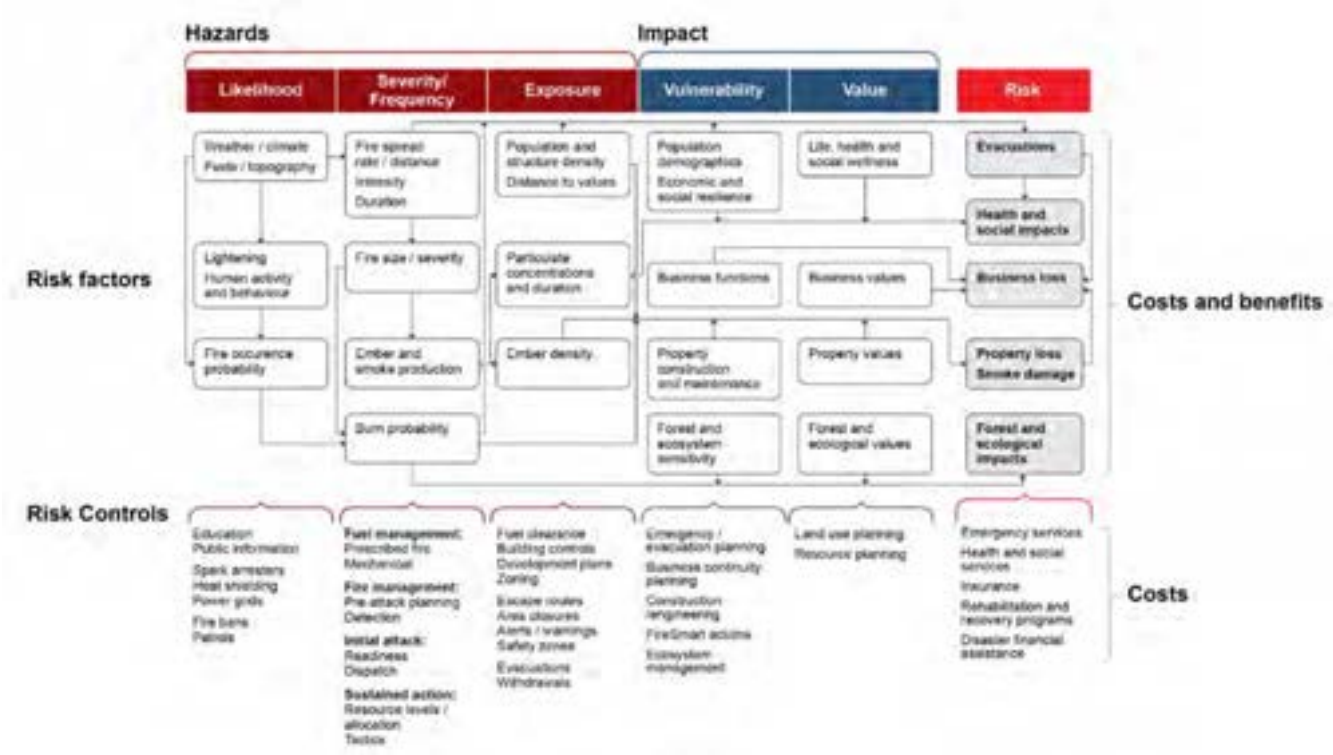
This section provides more in-depth reviews of key potential public health interventions and activities. Links to several tools and resources are embedded in each topic section.

- Situational Awareness

Situational awareness and risk assessment involve consideration of weather, wildfire and wildfire smoke forecasting, air quality measurements, and health surveillance if available. When wildfire, wildfire smoke, and heat events co-occur, it is important to balance the public messaging and interventions to protect from immediate life-threatening effects of heat and wildfire, and secondarily protect against wildfire smoke.

The First Public Report of the National Risk Profile (publicsafety.gc.ca) outlines the risks associated with wildfires as summarized in the following figure.

Figure 2: Wildland fire risk logic model[7]



It can be difficult to predict wildfires and there is a degree of uncertainty to hazard mapping tools. Consultation with experts in wildfires, provincial emergency management and related threat analysis may be needed.

The Canadian Wildland Fire Information System provides detailed information regarding current and projected wildfires. This includes forecasted weather information provided by the Canadian Meteorological Centre.[27]

Equitable and meaningful engagement with Indigenous Peoples who have been naturally caring for the land through cultural burning for centuries could also inform situational awareness. In addition, the following website: Wildfire risk and Indigenous communities (sac-isc.gc.ca) shows the locations of Indigenous communities and their proximity to recent wildfires. The information in this map comes from The Canadian Wildland Fire Information System at Natural Resources Canada.

- Air Quality

Smoke Forecasting

FireWork is an air quality prediction system that indicates how smoke from wildfires is expected to move across North America over the next 72 hours.

Air Quality Assessment

There are several methods to assess air quality. Traditional monitoring networks or sites use highly accurate, precise, and standardized instruments (United States Environmental Protection Agency (US

EPA) certified federal equivalent method monitors), which require trained technicians to maintain and operate. These sites are the "gold standard" for monitoring regional-scale trends in air quality across large geographic areas and are used by F/P/T governments for establishing air quality trends, assessing air quality impacts on health and the environment, and informing long term F/P/T air quality management strategies and compliance with Canadian ambient air quality standards. As of July 2023, there are 286 sites in 203 communities across Canada under Environment and Climate Change National Air Pollution Surveillance Program - Canada.ca.

To provide wildfire smoke information in rural areas, low-cost sensors that measure Fine Particles (PM2.5) can provide a lower accuracy measurement of fine particulate matter (PM2.5) when compared with traditional monitoring networks. These sensors can supplement traditional monitoring networks during wildfire events to better understand differences in pollutant concentrations within communities due to topography, wind direction or proximity to a source and can be particularly useful in rural or remote areas. In collaboration with UNBC, the aqmap.ca AQmap (EN) (unbc.ca) is available with real-time data as well as other wildfire smoke products such as map overlays of smoke plumes, active fires, and fire weather index. Models are currently used to forecast AQHI and wildfire smoke to all of Canada.

Air Quality Health Index (AQHI)

The Air Quality Health Index (AQHI) reaches 80% of the population with 123 locations reporting observations and forecasts across Canada. Major cities are available at Air Quality Health Index (weather.gc.ca) with additional communities and stations listed by province or territory.

The Air Quality Health Index was developed in 2007 by Canadian researchers, as a replacement to the single pollutant Air Quality Index, to better communicate the combined short-term health risks from multiple pollutants present in air pollution in Canadian cities. This scale was developed by calculating excess mortality risk due to three pollutants: ozone (0_3), particulate matter (PM2.5/PM10), and nitrogen dioxide ($N0_2$).[28]

Wildfire smoke differs from typical urban smog in that PM2.5 is generally present in higher concentrations. During wildfire smoke situations, the AQHI may under represent respiratory health risks since PM2.5 is most closely associated with short-term respiratory health effects from wildfire smoke.[29] In response to this concern, British Columbia developed an amendment to the AQHI, called the AQHI+ which reflected the increased respiratory health risks associated with PM2.5 from wildfire smoke. This amendment was validated in 2020 as being a better predictor of asthma-related health outcomes than the AQHI.[29] Since that time, the AQHI+ has been implemented across Canada by Environment and Climate Change Canada in conjunction with most provinces and territories. The two indices, AQHI and AQHI+ are calculated simultaneously in real time, with the higher value being reported. This is done in the background and the value reported does not state whether it is a AQHI value or an AQHI+ value. It was estimated that across BC, the AQHI+ would be expected to override the AQHI 0.4% of the time during low-intensity wildfire seasons (based on the 2011 season) and 3.8% of the time during high-intensity seasons (based on 2017 data).

The provinces of Alberta and Ontario do not incorporate AQHI+ into their index (as of Summer 2023). Quebec uses InfoSmog to predict smoke risk which is calculated using PM2.5 and ozone. More information is available at: How Info-Smog works - Canada.ca

AQHI Health Risk Messaging:
The evidence to date does not identify any "safe" exposure-response thresholds to wildfire smoke. The AQHI was found to be associated with a 1% increase in all-cause mortality per unit increase. The AQHI+, in comparison, was found to have a 0.5% increase in all-cause mortality per unit increase. During wildfire smoke situations, the AQHI remains the best indicator of short-term mortality and circulatory risks. However, the AQHI+ best reflects the respiratory risks during these situations.[29]

Figure 3: Air Quality Health Index Risk Scale[30]

- 1-3 Low health risk
- 4-6 Moderate health risk
- 7-10 High health risk
- 10 + Very high health risk

See the section on section on public messaging for more details on using the AQHI in public communications.

Additional Resources:

- The original research related to the AQHI A New Multipollutant, No-Threshold Air Quality Health Index Based on Short-Term Associations Observed in Daily Time-Series Analyses: Journal of the Air & Waste Management Association: Vol 58, No 3 (tandfonline.com)
- Subsequent articles specific to the AQHI:
  - Assessment of the Air Quality Health Index (AQHI) and four alternate AQHI-Plus amendments for wildfire seasons in British Columbia | SpringerLink
  - Full article: Evaluating an Air Quality Health Index (AQHI) amendment for communities impacted by residential woodsmoke in British Columbia, Canada (tandfonline.com)
- Guide to Air Quality Health Index forecasts - Canada.ca
- Wildfire smoke, air quality and your health - Canada.ca
- health-alberta-air-quality-notification-protocol-what-you-need-to-know.pdf
- BCCDC wildfire smoke and AQHI factsheet

Special Air Quality Statements
Special Air Quality Statements (SAQS) may also be issued for impacted communities. SAQS contain information about the source, expected duration of wildfire smoke events and advice on how to protect health during smoke events. These statements can be found on the Environment and Climate Change Canada website, WeatherCAN app, or often through local weather forecasts.

- Cleaner Air Spaces

Cleaner air spaces are an effective intervention that can be used to decrease the health risk associated with wildfire smoke. Private homes as well as public spaces can be designed to be cleaner air spaces to reduce individuals' exposure to wildfire smoke. This may include using appropriate HVAC system filters,

portable air cleaners, and ensuring well-sealed doors and windows to reduce the in infiltration of outdoor air.[9] Health Canada has developed a comprehensive resource entitled Guidance for Cleaner Air Spaces during Wildfire Smoke Events - Canada.ca which provides information in this area.

Additional Resources:

- WFSG_EvidenceReview_CleanAirShelters_FINAL_v3_edstrs.pdf (bccdc.ca)
- IJERPH | Free Full-Text | Can Public Spaces Effectively Be Used as Cleaner Indoor Air Shelters during Extreme Smoke Events? (mdpi.com)
- Portable air cleaners should be at the forefront of the public health response to landscape fire smoke | Environmental Health | Full Text (biomedcentral.com)
- Do-it-yourself (DIY) air cleaners: Evidence on effectiveness and considerations for safe operation | National Collaborating Centre for Environmental Health | NCCEH - CCSNE

Fact Sheets for the public:

- Wildfire smoke 101: Using an air purifier to filter wildfire smoke - Canada.ca
- BCCDC_WildFire_FactSheet_BoxFanAirFilters.pdf
- FNHA-Air-Purifier-Support-2023-Wildfire-Season.pdf
- FNHA-Wildfire-Smoke-Clean-Air-Shelters-Information.pdf

- Public Messaging

Effective risk communication with the public is important to achieve public health objectives during wildfire smoke events. Risk communication aims to communicate potential crisis and emergency situations, inform people about the hazard(s), share directive actions, promote goodwill, and reduce panic.[31]

Some resources for risk communication that may be useful when framing and delivering public messaging during a wildfire response include:

- The Crisis and Emergency Risk Communication (CERC) manual and associated wallet card
  - Identifies the 6 principles of risk communication: be first, be right, be credible, express empathy, promote action, and show respect.
- The US Environmental Protection Agency (EPA)'s Seven Cardinal Rules of Risk Communication (adapted from Covello and Allen, 1988)[32]
- Peter Sandman's Risk Communication website

Based on a recent rapid evidence profile by McMaster Health Forum, additional considerations for risk communication during a wildfire event include using short health-alert-style messages with plain-language content (including information on guidance, timeframe, geographic location, and specific hazards) and aiming for tailored, translated and more frequent messaging. With respect to communication channels, the evidence profile also identified that television, online (including social media) and smart phone based (e.g., mobile apps) communications are generally preferred sources of information. However, older adults and other populations who may have increased exposure or health risks, may prefer radio and television communications.[33,34]

When communicating with the public as part of the response to a wildfire, it is important to understand local community context and to be adapt and update messages accordingly.

Public messaging during a wildfire response may include:

- What wildfire smoke is
- Health effects
- The level of risk (and who may be at increased risk)
- Recommendations on what to do to protect health
- Information on the combined risk of smoke and heat (where applicable)
- Specific messaging for at risk populations
- Mental health considerations
- Sharing directive actions from response agencies

Example of key messages for the public to protect themselves during a wildfire event:

For those affected by **fire**:

- Be prepared to evacuate. If told to evacuate, do so.
- Monitor local radio stations or news channels for up-to-date information on the fire and possible road closures.
- If you do not evacuate, protect your indoor air by closing all windows and doors in the house to reduce debris and smoke entering your home. Follow instructions on how to minimize fire damage.
- Move all combustibles away from the house, including firewood and lawn furniture. Move any propane barbeques into the open, away from structures.

For those affected by **smoke**:

- Pay attention to air quality by referring to the Air Quality Health Index (AQHI) or other indicators of smoke levels in your area to help identify your level of risk and actions you can take to protect your health. Take note of any special air quality statements issued as part of your weather forecast.
- If you can, protect your indoor air from wildfire smoke by keeping windows and doors closed, and using a clean good quality air filter in your ventilation system. If possible, consider using a portable air purifier to remove smoke from your home or designated room. If you have an air conditioning system, ensure it is set to recirculation mode or close the outdoor intake damper. For more information on selecting a portable air purifier that is appropriate for your needs, refer to the "Using an air purifier to filter wildfire smoke" factsheet.
- If there is an air quality advisory and an extreme heat event, use your air conditioner. If you don't have an air conditioner, it may not be safe to stay inside with doors and windows closed when it's hot outside. When there is an extreme heat event occurring with poor air quality, cooling should be prioritized and staying hydrated is important.
- Consider reducing or rescheduling outdoor activities (especially strenuous physical activities) where possible when the air quality is affected by smoke. If you spend time outdoors, consider wearing a well-fitted respirator type mask, such as an N95 mask, to decrease exposure to smoke.
- If it's difficult to find clean, cool air, contact your local jurisdiction for information on local cooling and clean air spaces. This is also something you can do during extreme heat events.
- Take care of your mental health during a wildfire smoke event. Anyone who is having trouble coping with symptoms of stress, anxiety or depression should seek help from a health professional.

It is important to develop tailored messages for people at higher risk during a wildfire response. At risk populations in particular should be advised to listen to their bodies and to reduce or stop activities if they are experiencing symptoms. For more information, visit: Wildfire smoke, air quality and your health - Canada.ca.

The recent rapid evidence profile from McMaster Health Forum also pointed to the need for short plain-language content that is tailored to specific populations, notably those who do not speak English and those who are unable to adhere to advice for the general population (e.g., individuals who are homeless or precariously housed). However, additional research is needed to identify the most effective ways to target risk communication for populations at the highest risk of smoke exposure.[34] Public health authorities may want consult local or regional service providers and advocates to determine the best way to reach specific populations.

Additional Resources:

- Which Populations Experience Greater Risks of Adverse Health Effects Resulting from Wildfire Smoke Exposure? | US EPA
- Effectiveness of public health messaging and communication channels during smoke events: A rapid systematic review - PubMed (nih.gov)
- WFSG_EvidenceReview_ReducingTimeOutdoors_FINAL_v6trs.pdf (bccdc.ca)

Fact sheets for the public:

- Wildfire smoke, air quality and your health
- Wildfire smoke 101: Wildfire smoke and your health - Canada.ca
- Wildfire smoke 101: How to prepare for wildfire smoke
- Factsheet: Protecting your indoor air from outdoor pollutants
- Wildfire smoke 101: Using an air purifier to filter wildfire smoke
- Wildfire Smoke Factsheets (bccdc.ca)
- Be Ready! Wildfires
- Wildfires: Before, During and After - Canadian Red Cross
- MyHealth: Wildfire smoke and your health
- FNHA_Recognizing_and_Resolving_Trauma_in_Children.pdf
- FNHA-Recognizing-and-Addressing-Trauma-and-Anxiety-During-Wildfire-Season.pdf
- Wildfires | Inspection, Compliance and Enforcement (novascotia.ca)
- Forest Fire Smoke and Your Health | Environmental Health | Government of Saskatchewan

Additional information for the public on AQHI-based health messages

The AQHI provides tailored messages to populations with increased risk from air pollution at each AQHI health risk level. It communicates air quality health risks using four primary components;

- It measures the air quality in relation to health risk on a scale from 1 to 10+. The higher the number, the greater the health risk associated with the air quality. When the amount of air pollution is very high, the number will be reported as 10+.
- A category that describes the level of health risk associated with the index reading (e.g. Low, Moderate, High, or Very High Health Risk).
- Health messages customized to each category for both the general population and the 'at risk' population.
- Current hourly AQHI readings and maximum forecast values for today, tonight, tomorrow and the next day.

The following table provides the health messages for 'at risk' individuals and the general public for each of the AQHI Health Risk Categories.

Table 1: Health messages by AQHI Health Risk Categories[35]

Health Risk	AQHI	Health Messages	
		At Risk Population*	General Population
Low	1 - 3	Enjoy your usual outdoor activities.	Ideal air quality for outdoor activities.
Moderate	4 - 6	Consider reducing or rescheduling strenuous activities outdoors if you are experiencing symptoms.	No need to modify your usual outdoor activities unless you experience symptoms such as coughing and throat irritation.
High	7 - 10	Reduce or reschedule strenuous activities outdoors. Children and the elderly should also take it easy.	Consider reducing or rescheduling strenuous activities outdoors if you experience symptoms such as coughing and throat irritation.
Very High	Above 10	Avoid strenuous activities outdoors. Children and the elderly should also avoid outdoor physical exertion.	Reduce or reschedule strenuous activities outdoors, especially if you experience symptoms such as coughing and throat irritation.

* People with heart or breathing problems are at greater risk. Follow your doctor's usual advice about exercising and managing your condition.

For more information, see the section on AQHI and refer to: Understanding Air Quality Health Index messages - Canada.ca.

Additional information for the public on indoor air filtration

In addition to the key messages listed above, public messaging may need to include further details on how individuals can protect their indoor air.

Example of Health Canada public messaging on ventilation and air cleaners:

During a wildfire smoke event, people should keep windows and doors closed. If there is an air quality advisory and an extreme heat event, use air conditioning. If air conditioning is not available, it may not be safe to stay inside with doors and windows closed in the heat.

It is also important to consider ways to filter indoor air and limit the infiltration and intake of pollutants from outdoors. It is therefore recommended that people install the highest quality filter their ventilation system will allow, according to manufacturer's instructions or use a certified portable air purifier with a HEPA filter, to help remove wildfire smoke particles from the indoor air.

Air purifiers are self-contained air filtration appliances that are designed to clean a single room. They remove particles from the room they are operating in by pulling the indoor air through a filter that traps the particles. More information about selecting and using portable air purifiers can be found in Health Canada's Wildfire smoke 101: Using an air purifier to filter wildfire smoke factsheet.

Additional information for the public on the combined risk of smoke and heat

In Canada, wildfire season can occur at the same time as periods of extreme heat. It is important to advise the public on how to prioritize their health needs. Generally, the risks from heat should be

prioritized over the risks from smoke. Environment Canada uses defined threshold criteria for heat warnings that can be used to help determine when heat messaging may need to be prioritized. For more details on the combined risk of smoke and heat, visit: Wildfire smoke 101: Combined wildfire smoke and heat.

Example of Health Canada public messaging on the combined risk of smoke and heat:

During a wildfire smoke event, people should keep windows and doors closed. If there is an air quality advisory and an extreme heat event, use air conditioning. If air conditioning is not available, it may not be safe to stay inside with doors and windows closed in the heat.

Additional resources:

- Protect Yourself from Summer Heat and Wildfire Smoke | SaskHealthAuthority
- BCCDC_WildFire_FactSheet_HotWeather.pdf

Additional information for the public on participating in outdoor activities

During wildfire events, it is important to weigh the risks and benefits of being outdoors and participating in physical activity, taking into account unique population characteristics which may vary by location. Communicating risks and benefits to the public can help individuals make informed decisions.

Example of Health Canada public messaging for outdoor activities and events:

Outdoor activity/event organizers, coaches and sport officials should assess environmental conditions using the forecasted AQHI and Special Air Quality Statements (SAQS) information, the level of activity involved, as well as the needs of their participants and spectators, to determine if participating in outdoor activities or events is safe.

Coaches and sports officials can find additional specific advice at: https://sirc.ca/air-quality-and-sport/

Participants and spectators in outdoor events and activities such as sports, outdoor camps, cultural activities, concerts, festivals, etc. should also pay attention to the AQHI and SAQS, monitor symptoms and modify or limit outdoor activities as necessary. If there is an air quality advisory and an extreme heat event, organizers should pay attention to special air quality statements and weather forecasts.

In general:

- When the AQHI is moderate (4-6) and the event involves strenuous physical exertion by at-risk individuals, organizers should be attentive to the potential for participants to experience symptoms (e.g., coughing, throat irritation, shortness of breath, wheezing (including asthma attacks), severe cough, dizziness or chest pains). As smoke conditions can vary considerably from hour to hour, it is important to be prepared for changing conditions and stop activities if necessary.
- When the AQHI is high (7 or higher) or when a SAQS has been issued and the event involves at-risk populations or strenuous physical exertion, organizers are advised to reduce or reschedule the activity.
- When the AQHI is very high (10+), organizers may consider cancelling or rescheduling even if participants are unlikely to be part of the at-risk population and/or there may be a lesser degree of physical exertion associated with the activity.

Additional Resources:

- Air pollution & sport safety - The Sport Information Resource Centre (sirc.ca)
- Air-Quality-Guiding-Document-FINAL-EN.pdf (sirc.ca)

Additional information for the public on masks

Masks are one layer of protection which can be used to protect against wildfire smoke, as discussed in more detail in the masks section of this document. Clear public messaging on when and how to wear a mask properly may be necessary during wildfire response.

> Example of Health Canada public messaging on the use of masks during wildfire events:
>
> A well-fitted respirator type mask (such as a NIOSH certified N95 or equivalent respirator) that does not allow air to pass through small openings between the mask and face, can help reduce your exposure to the fine particles in smoke. These fine particles generally pose the greatest risk to health. However, respirators do not reduce exposure to the gases in wildfire smoke. It is important to listen to your body and reduce or stop activities if you are experiencing symptoms.

Additional resources:

- Wildfire smoke, air quality and your health - Canada.ca

Additional information for the public on mental health resources

Wildfires can impact mental health and well-being. Evacuees may experience new or worsening mental health impacts. After a wildfire, residents may also experience solastalgia, a form of mental or existential distress caused by environmental change.[36] Exposure to wildfire smoke in the absence of direct impacts from closer proximity to wildfires may also have mental health impacts, although this evidence is more limited.[37] Given potential for mental health impacts, it is important to consider specific mental health messaging and supports when communicating to the public during and after a wildfire event.

> Example of Health Canada public messaging for mental health:
>
> It's not unusual to feel anxious, stressed out, sad or isolated during a smoke event. Eating well, getting enough sleep, exercising indoors and staying in contact with friends can help. Anyone who is having trouble coping with symptoms of stress, anxiety or depression should seek help from a health care provider. Remember, a wildfire smoke event may last a long time, but it will eventually end. Sharing positive outlooks and attitudes will help you get through it.

Mental health resources for the public:

- Wellness Together Canada | Home
- Home - Hope for Wellness Helpline
- Mental health support: get help - Canada.ca
- Get support with these mental health resources - Kids Help Phone
- PocketWell app
- Wildfire Smoke and Your Mental Health (albertahealthservices.ca)

- Masks

Masks are one layer of protection which can be used to protect against wildfire smoke. Masks may be especially beneficial for high-risk populations during wildfire smoke events; however, consideration should be given to an individual's ability to wear a mask safely given their underlying health conditions.

The masks that offer the best protection against PM2.5 are well-fitting filtering facepiece respirators (For example: N95).[38] Filtering facepiece respirators with exhalation valves are effective at providing protection from PM2.5, while potentially improving the level of comfort for the user.[39]

Filtering facepiece respirators do *not* protect against the other gases present in wildfire smoke.[40] However, in the current evidence base, the most well known risks to human health from wildfire smoke are from PM2.5.[2,9]

NIOSH-approved Particulate Filtering Facepiece Respirators
Approved Particulate Filtering Facepiece Respirators | NPPTL | NIOSH | CDC
Approved N95 Respirators 3M Suppliers List | NPPTL | NIOSH | CDC
Assessment of international products:
International Assessment Results | NPPTL | NIOSH | CDC

Additional Resources:

- Evidence Review: Using masks to protect public health during wildfire smoke events (bccdc.ca)
- Masking during the COVID-19 pandemic – An update of the evidence | National Collaborating Centre for Environmental Health | NCCEH - CCSNE.
- Respiratory Protection Information Trusted Source | NPPTL | NIOSH | CDC
- Non-occupational Uses of Respiratory Protection – What Public Health Organizations and Users Need to Know | Blogs | CDC
- During public health emergencies, provinces and territories can request N95 masks and other emergency supplies from the National Emergency Strategic Stockpile. Information is located at: National Emergency Strategic Stockpile (NESS) - Canada.ca

Fact sheets for the public:

- BCCDC_WildFire_FactSheet_FaceMasks.pdf
- Wildfire Smoke: Frequently Asked Questions | WorkSafeBC (Occupational Health)
- Face Masks for Wildfire Smoke Poster May 2023 - Draft 2 (nitha.com)
- A Guide to Air-Purifying Respirators, DHHS (NIOSH) Publication No. 2018-176 (cdc.gov)

- Evacuations

Evacuations are a public health tool, which may be used in response to wildfire. As with all interventions, it is important to consider the risks and benefits of an evacuation. In collaboration with other professionals (e.g. emergency management), it may be determined that a community must evacuate due to the imminent risk of a wildfire. However, in the case of wildfire smoke, careful consideration should be given to the use of other protective actions, such as sheltering in place, as the health benefits from evacuating a community due to wildfire smoke are less clear. Wildfire smoke conditions may change rapidly and there are significant risks to the health and well-being of communities from evacuation, including both mental health and socioeconomic effects.[34] A recent retrospective assessment of 41 smoke-related evacuations in Canada found that in approximately half

the situations the criteria used to assess public health protection was met. For further details, refer to: Use of MODIS data to assess atmospheric aerosol before, during, and after community evacuations related to wildfire smoke - ScienceDirect

Wildfires and related evacuations have specific and disproportionate effects on Indigenous Peoples and remote communities. Indigenous communities are more likely to be evacuated than other communities. Pre-existing disparities in health status, such as a higher prevalence of respiratory disease in these populations as well as socioeconomic vulnerabilities in some Indigenous communities lead to increase impacts on Indigenous Peoples.[7] These effects are further outlined in section 5.2.2 Risk to Indigenous Peoples and remote communities in The First Public Report of the National Risk Profile (publicsafety.gc.ca).

In addition, racialized populations, pregnant people and those requiring ongoing access to community resources and infrastructure may also disproportionately be impacted by the physical and mental health issues related to evacuation and relocation.

The effects of long-term displacement and the implications for the public health response are outlined in the following resource: PUBLIC HEALTH RESPONSES FOR LONG-TERM EVACUATION AND RECOVERY – NCCPH

Additional Resources:

- Title: Review of Evidence for the Effectiveness of Evacuation as an Intervention for Forest Fire Smoke (bccdc.ca)
- Wildfire Smoke and Protective Actions in Canadian Indigenous Communities
- During public health emergencies, provinces and territories can request N95 masks and other emergency supplies from the National Emergency Strategic Stockpile. Information is located at: National Emergency Strategic Stockpile (NESS) - Canada.ca

- Occupational Health Considerations

Wildfires and wildfire smoke can be a health hazard to emergency response workers and to outdoor workers exposed to smoke. People who work indoors may also be exposed to wildfire smoke at work since outdoor air quality affects indoor air quality.

The level of risk from wildfire smoke exposure in the occupational setting depends on:

- The location of work (indoors vs. outdoors)
- The type of activity being performed
- The duration and frequency of the activity being performed

Not all workers will experience potential adverse health effects from smoke exposure equally. The potential for adverse health effects from wildfire smoke depends on a variety of factors such as the duration of exposure, age of workers, and individual susceptibilities.

The primary approach to minimize health risks from wildfires is to reduce the exposure by limiting contact with smoke. The hierarchy of controls is a method of identifying and ranking safeguards to protect workers from occupational hazards. An example of the hierarchy of controls applied to wildfire smoke can be found at: Wildfire Smoke Health & Safety | Safety & Risk Services (ubc.ca).

If the nature of work requires workers to be outside, some considerations to decrease adverse health and safety risks due to wildfire smoke include looking for ways to reduce physical exertion, using air quality advisories to help inform work schedules, and wearing appropriate personal protective equipment (PPE). **Public health practitioners should also refer to the occupational health and safety legislation in their region for specific guidance around control measures such as recommended PPE.**

Firefighters are required to work in close proximity to the fire and therefore are at higher risk. The International Agency for Research on Cancer (IARC) has evaluated the carcinogenicity of occupational exposure of a fire fighter as carcinogenic to humans (Group 1) based on sufficient evidence for cancer in humans.[41] Wildfire response may also create additional occupational health and safety risks for firefighters. The Canadian Centre for Occupational Health and Safety (CCOHS) page has more details on occupational health risks for firefighters and key considerations. The UCLA Centre for Healthy Climate Solutions, David Geffen School of Medicine at UCLA, and Climate Resolve also put together a Review of the Mental Health Effects of Wildfire Smoke Solastalgia and Non-traditional Firefighters (healthyclimatesolutions.org).

For workers who are primarily working inside, it is important to consider that wildfire smoke can travel long distances from the fire source and affect indoor air quality. Workplaces should take steps to protect their indoor air quality through methods such as keeping windows and doors closed, using a clean high quality air filter in the HVAC system, or using a high-efficiency particulate air (HEPA) filter.

Additional Resources:

- CCOHS: Forest Fires and Wildfire smoke
- CCOHS: Temperature Conditions - Hot
- Fighting Wildfires | NIOSH | CDC
- NIOSH Outdoor Workers Exposed to Wildfire Smoke
- NOISH Hazards Fighting Wildfires – Hazards During Cleanup Work
- Wildfire Smoke: Frequently Asked Questions | WorkSafeBC
- Wild Fire Smoke Safety Poster Draft 1 (nitha.com)
- Research — National Indigenous Fire Safety Council – see research under human component section

3.4) Recovery

Recovery involves actions taken to recover from a wildfire emergency event. This can occur while response activities are ongoing in other parts of the same jurisdiction. Recovery should include restoration of physical infrastructure and the environmental, as well as emotional, social, economic, and physical well-being. It is also a time where decision makers can choose to build back better to reduce risk in the future.

The recovery component of any emergency response often comes at a time when responders are exhausted and ready for a break or at least to move on to other issues that have suffered from the diversion of resources to response-focused activities. It can be an "under-planned" for component of emergency management. The potential health implications of a wildfire and related response measures (e.g., environmental contamination, evacuations) require that public health authorities consider and assess new or residual hazards and risks to human health. While this is not the sole responsibility of public health authorities, it could require engagement of new or previously less involved partners and

government departments (e.g., agricultural and wildlife stakeholders, environmental health and protection authorities). Given the seasonal nature of the wildfire risks, it is important that recovery efforts be adequately resourced to prevent persistent public health concerns and strains on individual and community resilience.

3.4.1) Potential public health actions for wildfire recovery

Monitor surveillance data streams and provide advice/recommend/direct communications, regarding:

- When to discontinue implemented response measures
- Areas and resources (e.g., water, food and soil) that maybe have been negatively affected by wildfire smoke and control measures (e.g., fire retardant)

Collect and assess additional data as needed to identify health concerns with respect to:

- Water quality
- Food and soil contamination
- Wildlife that are potentially hunted for consumption/ food security
- Future risk of flooding and landslides in wildfire affected areas

Provide advice/recommend/direct communications, regarding:

- How to mitigate risks associated with water quality, soil and food contamination, including how to test, clean and prepare water and food prior to consumption or when to discard it
- Precautions to take when cleaning up potentially contaminated personal property (e.g., masks, safe disposal)
- Mental health resources to aid in recovery

Strategic monitoring and evaluation of response measures to inform future public health responses.

Collection of data (disaggregated by socio-demographic and socio-economic factors) to contribute to the evidence base on the impacts of wildfires on various populations.

Work with emergency response partners to identify any lessons learned; in particular for the emergency management of disproportionately impacted populations, and as a result of unprecedented interventions (e.g., the evacuation of an entire city).

3.4.2) Tools and Resources

The following reports provide context and content that may support the recovery actions identified above.

National Collaborating Centre for Environmental Health (**NCCEH - CCSNE**) - this website has multiple resources regarding Wildfire Smoke and Health. The "Returning home after a disaster" section includes the following resources:

- **Alberta Health Services: Wildfire resources (Government of Alberta, 2021)**

This ***webpage*** provides resources to the public on mental health supports, health care services, and information about restoring and preparing homes for reoccupation. Alberta Health Services also provides a guide for reopening businesses and other buildings following a wildfire.

- **Health and safety around fire retardants/suppressants (BC Centre for Disease Control, 2017)**
  This ***document*** helps returning residents to identify the presence of Phos-Chek and Thermo-gel fire retardant/suppressants on their property, and indicates whether garden produce coated in these substances can be safely consumed.

- **Longitudinal community assessment for public health emergency response to wildfire, Bastrop County, Texas (Kirsch *et al.*, Mar 2016)**
  This ***article*** investigated the effectiveness of public health and community response to wildfire smoke immediately and 3.5 years after a 34,064 acre wildfire.

- **Prevalence rates and predictors of generalized anxiety disorder symptoms in residents of Fort McMurray six months after a wildfire (Agyapong *et al.*, July 2018)**
  This academic article examines the prevalence and risk factors of generalized anxiety disorder symptomology in residents of Fort McMurray six months after the wildfire. Significant predictors included witnessing of homes being destroyed by the wildfire, living in a different home after the wildfire, and receiving limited governmental support. The study extends the literature on mental health conditions and risk factors following disasters.

- **After the fire: the mental health consequences of fire disasters (Laugharne, Jan 2011)**
  This evidence review examines the psychosocial effects of wildfires on responders and community members, as well as highlighting groups most at risk for psychological trauma.

Returning home after wildfire evacuation - the Government of Nova Scotia has produced two fact sheets, which are a collection of health and safety items (e.g., PPE for clean-up, food handling and use, well water safety) for the general public to consider. One is for those returning to a property that **has not been** directly impacted by fire damage. The second is for those returning to a property that **has been** directly impacted by fire damage.

Cleaning up after a Forest Fire – this fact sheet produced by the Northern Inter-Tribal Health Authority in 2015, highlights health risks and precautions that can be taken by individuals when cleaning up fire damaged properties.

Safe water - the Government of Nova Scotia has produced two fact sheets: a general one on Safe Water in an Emergency, and a more specific one on Using Well Water after a Wildfire.

Post-Disaster Food Assessment and Salvaging Best Practices – this 2020 literature review and jurisdictional scan commissioned by Alberta Health, includes but is not limited to best practices for inspecting, discarding, cleaning, and retaining food items affected by fires.

Ensure everyone's safety during an emergency **(Government of Ontario, June 2023)** – this web content is not specific to wildfires but includes considerations for children, people with disabilities, seniors and/or pets.

Pets and Disasters - this web content from the American Veterinary Medical Association includes strategies and measures for supporting animal recovery after a disaster.

Flood After Fire – Burned Areas Have an Increased Risk of Flash Flooding and Debris Flows – this content on the U.S. National Weather Service website, succinctly describes this risk that may occur in wildfire affected areas.

Post-wildfire Natural Hazards Risk Analysis in British Columbia – this 2015 technical report describes how to identify, assess and mitigate changes following wildfires, together with an evaluation of downslope and downstream risks to life, property, and infrastructure, or "elements at risk."

Coping with Crisis – this content on the Canadian Red Cross website includes links to several points of contact (e.g., help lines, Canadian Mental Health Association) and useful resources aimed at supporting mental health recovery from disasters and emergencies.

4) Guidance Documents

The following table includes links to publicly available provincial and territorial public health guidance documents. Fact sheets are included in the relevant sections above.

Table 2: Provincial/Territorial Guidance Document Links

PROVINCE/ TERRITORY	PUBLIC HEALTH GUIDANCE DOCUMENTS	MOST RECENT VERSION	INTENDED USERS
Alberta	Community Guide to Wildfire Smoke and Health	2022	Airshed managers, municipalities, companies, schools
	Smoke from outdoor recreational fires and wildfires: jurisdictional review and summary of management options	2018	
British Columbia	BC Health and Smoke Exposure (HASE) Coordination Committee Guideline BC Health Wildfire Smoke Response Coordination Guideline.pdf (bccdc.ca)	2023	Health sector partners including provincial ministries, regional and provincial health authorities, BCCDC, and the Public Health Agency of Canada
	Guidance for BC Public Health Decision Makers During Wildfire Smoke Events	2014	Public health decision makers
First Nations Health Authority	First Nations Health Authority Health Emergency Management Preparedness and Response Guide	2022	BC First Nations Community Leaders

Manitoba	Smoke Exposure from Wildland Fires: Interim Guidelines for Protecting Community Health and Wellbeing	2012	Health sector, communities, community leaders
New Brunswick	Part of *Provincial Health Contingency Plan for Severe Weather, Major Flooding and Wildland Fire*	2022	Department of Health, Health Emergency Management Branch, Health EOC members, and health care system stakeholders
Newfoundland and Labrador	Forest Fire Smoke and Air Quality Public Health Guidelines Microsoft Word - Forest Fire Smoke and Air Quality (Revised May 2018).doc (lghealth.ca)	2016	Public health decision makers
Northwest Territories	Smoke Exposure from Wildfire: Guidelines for Protecting Community Health and Wellbeing	2016	Health sector and community governments
Ontario	Protecting indoor air quality during wildfire smoke through filtration and reducing outdoor air entry [Public Health Ontario - internal] Wildfire Smoke and Air Quality Health Guidance, 2023	2023	Medical Officers of Health, Local Public Health Units
Quebec	Health Impacts of Particles from Forest Fires	2014	All public health stakeholders
Saskatchewan	Guidelines for Health Staff in Northern Saskatchewan Communities Preparation for Forest Fires and the Assessment of Health Effects from Forest Fire Smoke	2019	Health workers in northern Saskatchewan
Yukon	Yukon Wildfire Smoke Response Guidelines	2023	Public health decision makers

Table 3: International Guidance Documents

Country	PUBLIC HEALTH GUIDANCE DOCUMENTS	MOST RECENT VERSION	INTENDED USERS
Australia	Standard for smoke, air quality and community health	2022	Public health and other government agencies
	Environmental Health Standing Committee (enHealth) of the Australian Health Protection Principal Committee		Public health agencies
New Zealand	Response to Wildfires: Guidelines for Public Health Units	2021	Public health units
USA	Wildfire Smoke: A Guide for Public Health Officials | AirNow.gov	2019	Public Health Officials

5) Appendices

Appendix A – Federal Government Roles – Wildland fires

Public Safety Canada: The Government Operations Centre (GOC) leads federal response coordination for emergencies, which includes maintaining federal situational awareness, developing integrated risk assessments, and supporting response coordination.

Canadian Armed Forces (CAF): May provide limited self-sustaining support to front-line relief operations, excluding social crises and enforcement/security tasks, once all available options have been exhausted, including PT and private sector.

Natural Resources Canada (NRCan): Leads international memorandums of understanding/ arrangements for fire management cooperation and resource exchange; conducts monthly national fire season forecasting; provides wildfire intelligence and predictive services; and, monitors and reports on national fire locations and conditions.

Environment and Climate Change Canada (ECCC): Provides specialized weather and wildland fire-related products and forecasts including air quality and smoke transport modeling, which could be used for evacuation planning and assessing potential health impacts.

Indigenous Services Canada (ISC): Provides funding for preparedness, mitigation, response and recovery activities for on-reserve communities; helps facilitate the coordination of operations between FPT partners and supports impacted First Nations (FN); assists host communities with the delivery of services for FN evacuees; provides and makes arrangements for health programs and social services.

Parks Canada Agency (PCA): Manages wildland fires across 350,195 km^2 of federal Crown lands.

Service Canada/ESDC: Facilitates access to services and benefits and flows resources quickly to those whose employment has been interrupted and require temporary income support, identity document replacements and to employers whose businesses have been also impacted.

Public Health Agency Canada (PHAC) / Health Canada (HC): coordinates access to Health Portfolio health related support to provinces and territories; maintains the National Emergency Strategic Stockpile (NESS) which maintains emergency social services assets such as beds and blankets to support temporary accommodations for evacuations; work with ECCC to provide the Air Quality Health Index, health-risk messaging on wildfires and air quality.

Innovation, Science and Economic Development Canada (ISED): Information gathering and sharing systems, networks and protocols to detect telecommunication disruptions or events of significance that facilitate effective communication and collaboration across the telecommunication sector/industry

Transport Canada (TC): Situation Centre provides 24/7 monitoring of the transportation system and a single window for incident reporting by industry; facilitate transportation movement by issuing exemptions and adjusting regulatory requirements for air and rail when/where necessary.

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APPROVAL OF CONSENT AGENDA

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

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August 1, 2023

Honourable Minister David Piccini
Minister of Environment, Conservation and Parks
5th Floor, 777 Bay Street
Ministry of Environment, Conservation and Parks
Toronto, Ontario M7A 2J3

Sent Via E-mail

Subject: Request for Air Quality Monitoring Station in the Timiskaming Health Unit region

We are writing to request the installation of a traditional National Air Pollution Surveillance (NAPS) air quality monitoring station within the Timiskaming Health Unit catchment area. The recent smoke from Quebec, Ontario and western Canada wildfires has identified that there is a significant gap in monitoring stations in northern Ontario. This gap in air monitoring and subsequent lack of access to the provincial Air Quality Health Index (AQHI) measurement tool makes it very challenging for agencies and community members to make informed decisions to mitigate negative health outcomes during poor air quality events.

The implementation of a NAPs air monitoring station is crucial to ensure that accurate air quality monitoring data is available to best protect our communities during poor air quality events due to forest fire smoke. The implementation of a NAPS air monitor will provide local community partners with accurate data to increase public awareness and knowledge regarding air quality and its impact on health. Additionally, a NAPs air monitor will enable residents, especially those who are higher risk or caring for those who are higher risk such as children, elderly, and individuals with pre-existing cardiac and respiratory conditions, to make informed decisions during poor air quality events.

As the impacts from climate change continue to rise, the frequency, extent, timing, and duration of the forest fire season is expected to substantially increase[1], further heightening the urgency for effective air quality monitoring in northern Ontario. Monitoring air quality will improve our understanding of the complex interactions between climate change, forest fire smoke and air pollution across the Timiskaming Health Unit region and support the development of targeted strategies to address these interconnected issues.

Please consider this request for the timely installation of a NAPS air quality monitoring station in the Timiskaming Health Unit area. Access to air quality monitoring data will also enable Timiskaming Health Unit to fulfill obligations under the Ontario Public Health Standards (OPHS) to protect the health and well-being of our local communities. Furthermore, local air monitoring technology will enhance local public health capacity to mitigate environmental health risks[2] such as adverse population health outcomes resulting from poor air quality.

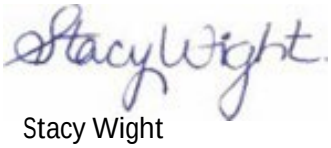
Air monitoring technology will also ensure that our residents will have access to accurate and real time air quality data that will empower our communities to make informed decisions, reduce exposure to pollutants and improve overall health outcomes.

Thank you for your attention to this matter. We look forward to your positive response and discussing the next steps in implementing air quality monitoring stations in the Timiskaming Health Unit region.

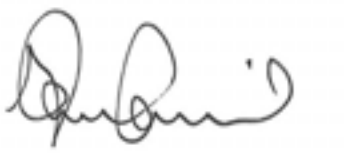
References:

1. Douglas, A.G. and Pearson, D. (2022). Ontario; Chapter 4 in Canada in a Changing Climate: Regional Perspectives Report, (ed.) F.J. Warren, N. Lulham, D.L. Dupuis and D.S. Lemmen; Government of Canada, Ottawa, Ontario.
2. Ontario Ministry of Health and Long-Term Care. Healthy Environments and Climate Change Guideline, 2018. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf

Yours sincerely,



Stacy Wight
Board of Health Chair



Dr. Glenn Corneil
Acting Medical Officer of Health/CEO

Copy: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
Honourable Steven Guibeault, Minister of Environment and Climate Change
Bernard Derible, Parliamentary Deputy Minister, Emergency Management, Treasury Board Secretariat Commissioner of Emergency Management
Honourable John Vanthof, Member of Provincial Parliament Timiskaming - Cochrane
Honourable Charlie Angus, Member of Parliament Timmins
Honourable Jean-Yves Duclos, Member of Parliament, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Health Agencies (alPHa)
All Ontario Boards of Health
All Member Municipalities of the Temiskaming Health Unit

Porcupine
Health Unit • Bureau de santé

July 5, 2023

Honourable Minister David Piccini
Minister of Environment, Conservation and Parks
5th Floor, 777 Bay Street
Ministry of Environment, Conservation and Parks
Toronto, Ontario M7A 2J3
Sent Via E-mail

Subject: Request for Air Quality Monitoring Stations in the Porcupine Health Unit region

Dear Minister Piccini,

We are writing to request the installation of air quality monitoring stations in the Porcupine Health Unit (PHU) region. On June 8, 2023, the Board of Health for the Porcupine Health Unit carried the following resolution #BOH-2023-06-66:

Be It Resolved, that the Board of Health for the Porcupine Health Unit direct the Medical Officer of Health/Chief Executive Officer and Board of Health Chair to write a letter requesting the installation of air quality monitoring stations in the Porcupine Health Unit Region.

The implementation of these monitoring stations is crucial to ensure the health and well-being of the residents in this region. As per the Ontario Public Health Standards (OPHS), boards of health are required to prepare for emergencies, and protect public health and reduce the risk of adverse health outcomes resulting from poor air quality.[1] Unfortunately, the Porcupine Health Unit (PHU) region currently lacks the necessary infrastructure for comprehensive air quality monitoring. This deficiency prevents accurate assessment of poor air quality exposure and potential health risks faced by PHU communities, thus limiting data-informed and community specific recommendations for community members, especially those at higher risk of negative health impacts.

The need for this capacity has become more urgent with the ongoing forest fire season and significant air quality alerts due to wildfire smoke. As the largest geographic health unit in the province, covering over 274,000 square kilometers, sharing lands with 11 distinct First Nation communities, poor air quality due to forest fire smoke is not new however is an increasing concern and we need access to the appropriate information to respond to these emergencies.

Air pollution is a significant public health concern, as it has detrimental effects on human health. Exposure to poor air quality is associated with increased rates of respiratory diseases, cardiovascular conditions, and even premature death.[2] The PHU population experiences poorer health status compared to Ontario, with a higher percentage of the population reporting chronic diseases such as asthma, diabetes, high blood pressure,[3] and thus many community members are at greater risk from the ill effects of poor air quality due to pollution as well as wildfire smoke.

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Branch Offices Cochrane, Hearst, Hornepayne, Iroquois Falls Kapuskasing, Matheson, Moosonee, Smooth Rock Falls

Climate change has exacerbated air pollution issues, leading to increased health risks and environmental challenges. Rising temperatures, increased frequency of wildfires, and changing weather patterns contribute to the release of pollutants into the air, posing significant health risks to our communities.[4] Monitoring air quality will enable a better understanding of the complex interactions between climate change and air pollution across the vast region, allowing us to assess exposure levels to air pollution and develop targeted strategies to address these interconnected issues.

These targeted strategies for air pollution would also benefit environmental justice. Environmental justice is of the utmost importance in the Porcupine region, which is home to many equity-deserving and marginalized communities. These communities are often disproportionately affected by poor air quality and environmental hazards, resulting in disproportionate health disparities.[5,6] By installing air quality monitoring stations, we can better protect the health of all residents, regardless of their socio-economic status or geographical location. This initiative aligns with our commitment to promote environmental justice and reduce health inequities in the Porcupine region. Installing air quality monitoring stations in strategic locations of the Porcupine region would also be an investment in the health and well-being of our communities. By proactively monitoring air quality, we can detect pollutant trends, identify potential sources of pollution, and implement targeted interventions. This approach has been proven to reduce the burden of disease, improve overall health outcomes, and ultimately lead to cost savings for the healthcare system.[2, 7,8]

Furthermore, the implementation of air quality monitoring stations would provide several immediate benefits to the communities in the Porcupine region. Firstly, it would increase public awareness and knowledge regarding air quality and its impact on health. With access to real-time air quality data, residents can make informed decisions about outdoor activities, particularly for higher risk groups such as children, the elderly, and individuals with pre-existing cardiac and respiratory conditions. It is also critical to inform local collaborative emergency response plans to ensure risk reduction measures and indoor spaces with clean air are available to all, including the increasing population facing under housing and homelessness. Secondly, these monitoring stations would enable us to assess the effectiveness of pollution control measures and policies. By analyzing the data collected, we can evaluate the impact of various interventions, advocate for evidence-based policies, and ensure that air quality standards are being met.

We urge you to consider this request for the timely installation of air quality monitoring stations in the Porcupine Health Unit region. By doing so, we will fulfill our obligations under the OPHS, protect the health of our residents, and promote sustainable development. The availability of accurate air quality data will empower communities to make informed decisions, reduce exposure to pollutants, and improve overall health outcomes.

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Thank you for your attention to this matter. We look forward to your positive response and discussing the next steps in implementing air quality monitoring stations in the Porcupine Health Unit region.

Yours sincerely,

Michelle Boileau
Board of Health Chair

Dr. Lianne Catton
Medical Officer of Health/Chief Executive Officer
Porcupine Health Unit

Copy: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
Honourable Steven Guibeault, Minister of Environment and Climate Change
Bernard Derible, Parliamentary Deputy Minister, Emergency Management, Treasury Board Secretariat
Commissioner of Emergency Management
Honourable George Pirie, Member of Provincial Parliament Timmins
Honourable John Vanthof, Member of Provincial Parliament Timiskaming - Cochrane
Honourable Guy Bourgouin, Member of Provincial Parliament Mushkegowuk-James Bay
Honourable Charlie Angus, Member of Parliament Timmins
Honourable Jean-Yves Duclos, Member of Parliament, Minister of Health
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1. Ontario. Ministry of Health and Long-Term Care. Healthy Environments and Climate Change Guideline, 2018. 2018. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf (2018, accessed June 7, 2023).
2. Health Canada. Health impacts of air pollution in Canada: estimates of morbidity and premature mortality outcomes—2021 report. The Authority of the Minister of Health. 2021.
3. Porcupine Health Unit. (2021). Porcupine Health Unit Status Report. Timmins, ON: Razzaq, Asma.
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6. McGee TK. Evacuating first nations during wildfires in Canada. Fire Safety Journal. 2021 Mar 1;120:103120.
7. Shamsi H, Munshed M, Tran MK, Lee Y, Walker S, The J, Raahemifar K, Fowler M. Health cost estimation of traffic-related air pollution and assessing the pollution reduction potential of zero-emission vehicles in toronto, Canada. Energies. 2021 Aug 12;14(16):4956.
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EXPAND OUTDOOR AIR QUALITY MONITORS AND AQHI ACROSS THE NORTH

MOTION:

WHEREAS according to recent research, climate change in Ontario is expected to increase the number of wildfires caused by human activity and by lightening by 20% and 62%, respectively, between the periods of 1975-1990 and 2020-2040, and it is expected that the increases will be even greater in parts of Northern Ontario; and

WHEREAS wildfire smoke can impact air quality and cause health effects hundreds of kilometers from the fire zone; and

WHEREAS many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the Air Quality Health Index (AQHI), a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health; and

WHEREAS there is only one air quality monitoring station within Sudbury and districts that provides data for the AQHI, being one of only five stations across Northern Ontario; and

WHEREAS expanding air quality monitoring stations and the reach of the AQHI to more communities i**n the North would be benefit communities'** health, and would provide a more robust surveillance system on wildfire smoke impacts;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated July 5, 2023 from the Porcupine Health Unit and August 1, 2023, from the Timiskaming Health Unit to the Honourable Minister, David Piccini, calling for the installation of Air Quality Monitoring Stations in their respective service areas; and

FURTHER THAT air quality monitoring stations and the AQHI be expanded across Northern Ontario to improve opportunities for health for all.

Briefing Note

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

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

Date: September 14, 2023

Re: Provincial Annoucements Regarding Changes to the Public Health System: *Public Health Strengthening*

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
On August 22, 2023, the Ministry of Health made an announcement signaling significant changes to Ontario's public health system. These changes were further elaborated on during August 25 and 31 briefings with Medical Officers of Health, Business Administrators, and Board of Health members, among others. This briefing note provides details of the recent announcement and shares important Public Health Sudbury & Districts historical context on these matters. It also recommends preliminary next steps for the Board.

Recommended Action:
That the Board of Health consider the following resolution:

Let it be resolved that the Board of Health support the following three recommendations:

1. That the Board of Health for Public Health Sudbury & Districts receive this briefing note for information.
2. That the Board of Health for Public Sudbury & Districts support the Board Chair and Medical Officer of Health to engage with their Northeastern counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations.
3. That the Board Chair ensure reporting back to the Board on this matter at future meetings.

Background:
Ministry Announcement
From the August 22, 2023 news release of the Ministry of Health:

- *Starting January 1, 2024, the province will restore $47 million in provincial annual base funding for public health units, which is the level previously provided under the 75 per cent provincial / 25 per cent municipal cost-share ratio.*
- *The province is also providing local public health units an annual one per cent funding increase over the next three years so they can more effectively plan ahead and prepare.*
- *The province will also work with its partners to refine and clarify the roles of local public health units, to reduce overlap of services and focus resources on improving people's access to programs and services close to home.*
- *One-time funding, resources and supports will be offered to local public health agencies that voluntarily merge to streamline and reinvest back into expanding programs and services.*

A preliminary financial assessment is that the restoration of provincial funding to the level provided in 2020 (which had not changed since 2018), combined with an upcoming provincial increase of 1% for three years (2024, 2025, 2026), and the prior increases of 1% in each of 2022 and 2023, is sub-inflationary and that it will be challenging to meet growing and complex local public health needs. Notwithstanding this, the three-year funding increased of 1% per year is intended to address the *urgent need for stabilization while change processes are underway within the system*.

The public health system *changes* referred to in the August 22 announcement (last two bullet points) were further clarified during briefings following the announcement. There are three sequential aspects of "Strengthening Public Health" - each with aggressive timelines:

1. **Roles and responsibilities** – review the Ontario Public Health Standards (OPHS) to identify what can be refined, stopped or "re-leveled" to regional or provincial levels; implement fully revised OPHS beginning January **2025**
2. **Voluntary mergers** - fewer local public health units/agencies but with greater capacity to delivery core programs and better aligned with broader health system; any savings would be re-invested in local public health; mergers to take effect January 1, **2025**
3. **Funding –** in addition to "stabilization funding" noted above, there will be a dedicated three-year merger support fund to provide one-time transition and stabilization costs; the ministry will undertake a review of their methodology for base funding for local public health; implement new funding approach in **2026**

There is a stated commitment to collaboration and working in partnership, including in the development of criteria for voluntary mergers. The Ministy has highlighted the importance of population as a key criteria, citing 200,000 to 500,000 population figures as thresholds at various meetings. We do not yet know what the engagement/ consultation process will be.

Financial Context: Provincial Funding Policy and Base-Funding Grant History

The following is a brief summary of Ministry of Health funding policy history as well as the provincial grant to Public Health Sudbury & Districts for its mandatory cost-shared programs and services.

Funding policy

- The *Health Protection and Promotion Act* specifies that municipalities are obligated to pay the expenses of the Board and of the Medial Officer of Health to ensure the provision of health programs and services in accordance with the *Act*; the Minister may make grants for the purposes of the *Act.*
- The provincial funding policy to determine the amount funded through Minister grants has historically and nominally been based on a percentage of Boards' costs for the provision of cost-shared (as distinct from 100% provincially funded) programs and services.
    - In the 1990's, the grant was set to 75% of the Board's costs.
    - In 1998, the costs were entirely shifted to the municipalities.
    - From 1999 to 2004, funding was shifted to a 50/50 ratio between municipal and provincial funders.
    - Subsequent to reports following the Walkerton *E.coli* tragedy and the SARS emergency, provincial funding policy shifted to
        - 55% in 2005,
        - 65% in 2006 and
        - 75% in 2007

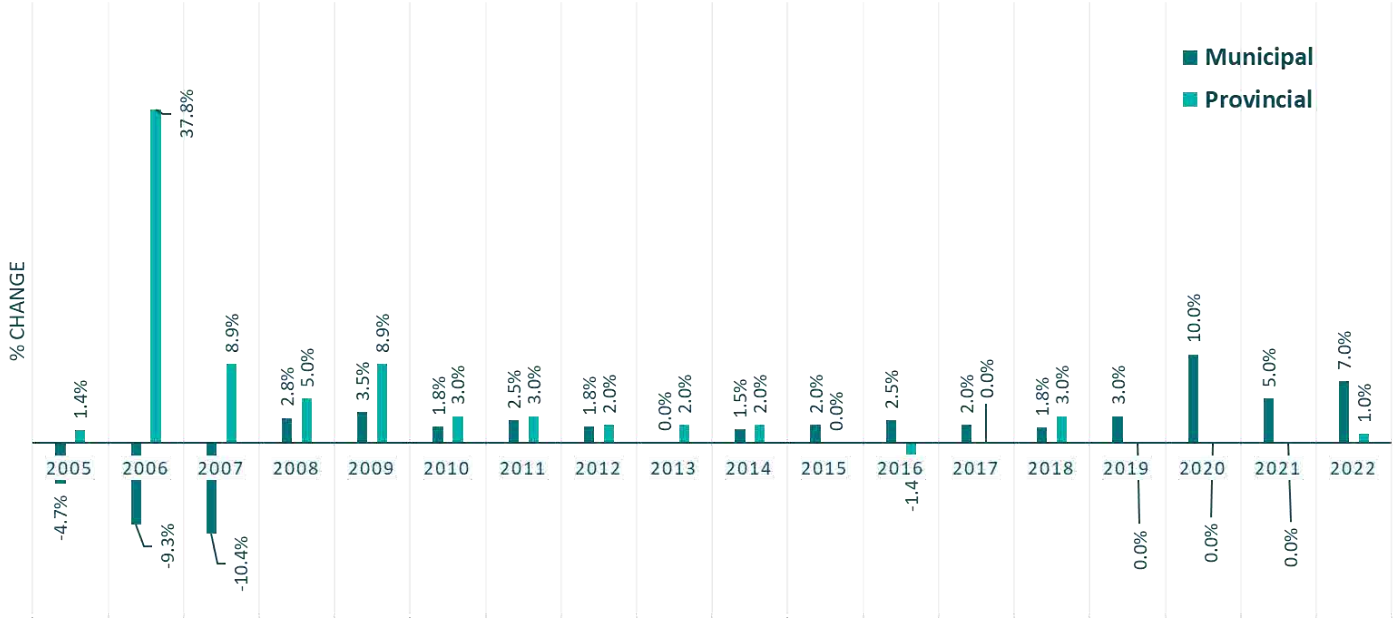
      where it nominally remained until announced system changes in 20191, which brought the Minister grant to 70% and folded-in the previously 100%-funded programs to the cost-shared base at 70%. The impact on municipalities of this funding policy change was mitigated by the provision of a "one-time" mitigation grant (four years 2020 to 2023).
    - The August 22, 2023 announcement signals a shift again in that as of January 2024, provincial funding will revert to the amount provided in 2020 (which had not changed since 2018) with three 1% annual increases as the province undertakes a wholesale review of its funding methodology, to be implemented by 2026.
    - There has been recognition by Ministry staff that the Minister grant as a percentage of the Board's costs has been eroded over time and is calculated based on historical provincial funding rather than on the budgets approved annually by boards of health. This means that any stated percentage is increasingly of limited significance. Per the legislative responsibilities, boards of health have made different decisions based on local cost drivers and local public health needs and, in light of flat lined or sub-inflationary provincial funding, the relative contributions of municipalities have grown.
- There have been a number of initiatives over the years to review the funding policy for local public health. The 2006 Capacity Review Committee called for a collaborative process to refine

[1] In 2020 the Province implemented a funding policy shift from a mixed 75%/25% and 100% funding model to a 70%/30% Provincial/Municipal funding formula for all public health programs and services under the Ontario Public Health Standards (Mandatory Programs), except the Ontario Seniors Dental Care Program (OSDCP) which remains 100% provincially funded. The Ministry of Health provided one-time mitigation funding in 2020 through to 2023 with the aim of "protecting municipalities from any cost increases resulting from this cost-sharing change that exceed 10% of their existing costs."

the budgetary allocation mechanism to achieve greater equity in public health system funding over time. The most recent initiative is the 2013 Funding Review Working Group Report which was accepted by government and implemented in 2015. Any Ministry growth funding was to be distributed proportionately to health units that had not reached their "share" per the model developed by the Working Group. As there was no provincial growth funding subsequent to the first year, this model was never fully implemented.

Base-funding provincial grant history for Public Health Sudbury & Districts

- The graph below shows the year over year percent changes to municipal and provincial funding for the base cost-shared budget for Public Health Sudbury & Districts, as per the Board-approved budget.



- And further provincial grant data:
  - 2023: 1% (3.75% municipal)
  - 2024, 2025 and 2026, per announcement: 1%

System Change/Merger Context

Over the past number of years, there has been considerable attention paid to the current complexity of the Ontario public health system.

In 2017, the report release by the provincial Liberal government 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. It noted that it addressed 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.

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".

In 2019, Ontario's current government introduced fundamental change in the way health care was to be funded, structured and delivered, and in its conceptualization embodied some of the ideas raised earlier regarding public health. For the public health system, this included the dissolution of the 34 boards of health and the creation of 10 "regional public health entities".

With the April 2019 announcement of public health regionalization, we in the Northeastern health units were in a unique position to quickly refocus our 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 (stated to be $200 million system-wide).

A submission from the Northeastern health units was finalized (2019, attached). It provided our best advice regarding governance and leadership in the Northeast should the changes to the public health system proceed as announced.

Subsequent to this submission, the government announced the appointment of Special Advisor, Mr. Jim Pine, and a process of consultation on the proposed reforms, termed *Public Health Modernization*. The Board and senior management of Public Health Sudbury & Districts undertook extensive dialogue and make a submission to the Special Advisor (2020, attached). The submission was informed by our ongoing collaborations with our Northeastern public health partners and the communities we serve.

The consultation process was halted prematurely in early 2020 due to the pandemic.

The August 22, 2023 announcements concerning voluntary mergers and *Public Health Strengthening* are the latest announcements on public health system reform. Notably different with the recent announcements is that they are characterized as voluntary, merger costs funded over three years, and with no goal of system-wide cost savings (any savings would be reinvested in local public health operations). As noted above, the criteria for mergers are yet to be established, however, population size is expected to be a key factor.

Governance of Local Public Health

Governance considerations are critical to any discussion of potential mergers. There are currently three types of governance models in Ontario for local Boards of Health:

1. 24 are autonomous and operate separately from the administrative structure of their municipalities, with their own policies and procedures. (e.g. Public Health Sudbury & Districts)

2. 6 are regional meaning that they are within a regional government, the municipal council has the mandate and authority of a board of health and public health services may be combined with other services or placed in other departments. (e.g. Durham Region, Halton Region)
3. 4 are semi-autonomous or single-tier and integrated into municipal administrative structures and although autonomous and focused primarily on public health, operate under the policies and procedures of their municipalities; the municipal government may fully or partially serve as the board of health. (e.g. Toronto (partially), Hamilton (fully))

The Capacity Review Committee Final Report (2006, excerpt attached) recommends that public health units be governed by autonomous, locally based boards of health and that these boards should focus primarily on the delivery of public health programs and services. This and other considerations for governance foundations for success are in the attached excerpt.

Summary:
The recent government announcements regarding Ontario's public health system signal potentially significant change to the status quo. The announements land in a context of post-pandemic exhaustion of public health professionals with arguably little reserve and much catch-up to do as part of population health recovery efforts. That being said, our historical investments, collaborations, and leadership in this area leave us with a strong foundation upon which to build. The announcements can be seen as an opportunity to strengthen local public health and ensure we optimize our collective potential to serve the public health needs of our area, including optimal governance, programs and services, and human and financial resources.

Resources Appended:
1. Ministry of Health | Office of Chief Medical Officer of Health Slide Deck, *Strengthening Public Health*, August 2023
2. Ministry of Health News Release. *Ontario Investing in a Stronger Public Health Sector.* August 22, 2023. Ontario Investing in a Stronger Public Health Sector
3. Ministry of Municipal Affairs and Housing News Release. *Working with Municipalities to Build Ontario.* August 23, 2023. Working with Municipalities to Build Ontario
4. Letter from Chair, Board of Health for Public Health Sudbury & Districts. *Transforming Public Health for the People of Northeastern Ontario*. February 10, 2020.
    - *Public Health Modernization: Submission of Public Health Sudbury & Districts*. February 10, 2020.
5. Letter from Dr. Penny Sutcliffe on behalf of five Medical Officers of Health for Northeastern Ontario. *Transforming Public Health for the People of Northeastern Ontario*. July 26, 2019.
    - *Transforming Public Health for the People of Northeastern Ontario: a submission to the Government of Ontario, Deputy Minister and Chief Medical Officer of Health.* Medical Officers of Health of Northeastern Ontario. July 2019.

6. Capacity Review Committee. *Foundations for Success: Governance and Funding. Excerpts and Chapter 5 of Revitalizing Ontario's Public Health Capacity: The final report of the Capacity Review Committee.* May 2006.

Ontario Public Health Standard:
Good Governance

Ministry of Health | Office of Chief Medical Officer of Health, Public Health

Strengthening Public Health

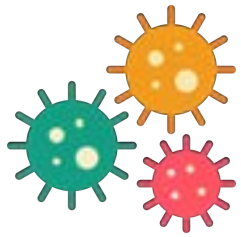
August 2023

Ontario

Context

There are **long-standing challenges** within the public health **sector in Ontario related to capacity, stability and sustainability** (along with implications for **inequitable health outcomes** for Ontarians) that have been identified through **multiple reports over the past 20 years**.

- Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges such as a **lack of capacity** and **critical mass**, structural **governance challenges** and skills gaps in boards of health, **misalignment of public health** with other health and social services, as well as challenges with the public health **workforce**, including with recruitment, retention and leadership.



- The **COVID-19 pandemic** reinforced the critical importance of a robust public health sector. Key lessons from the pandemic included: the importance of Local Public Health Agencies (LPHAs, often referred to as PHUs) having **sufficient capacity** to respond in a crisis, the **benefit of collaboration** across the health care system, the need for **stability and sustainability** to allow for LPHAs to plan for and be able to respond to ongoing and future crises and challenges.

What we want to achieve

Goal

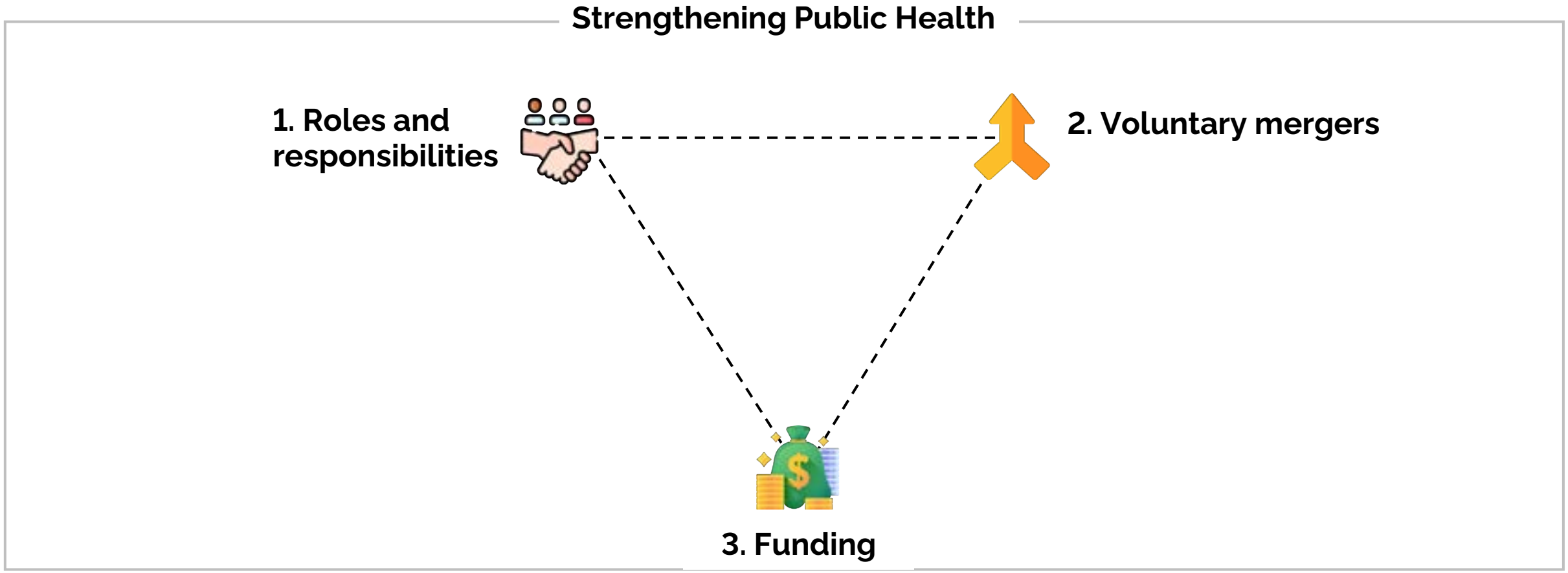
To **optimize capacity, stability and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians:

Desired Outcomes

1. Clarified and refined **public health roles and responsibilities** that result in:
    - Stronger connections to and relationships with key health system stakeholders (e.g., OHTs, primary care).
    - Core public health functions being performed either locally, regionally, or provincially, informed by a prioritization framework.
    - Reduced variability in prioritization and decision-making and public communications (especially during crises) while remaining responsive to local needs.
2. A system that has **fewer LPHAs but with greater capacity** to deliver **core public health services** and **better alignment** with broader health system structures.
3. Stability for the sector and **sustainability in funding for the longer term** to support program planning and consistent, more equitable program and service delivery.
4. Improved **frontline programs and services** to Ontarians at the local level.

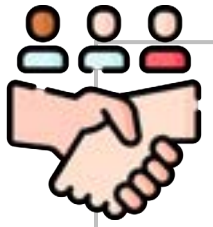
Strategy

The Ministry of Health is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians



#1 | Roles and responsibilities

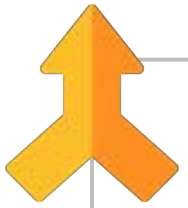
Clarify and strengthen the role of LPHAs by **refining, refocusing and re-leveling roles and responsibilities**



- Conduct a routine, sector-driven review of the **Ontario Public Health Standards (OPHS),** against a **prioritization framework**.
- Work with partners to identify roles and responsibilities that can be refined or stopped, and/or 're-leveled' to a regional or provincial level.
- Implement the full revised **OPHS beginning in January 1, 2025**.

#2 | Voluntary Mergers

Optimize capacity by encouraging mergers between LPHAs through a **time-limited voluntary, sector-driven process**



- Re-engage with LPHAs that have **identified interest in mergers** and work with sector partners to identify other merger candidates.
- Leverage sector relationships (e.g., alPHa, AMO) to co-develop a **voluntary merger approach**, including objectives, parameters, and accountability mechanisms with time-limited funding supports to facilitate the merger process.
- Mergers to take effect January 1, 2025.

#3 | Funding

Provide **3-year funding** to LPHAs that addresses the urgent need for stabilization while change processes are underway, support voluntary mergers by providing one-time transition and stabilization costs; and review longer-term base funding needs

- **Restore provincial base funding** to the level provided under the 2020 cost-share formula ($46.81M), effective January 1, 2024.
- Provide **growth base funding** of 1% for each of the next 3 calendar years (2024 – 2026).
- Establish a dedicated, three-year Merger Support Fund to **support change.**
- Undertake a review of the ministry's **funding methodology** for public health.

Implementation Timeline

	Aug-Dec 2023	2024	2025
Focus and 're-level' LPHA roles & responsibilities	Engage sector partners Conduct review of "quick win" roles to be refined Focused OPHS review: Initial scoping	**Jan 1, 2024: Begin to Implement "quick win" changes** **Spring**: Sector engagement **Summer**: Approvals **Fall**: Release full revised Standards, to align implementation with municipal planning cycle	**Jan 1, 2025: Implement revised OPHS** Implement re-levelled roles and responsibilities
Voluntary Mergers	Engage key partners Design time-limited process and related parameters Re-engage with proposals previously submitted in 2021/22 Identify and approve merger candidates	**Jan 1, 2024: Launch process** Work with approved candidates to support merger processes, including legislative and/or regulatory amendments	**Initiate voluntary mergers by Jan 1, 2025**
Funding	**Aug 2023: Announce short-term stabilization funding at 2023 AMO Conference, along with the collaborative approach to strengthening PH over the next 3 years**	**Jan 1, 2024: Implement short-term stabilization funding** Allocate funding required to support transition and change initiatives ($47M to base, 1% growth and Merger Support Funding over 3 years); Conduct review of provincial base funding to LPHAs	**Spring 2025: Communicate new funding approach** **2026: Implement new funding approach**

Working together on next steps

We are committed to working in partnership to **maximize opportunities for local improvement and system impact**

- We will be working closely with our partners to support design and implementation of this strategy. Your expertise and insights will be invaluable as we move through this process.
- Initial ministry engagement with sector partners, including AMO, alPHa, MOHs & CEOs, Business Administrators, etc., will occur in late August / early September.
- We will follow up on next steps regarding how we will collectively work together in the coming months once we have finished these consultations.

NEWS RELEASE

Ontario Investing in a Stronger Public Health Sector

Province also increasing funding to municipalities to connect people to paramedics and ambulance services faster

August 22, 2023

Health

LONDON — The Ontario government is taking an important step forward to deliver on Your Health: A Plan for Connected and Convenient Care by increasing provincial funding for public health agencies to build a robust public health sector that has the support and resources needed to connect people to faster, more convenient care in their communities.

Starting January 1, 2024, the province will restore $47 million in provincial annual base funding for public health units, which is the level previously provided under the 75 per cent provincial / 25 per cent municipal cost-share ratio. The province is also providing local public health units an annual one per cent funding increase over the next, three years so they can more effectively plan ahead and prepare. This will also allow time for the province to collaborate with municipalities on a longer-term sustainable funding agreement that will not put any additional financial burden on municipalities.

“Building a stronger public health system, with more convenient and consistent access to public health services, is one more way our government is connecting people in Ontario to health care closer to home,” said Sylvia Jones, Deputy Premier and Minister of Health. “The pandemic showed that we need a stronger public health system and this increased funding will help to create a more connected public health system that will support Ontario communities for years to come.”

The province will also work with its partners to refine and clarify the roles of local public health units, to reduce overlap of services and focus resources on improving people’s access to programs and services close to home. One-time funding, resources and supports will be offered to local public health agencies that voluntarily merge to streamline and reinvest back into expanding programs and services.

To connect people to emergency care faster and increase the availability of paramedics and ambulances in communities, Ontario is increasing land ambulance funding to municipalities by an average of six per cent, bringing the province's total investment this year to over $811 million.

The province is also investing an additional $51 million into the Dedicated Offload Nurses Program over the next three years which helps reduce delays paramedics encounter dropping off patients at a hospital and allows them to get back out into the community faster. This investment will help 30 municipalities cover around 800,000 dedicated hours to support offloading ambulance patients in the emergency department, ensuring paramedics can get back out in the community faster.

With Your Health: A Plan for Connected and Convenient Care, the government continues to take action to strengthen the health care system so that it is responsive and is evolving to meet the health needs and priorities of Ontarians, no matter where they live.

Quick Facts

- Key public health lessons learned from the COVID-19 pandemic will inform how Ontario strengthens the public health sector, including the importance of local public health agencies having capacity to respond in a crisis, the benefit of collaboration across the health care system and the need for stability and sustainability to help local public health agencies plan for, and be able to respond to, ongoing and future crises and challenges.
- Provincial funding for local public health agencies to support the delivery of public health programs and services has increased by approximately 16 per cent since 2018.
- The province's 2023 investment of $811 million in the Land Ambulance Services Grant represents an average funding increase of 11 per cent for municipalities over the last two years.
- Nearly 200 patient care models being led by more than 50 paramedic services across the province are now approved to provide more appropriate and timely care options for eligible 9-1-1 patients in the community instead of in the emergency department.
- Ontario is investing an additional $44 million this year in 165 high volume and smaller emergency departments to reduce wait times and provide people with faster and easier access to timely care close to home.

Additional Resources

- Ontario Reducing Wait Times in Emergency Departments
- Ontario Helping More Students Become Paramedics
- Your Health: A Plan for Connected and Convenient Care

Related Topics

Government

Learn about the government services available to you and how government works. Learn more

Health and Wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. Learn more

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NEWS RELEASE

Working with Municipalities to Build Ontario

Province announces new investments and tools for municipalities at 2023 AMO conference

August 23, 2023

Municipal Affairs and Housing

LONDON — The Ontario government is working in partnership with municipalities to get shovels in the ground on priority projects and connect more people to jobs and homes, while enhancing critical public services to better serve the province's growing population.

At the 2023 Association of Municipalities of Ontario (AMO) conference in London, Premier Ford announced that Ontario is introducing a new Building Faster Fund that will provide up to $1.2 billion over three years for municipalities that meet or exceed the housing targets they have pledged to achieve by 2031. This funding will help municipalities pay for housing-enabling infrastructure and related costs that support community growth. In recognition of their unique needs, 10 per cent of the funding will be reserved for small, northern and rural municipalities that have not been assigned a housing target, following municipal consultations.

Premier Ford also announced that Ontario will expand strong mayor powers to 21 additional municipalities, provided their heads of council commit to a municipal housing target as part of the province's work to build at least 1.5 million homes by 2031. Strong mayor powers offer municipalities tools to help cut red tape and speed up the delivery of key shared municipal-provincial priorities such as housing, transit and infrastructure.

As part of the government's work to support the construction of a range of housing types, Steve Clark, Minister of Municipal Affairs and Housing, announced that the province will be moving forward with a proposed definition of affordable housing for the purpose of development charge discounts and exemptions. This definition would take local incomes into account in determining which units should be eligible for development charge discounts and exemptions. This approach will reflect the ability of local households to pay for housing and recognizing the variety of housing markets across the province.

Minister Clark also announced that the province will be naming regional facilitators in Durham, Halton, Niagara, Simcoe County, Waterloo and York no later than September 11, 2023. The regional facilitators will make recommendations to the province on what locally-supported governance models would best support Ontario's fastest growing municipalities in moving forward on shared priorities to help municipalities meet their housing targets and build housing-enabling infrastructure.

The government will also host a Housing Forum in Toronto in November 2023 to engage municipal partners and other key stakeholders on the province's Housing Supply Action Plan and next steps in our work to tackle the housing supply crisis. As Ontario works towards that goal, the government continues to look to its partners for their advice on the implementation of our Housing Supply Action Plans and insights on potential opportunities to get more homes built.

"Municipalities are critical partners for our government and we're absolutely committed to making sure they have the tools they need to succeed," said Minister Clark. "We have made substantial progress in our work to get more homes built faster across Ontario and I look forward to working together to build the homes Ontarians need and deserve."

The government is also taking an important step forward to deliver on Your Health: A Plan for Connected and Convenient Care by increasing provincial funding for public health agencies to build a robust public health sector that has the support and resources needed to connect people to care in their communities. Starting January 1, 2024, the province will restore provincial annual base funding for public health units to $47 million, which is the level previously provided under the 75 per cent provincial / 25 per cent municipal cost-share ratio and will provide local public health units an annual one per cent funding increase over the next three years so they can more effectively plan ahead and prepare.

The province will also clarify the roles of local public health units, to reduce overlap of services and focus resources on improving access to services close to home. One-time funding, resources and supports will be offered to local public health agencies that voluntarily merge to streamline and reinvest back into expanding programs and services.

To connect people to emergency care faster and increase the availability of paramedics and ambulances in communities, Ontario is increasing land ambulance funding to municipalities by an average of six per cent, bringing the province's total investment this year to over $811 million. The province is also investing an

additional $51 million into the Dedicated Offload Nurses Program over the next three years which helps reduce delays paramedics encounter dropping off patients at a hospital and allows them to get back out into the community faster. This investment will help 30 municipalities cover around 800,000 dedicated hours to support offloading ambulance patients in the emergency department.

“Building a stronger public health system, with more convenient and consistent access to public health services, is one more way our government is connecting people in Ontario to health care closer to home,” said Sylvia Jones, Deputy Premier and Minister of Health. “The pandemic showed that we need a stronger public health system and this increased funding will help to create a more connected public health system that will support Ontario communities for years to come.”

“Since day one, our government has listened to and worked closely with its municipal partners to build the critical infrastructure our growing communities need to thrive,” said Caroline Mulroney, Minister of Transportation. “From building new highways, to public transit, we are getting shovels in the ground on much-needed projects right across the province and supporting our shared goal of a stronger Ontario today and in the future.”

“For Ontario to succeed and serve the public well, all governments need to work together to address difficult challenges,” said Colin Best, AMO President and Councillor for the Town of Milton and Region of Halton. “We welcome the Ontario government’s support to build infrastructure, increase housing and to make housing more affordable for all.”

“This announcement is another tangible example of our government’s commitment to building Ontario,” said Nina Tangri, Associate Minister of Housing. “We know first-hand that municipalities across the province must be equal players in helping us achieve our goal of building 1.5 million homes by 2031. These new measures will help create more opportunities for municipalities and the province to work together, increase housing supply, and deliver for Ontarians.”

Quick Facts

- The government's fourth housing supply action plan – Helping Homebuyers, Protecting Tenants – contains a suite of new measures to make life easier for renters, help homebuyers and streamline policies to build more homes.
- Strong mayor powers are already available to 28 large and fast-growing municipalities that have committed to a housing target.

- Ontario is investing an additional $202 million annually through the Homelessness Prevention Program and Indigenous Supportive Housing Program - bringing the province's annual investment in these programs to close to $700 million.
- The province is providing up to $50 million in temporary support to assist municipalities most significantly impacted by the federal decision not to make payments-in-lieu of taxes (PILT) on federal properties at the provincially regulated rate. Ontario continues to urge the federal government to make these payments and encourages the province's municipal partners to join in this effort, as this is a federal responsibility.
- Ministers, Associate Ministers and Parliamentary Assistants held about 600 meetings with municipalities and municipal organizations from across Ontario at the 2023 AMO conference. They discussed key priorities including skilled trades, public health, housing and homelessness supports, and transportation infrastructure.

Related Topics

Government

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Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. Learn more

Home and Community

Information for families on major life events and care options, including marriage, births and child care. Also includes planning resources for municipalities. Learn more

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February 10, 2020

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Mr. Jim Pine, Special Advisor
Ms. Alison Blair, Public Health Modernization Executive Lead
Dr. David Williams, Chief Medical Officer of Health
Ministry of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Mr. Pine, Ms. Blair and Dr. Williams:

Re: Transforming Public Health for the People of Northeastern Ontario

On behalf of the Board of Health for Public Health Sudbury & Districts, I am pleased to submit our agency's response to the Ministry of Health consultations on Public Health Modernization and the November 18, 2019 Discussion Paper. As a diverse board of health with representation from across our vast northern catchment area, we understand our communities, our people, and our partners. Our longstanding engagement with our local communities in support of public health uniquely positions us to comment on system improvements that would benefit public health in our area.

The enclosed submission was informed by rich dialogue among Public Health Sudbury & Districts management and careful review by the Board of Health. It was also informed by our collaborations with our North East public health partners and with the communities we serve.

I would be remiss to not raise the current global response to the novel coronavirus in the context of this consultation on Public Health Modernization. Our agency is responding to this Public Health Emergency of International Concern by activating our Emergency Response Plan. This ensures local public health readiness and coordination of community stakeholder responses and communications. Over the December holidays and into the New Year, our agency's Emergency Response Plan was also activated to enable our response to two sequential cases of hepatitis A in local food handlers.

These two very different incidents highlight the same point – the public health system needs to be robust. It needs to be robust enough to be able to surge and respond to the unexpected needs of our communities. At the same time, our responsive work needs to be accomplished without compromising the long-game of public health – our resilient forging ahead with carefully planned health promotion and disease prevention activities that achieve longer term health benefits. We believe that our submission contains critical considerations for Government which if implemented, would lead to the successful achievement of these ends in an effective modernized public health system.

Our Board has worked diligently over the years to ensure the best use of existing resources. This has resulted in many accomplishments, some of which are highlighted in the enclosed submission. We encourage the Government to not to lose sight of these hard-earned strengths in the public health system in Ontario.

We are grateful for the opportunity to provide input on Public Health Modernization. We respectfully request that you continue to engage with us going forward. We value the continued transparency of this process and anticipate further communication about the next steps following these consultations.

Thank you for this opportunity to share with you the enclosed submission.

Sincerely,

René Lapierre
Chair, Board of Health

Encl.

cc: Board of Health, Public Health Sudbury & Districts

Public Health Modernization
Submission of Public Health Sudbury & Districts

The Board of Health for Public Health Sudbury & Districts is pleased to submit for the Ministry's and Special Advisor's consideration the Board's comments in response to the Ministry of Health November 18, 2019, Discussion Paper on Public Health Modernization and the related field consultations. Our submission is the result of extensive dialogue at the agency's management level followed by thoughtful review at the January 16, 2020, Board of Health meeting. The submission is also informed by our ongoing collaborations with our North East public health partners and with the communities we serve.

Context

Who we are

Public Health Sudbury & Districts is a progressive local public health agency committed to working with our communities to promote and protect health and to prevent disease for everyone. Our 2018–2022 Strategic Plan affirms our attention to equitable opportunities, practice excellence, meaningful relationships, and organizational commitment as we strive to achieve our vision of healthier communities for all. Our work is based on the values of humility, respect, and trust.

Board of Health

The Board of Health for Public Health Sudbury & Districts is the governing body of Public Health Sudbury & Districts. The Board of Health is comprised of municipal members (either elected officials or individuals appointed by the municipalities) and members appointed by the Lieutenant Governor in Council. The diversity of the Board of Health membership ensures geographic representation from across our vast service area in addition to broad range of interests and skills.

Service area and population

Public Health Sudbury & Districts serves 18 municipalities (17 rural and one urban) and two unorganized areas within 46 551 square kilometers. We have one main office and two additional offices in the City of Greater Sudbury, as well as four district offices in Chapleau, Espanola, Manitoulin Island, and Sudbury East. Travel time between the main office and district offices ranges from less than one hour (58 km) to up to five hours (420 km). The City of Greater Sudbury accounts for 82% of the population and 7% of the total landmass of our service area.

Of the 196 448 residents in our service area (Statistics Canada, 2016), over 24 000 people identify as Indigenous, representing 13% of the region's total population. More than 5 000 people live in one of the 13 First Nation communities that intersect with our service area. There is a high proportion of Francophone residents (26%) compared to the provincial average (4%). Ensuring that our services are offered in both official languages and are culturally appropriate is a priority.

Priority areas of focus

Public Health Sudbury & Districts strategically delivers tailored public health programs and services to ensure equal opportunities for health for all. This means that we pay particular attention to social and economic determinants of health. We are guided by research, ongoing education, and the development of innovative programs and services that are responsive to community needs. This includes of particular note, developing an Indigenous Engagement Strategy focused on building meaningful relationships with Indigenous communities in our service area; a Racial Equity Action Framework to reduce systemic racism to ensure those affected have equal opportunities for health; and a Public Mental Health Action Framework to create better mental health for all through prevention, promotion, and early intervention and referral in our community.

Overall considerations

1. The Board of Health endorses the central proposition of the Ministry of Health 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. We strongly reinforce the key strengths as described on page two of the Discussion Paper. We particularly highlight the importance of the relationships that the public health system has with sectors 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.

2. The Board of Health endorses the Statement of Principles released by the Association of Ontario Public Health Agencies (**alPHa**) in November 2019 and agrees that these are foundational for any modernization considerations.

3. The Board of Health highlights the significant work of the North East Public Health Transformation Initiative (NEPHTI) and in particular, the lessons learned throughout the process. NEPHTI was developed in response to the April 2019 provincial budget announcement of the creation of one North East (NE) regional public health entity. Under the leadership of the five NE Medical Officers of Health, NEPHTI brought together management from all five NE boards of health[1] to develop recommendations aligned with the budget announcement. **While the creation of one regional**

[1] Algoma Public Health, North Bay Parry Sound Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit.

public health entity in the NE is not the Board of Health'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:

a. **Systematically improving collaboration** across the local public health agencies in the region is essential to achieve enhanced sector capacity, effectiveness, and efficiency in the NE.
b. The **values**[2] and **operating principles**[3] developed for NEPHTI are relevant to the current consultations and the Board endorses these for this purpose.
c. The determination of **regional versus local public health functions** as undertaken by NEPHTI is relevant to the current consultations, including, overall:
    i. The public health **programs and services**, as described the the Ontario Public Health Standards (OPHS) *Program Standards,* are largely **local functions** that would benefit from some regional coordination; this includes consideration of local implementation based on specific community needs, with supports at a regional level.
    ii. The **corporate services and foundational standards work**, are largely **regional functions** requiring local implementation.
d. A critical element to ensure effective collaboration and implementation of local and regional functions – as described in c(ii) – across multiple organizations is the establishment of **new and mandated structures and related processes and accountabilities**.[4]

4. The Board of Health acknowledges that the four challenges described in the Discussion Paper are issues impacting the provincial public health system. However, the Board of Health also observes that Public Health Sudbury & Districts has made a number of strategic investments over many years to mitigate the impacts of these system challenges on our organization and communities. The result is the maintenance of critical capacity, including capacity for innovation to respond to emerging issues, at the local level. Examples include 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

[2] Values: 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

[3] Operating Principles: 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

[4] Should there be implementation of public health functions across multiple organizations, new and mandated structures would be required to ensure success. Such structures would need to be supported by related processes and accountabilities. Previous work can inform exploration of potential models. For example, a "hub-and-spoke" model was 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*; wherein regional geographic-based hubs and topic-specific nodes were recommended to support foundational standards and shore up access to specialist knowledge. Structures to support accountability could include regional councils, ensuring oversight and governance alignment. The Ontario Health Team deliberations include collaborative governance approaches with supportive structures such as steering committees and action teams.

and addictions, opioids and substance use, the potential for primary care to prevent disease prevention/promote health, and Indigenous engagement.

The Board of Health strongly cautions against the erosion of these critical investments within the context of public health modernization. As evidenced by the evolution of recent issues demanding effective public health responses – from the novel coronavirus to the opioid crisis; from the steep uptick in mental health issues to the unabated epidemic of obesity; from the acceleration of climate impacts on health to hospitals overcrowded with aging patients facing multiple preventable chronic diseases – Ontario requires a strong public health system to respond to the multiple and increasingly complex issues affecting health. Public health modernization must serve to strengthen the public health system as part of a comprehensive approach to health in Ontario; it certainly cannot result in erosion of capacity.

5. The Board of Health not only cautions against erosion but also asserts that the province should itself make strategic investments in this critical part of the health system. Public health aims to prevent illness, ultimately improving people's health, quality of life, and productivity, in addition to reducing their need for expensive care.

   The Government priority of ending hallway health care will not be successful without a robust public health system. In a recent report by Cancer Care Ontario (CCO) and Public Health Ontario (PHO), the estimated annual direct health care costs in Ontario are $10.5 billion per year, compared to only $192 million invested in chronic disease prevention in 2016/17.[5] Investments in public health on upstream efforts, grounded in a population health approach, can influence the leading causes of death in Ontario and help end hallway health care.

   The ability to carry out this important mandate must not be contingent on local municipalities' abilties to pay. The Board of Health recognizes that local municipalities are approaching financial limits, jeopardizing system sustainability. Significant changes in provincial funding 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.

6. The Board of Health highlights the uniqueness of the context, geography, and demographics within our jurisdiction and Northern Ontario which impacts public health needs, service provision, and resources. Our service area is vast and dispersed geographically, with the largest proportion of the population in the City of Greater Sudbury and a small proportion of the population in more rural settings. Delivering quality public health services in such contexts is challenging, particularly when combined with increasing demands and diminshing capacity in other sectors whose work also affects health opportunities (e.g. social services, housing, transportation, acute and long-term care, mental health supports, employment supports, etc.). Many of our communities have resource-based economies with corresponding instabilities in employment and tax base. Responding appropriately to the needs of area Francophone and Indigenous populations is also a critical consideration. It is essential that deliberations on public health modernization factor in geographic, cultural, economic, and other characteristics versus a "one-size fits all" approach applied to future recommendations.

[5] Cancer Care Ontario and Ontario Agency for Health Protection and Promotion (2019, July). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

7. The Board of Health urges the province to carefully consider the system disruption and related opportunity costs associated with significant changes to the public health system. While the Board of Health concurs with the Discussion Paper that improvements can be made to the public health system, it is very cognizant of the substantial distraction and staff insecurity that can result. Our Board of Health's response to the 2019 budget announcement included a heavy investment of leadership time. The announcement generated challenges in staff recruitment and retention related to budget and employment insecurity. The Board of Health believes that there is a careful balance to be struck between the benefits of change and the costs – calculated in terms of productivity and human costs – of such change. This balance needs to be carefully considered prior to any announcements. The aim must be to maximize overall system gains while minimizing service disruption and warding against any reduction in our ability to respond to urgent issues as noted above.

8. The Board of Health appreciates the opportunity to engage in this important consultation process. We were pleased to participate in the face-to-face consultation held in North Bay in January 2020, and to submit our specific comments in this document. The Board anticipates ongoing involvement and respectfully requests opportunities to further engage as the Ministry's deliberations progress and decision-making milestones are approached.

Discussion paper questions

Insufficient Capacity

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

Overall, many areas in public health are working well: local governance, local response to needs and capacities, partnerships/collaborations, and the work within the OPHS Foundational Standards. More specifically:

- The ability of public health, throughout, Ontario to respond to local needs and capacities and ensure programs and services are relevant and effective.
- The ability to build and leverage local partnerships to achieve common health aims, including partnerships with the education sector.
- The fact that there are 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, and 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?

Changes to address the variability in capacity should consider opportunities for provincial support and enhancing local resources. More specifically:

- Examine how the Ministry and Public Health Ontario can support individual health units with content expertise and cross-cutting resource development.
- Determine if there are functions that could be coordinated at a regional or provincial level (programming and corporate services functions).
- Provide support to ensure adequate resources at the local level. This includes consideration of the development of recruitment supports that account for unique geographies and its impact on retention, assisting with the development of local recruitment/retention strategies, considering outreach opportunities to post-secondary institutions, especially in areas of identified need, and considering exploring return-of-service agreements for learners in identified areas.
- Explore cross-agency platforms and processes for maintaining/enhancing relationships (e.g. communities of practice, digital repositories/inventories, regional networks, etc.).
- Explore digital solutions to help bridge capacity gaps.

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

Changes to the structure and organization of public health should consider collaboration, consolidation, and system functions. This could include:

- 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.

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?

The public health system has a long history of local relationships that successfully foster collaboration among public health, the health sector, and social services. Facilitators of this collaboration include:

- Relationships – longstanding connections and strong interpersonal 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, and recognizing values and respective drivers of intersectoral partners.

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

A modernized public health system can become better connected through common linkages, understanding of respective roles, and common accountabilities. This could include:

- Further defining, clarifying, and understanding roles and areas for collaboration and consideration of intersection of roles. This also includes more clearly defined linkages with Ontario Health Teams/Ontario Health. This could also include expanding scope of practice, including creating new roles to cross-over between sectors, such as Health System Navigators.
- Requirements for reciprocal engagement on common priorities with jointly held accountability measures. This could include shared frameworks, goals, and mutual accountability, including 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. Consideration could be given to incentivizing sectors to ensure connections are taken seriously.
- 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).
- Common geographic boundaries where possible to help make collaborations more seamless.
- 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.
- Consider secondments between sectors to enhance further understanding of one another and relationship building.
- Examine how privacy is a barrier between sectors.

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

Public Health Sudbury & Districts has many examples of effective collaborations with partners in health and non-health sectors, including municipalities, school boards, and regional and provincial health and social services partners. More specifically, these include:

- Collaborations with municipalities on a number of initiatives (e.g. housing, community safety and well-being, built environment and planning, recreation, tobacco/vaping).
- Collaborations with school boards on ongoing initiatives on many issues (e.g. mental health and resiliency, sexual health, infection control and immunizations, nutrition and physical activity).
- Numerous local collaborations/partnerships in the areas of mental health, poverty reduction, substance use and misuse, family health.
- Regional collaborations and partnership in health equity and family health.
- Provincial collaborations and partnerships in a number of areas including research, population health assessment, education, mental health, and chronic disease prevention.

Duplication of Effort

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

Local public health functions should include board of health/governance, service and program delivery, risk assessment, municipal engagement, and emergency response.

- Governance: a local board of health ensures effective representation and understanding of social, political, and community context.
- Service Program Delivery: this includes local implementation of programming and local adaptability of programming based on local needs, community capacity, and local priorities.
- Risk assessments: these should be community based and consider social/political impact.
- Municipal engagement: this allows for engagement with the funder and strengthens both accountability requirements and the local planning function.
- Emergency response: in order to ensure timely response with consideration of local context and partnerships and familiarity with the communities, emergency response should be local.
- Some functions that could be provided regionally (with some local linkages) include:
  - Quality improvement: regional approaches with local service delivery standards;
  - Identifying and 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?

Shared data systems would help drive local population health assessment, and data and analytic improvements. More specifically:

- 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 and 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.

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

The government should consider provincial and regional coordination to strengthen research capacity, knowledge exchange, and shared priority setting for public health. This includes more specifically:

- Exploring a 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.*
- Support and/or strengthen province-wide research and evaluation communities of practice (e.g. Ontario Public Health Evaluators Network) and create opportunities for and support the development of common tools and frameworks.
- 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) and ensure research and knowledge exchange continue to be a function of local public health.
- Fund collaborative research (e.g. PHO's Locally Driven Collaborative Project model).
- Formalize agreements with post-secondary institutions for data/research.
- Where relevant and appropriate, ensure the inclusion of Indigenous and First Nations peoples in planning processes at inception.

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?

Some public health functions and services could be strengthened if coordinated or provided at the provincial level; and it should be noted that some of these functions could also be coordinated or provided at a regional level depending on how public health is organized. These functions include:

- 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 well-being initiatives, orientation module development (e.g. Accessibility for Ontarians with Disabilities Act – AODA).
- Emergency preparedness supports such as guidance documents and guidelines, frameworks, system resources, to support local emergency preparedness efforts.
- 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?

A variety of other structural and infrastructure systems could help improve public health programs and services and strengthen the public health system. These include:

- Information technology: inter-operability structures, meeting platforms, IT infrastructure, telemedicine for client assessments, web content/web content management systems, and social media management systems can improve public health programs and services and strengthen public health systems.

- Research: data management systems, research infrastructure, access to databases, software licenses, and platforms could strengthen the public health system.
- Labour relations: a provincial information portal with salaries, collective agreements, and benefits can strengthen the public health system.

Inconsistent priority setting

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

Many processes and structures are in place that promote shared priority setting. These include:

- 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 Driven 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?

Public Health Ontario should have a role to support local priority setting, knowledge exchange, and research. More specifically, support could include:

- Consistent frameworks, infrastructure, and facilitation to support local and regional priority setting and shared processes for setting priorities while respecting local needs.
- Shared mechanism for knowledge exchange between local public health units.
- Support for the coordination of data and the synthesis of best practice evidence.

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

Various models could be considered to support consistent priority setting. These include:

- Autonomous skill-based boards of health with singular leadership (i.e. MOH/CEO model) reporting to the board.
- Representation at governance level from funders (municipal and provincial), balanced with competency-based representatives to address potential inherent conflicts.

- Regional councils 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.

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?

Building local, respectful relationships paired with public health unit actions have helped foster collaboration with Indigenous First Nation communities. There are a number of facilitators to this ongoing relationship development, including:

- Taking the time to develop respectful local relationships with Indigenous Peoples and communities and practicing the principles of respect, trust, self-determination, and commitment in engagement activities. This includes informing our work through Indigenous community voices and seeking Indigenous community guidance (e.g. 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).
- OPHS requirement for work in this area.
- 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.

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

Opportunities to strengthen Indigenous representation and decision-making should include meaningful dialogue, representation, and participation. More specifically:

- Meaningful dialogue at a nation-to-nation level regarding jurisdictional issues and regarding funding.
- Requirement for meaningful Indigenous representation on boards of health if the same is supported by local communities.
- Requirement for external Indigenous advisory committee for boards of health if the same is supported by local communities.

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?

The availability of French-language services, local relationships, and demographic data have been successful in considering the needs of Francophone populations in planning, delivery, and evaluation of public health programs and services. More specifically:

- The implementation of active offer of French-language services within our agency, including reference to such services in local Client Service Standards and a financial commitment to translation of materials and resources have been a demonstration of our agency commitment to serving the needs of the Francophone community. This work is supported by a Francophone Advisory Committee which helps support capacity and skill development.
- The provincial French-language public health services Community of Practice has provided support to our agency and the public health system in Ontario for the provision of services in French.
- Locally, strong relationships with the Francophone community, particularly in the school system and with post-secondary institutions, has supported our ability to delivery services in French.
- Demographic data on Francophone populations (when available) assists our agency with planning and priority setting for this community. Additional data on language would further enhance this work.

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

Policy, practices, and resources could improve public health service delivery in French to Francophone communities. These include:

- Designated Francophone representation on boards of health.
- Exploring and ensuring further clarity about the application of the French Language Services Act.
- Financial support for translation and training/competency building and supports for recruitment of bilingual candidates and training of personnel.
- Expansion of/further support for French-language public health services Community of Practice
- Locally, need for enhanced communication with Francophone communities about needs, and increased engagement with new French-speaking immigrants, including service delivery, and consider intersectionality with other racialized populations.
- Locally, institute a designated point-person for complaints, comments, and questions within public health units and improve service delivery by aligning Francophone service expectations in all sectors.

Learning from past reports

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

The structure and organization of public health should consider funding, capacity, infrastructure, a common identity, and provincial priorities. Specifically:

- Funding: adequate and sustainable funding to support population health and long-term gains, including supporting the government priority of ending hallway medicine. This includes consideration of economies of scale and restructuring, while also maintaining adequate levels of public health service at the local level.
- Capacity: consideration of strategies to ensure surge capacity within public health across the province, particularly to support response to emerging trends and emergencies.
- Infrastructure: modernization of the infrastructure supports to public health, including physical structure and information technology.
- Strengthened common identity for public health.
- Provincial priorities: increased focus on prevention at the population health level by Ontario Health and other areas of the health care sector. This includes emphasis on evidence-informed decision-making based on population level need and impact.

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

The current public health system should leverage strengths, retain autonomous boards of health, balance funding, retain the OPHS, and retain local program delivery with a multidisciplinary focus. This includes:

- Autonomous boards of health with singular MOH/CEO leadership reporting to the board of health.
- Continued balance of provincial and municipal funding contributions, with consideration of long-term financial sustainability. Ensure funding to public health is kept separate from funding to health care to avoid the risk of erosion of investments in upstream efforts.
- The Ontario Public Health Standards (OPHS), including focus on priority populations. Overall work of public health should include continued focus on population health, health equity, and upstream approaches, and on promotion, prevention, and protection. Work of public health should be informed by evidence of need and impact and consider community and stakeholder engagement.
- Local program delivery, connections and relationships, including meaningful links to municipalities.
- Multidisciplinary leadership and workforce, and supports for workforce development.
- Leverage the strengths in current capacity and ensure it is not weakened as system capacity issues are addressed (i.e. re-allocations).
- Exclusion of commercial interests.

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

Other considerations as the public health sector is modernized should include the exploration of synergies and expanded disciplines, along with continued communication and consultation, continued local decision-making, and continued financial support. This includes:

- Continued communication and consultation with local public health units throughout the process is critical.
- Continued support for local decision-making and discretion in the delivery of public health services is essential.
- Financial support for responsive municipal engagement.
- Exploration of synergies with other ministries for supporting public health mandate and consideration of the development of provincial advisory bodies before launching new initiatives to ensure local context during planning/implementation.
- Consideration of expanded disciplines in public health, including social work, to support the ever-changing face of public health work.

Public Health
Santé publique
SUDBURY & DISTRICTS

July 26, 2019

VIA ELECTRONIC MAIL

Ms. Helen Angus
Deputy Minister of Health and
Deputy Minister of Long-Term Care

Dr. David Williams
Chief Medical Officer of Health
Ministry of Health

Dear Colleagues:

Re: Transforming Public Health for the People of Northeastern Ontario

I write on behalf of the five Medical Officers of Health for Northeastern Ontario. As leaders of the public health units for Algoma, North Bay Parry Sound, Porcupine, Sudbury & Districts, and Timiskaming, we began some years ago to explore how greater collaboration among our organizations might improve our collective efficiency and effectiveness in meeting the unique public health needs of the people of the North East.

The announcements on April 11, 2019, of the government's consideration of a new province-wide model for public health served to accelerate and refocus our efforts. This led us to consider a range of structural, organizational, and governance options in support of a more integrated approach and resulted in the submission that is forwarded to you today for the Ministry's consideration.

We appreciate that there are decisions to come as to how the Ministry intends to receive input from stakeholders on a modernized approach to public health. We are confident that protecting and promoting the health of our population remains at the forefront for the Ministry as much as it does for us, and we are hopeful that our submission points to a feasible path forward for a Northeastern public health entity, should this remain the direction following the Ministry's consultations.

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The attached submission was prepared for your consideration, while you continue with determining the way forward for public health modernization. We would point out the key features of our work as follows:

- We have adopted a driving principle of think corporately and deliver locally. Translated, this means that we have considered how to create 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 have not lost sight of the concerns of our constituent municipalities, especially around cost management. To this end, we have proposed a representational governance structure that both respects that, and begins to embed best practices in good governance, embracing not only local representation, but also the complex set of skills, experience, and competencies that we know public health governance needs to succeed in the rapidly transforming health system in Ontario.

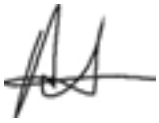
We have accomplished a great deal. We have reached agreement among a group of committed colleagues; obtained the support of our respective Boards to undertake this work; shared our work to date with our current Board Chairs; and have undertaken considerable detailed planning and analysis of both delivery and administrative systems, focussing on potential efficiencies within a new model. And, there is much yet to be done.

With the experience of the North East thus far, we submit that to do any transformation work well while ensuring the important work of public health continues uninterrupted, careful consideration must be given to sufficient transition time, funding and resources to support the required transition work, and flexibility as needed to incorporate potential regional variations.

We are now at the stage where we seek the opportunity to meet with Ministry senior leadership, to consider and refine our work to date. We would like to provide further context, review the recommendations, and clarify any points as needed. Public health is too important to get wrong and we remain dedicated to working with you to ensure a strong, effective, nimble, and locally connected public health system for the province of Ontario.

Thank you and we would sincerely appreciate an opportunity to engage. We would be pleased to organize this through my office at 705.522.9200 ext. 291.

Sincerely,



Dr. Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer
Public Health Sudbury & Districts

Encl.

cc: Ms. Elizabeth (Liz) Walker, Director, Accountability and Liaison Branch, Ministry of Health
Ms. Colleen Kiel, Acting Director, Strategy and Planning Branch, Ministry of Health
Dr. Jim Chirico, Medical Officer of Health and Chief Executive Officer, North Bay Parry Sound District Health Unit
Dr. Lianne Catton, Medical Officer of Health and Chief Executive Officer, Porcupine Health Unit
Dr. Marlene Spruyt, Medical Officer of Health and Chief Executive Officer, Algoma Public Health
Dr. Glenn Corneil, Acting Medical Officer of Health and Chief Executive Officer, Timiskaming Health Unit

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

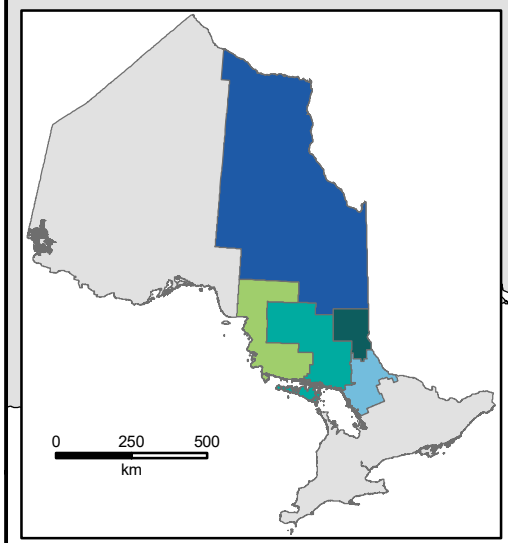
Public Health Sudbury and Districts
Penny Sutcliffe, MD, MHSc, FRCPC

Timiskaming Health Unit
Glenn G. Corneil, MD, CCFP, FCFP

July 2019

North East Public Health Unit Offices, 2019

Appendix A



Moosonee
Hearst
Kapuskasing
Smooth Rock Falls
Hornepayne
Cochrane
Iroquois Falls
Matheson
Timmins
Wawa
Chapleau
Kirkland Lake
Englehart
New Liskeard
Sault Ste Marie
Rainbow Ctr
Greater Sudbury
Elliot Lake
Blind River
Espanola
Sudbury East
North Bay
Burk's Falls
Manitoulin
Parry Sound

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

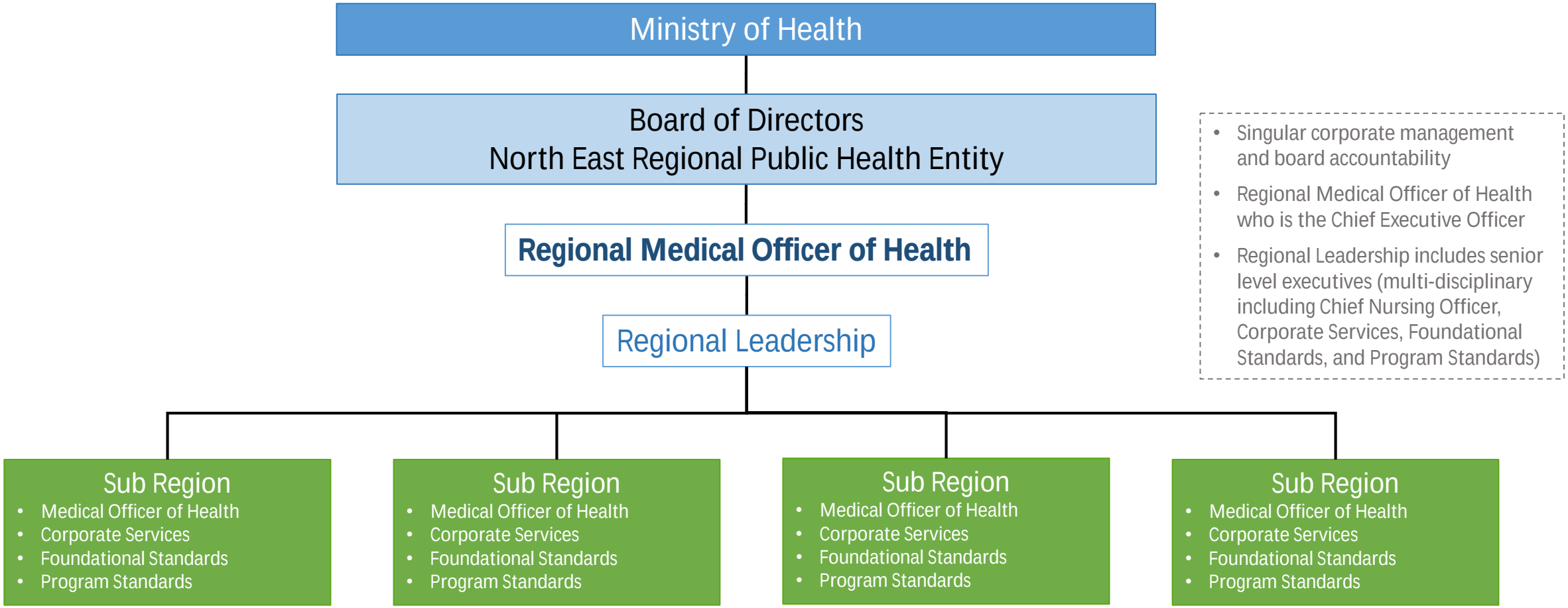
N

0 100 200 300

km

Prepared by Public Health Sudbury & Districts, Knowledge & Strategic Services. June 2019.
Data Sources: Cartographic Boundary Files, Statistics Canada 2016. PCCF, Canada Post 2013/2018. Main and branch offices, NorthEasthealthline.ca; extracted June 2019
Projection Lambert Conformal Conic, datum NAD 1983.

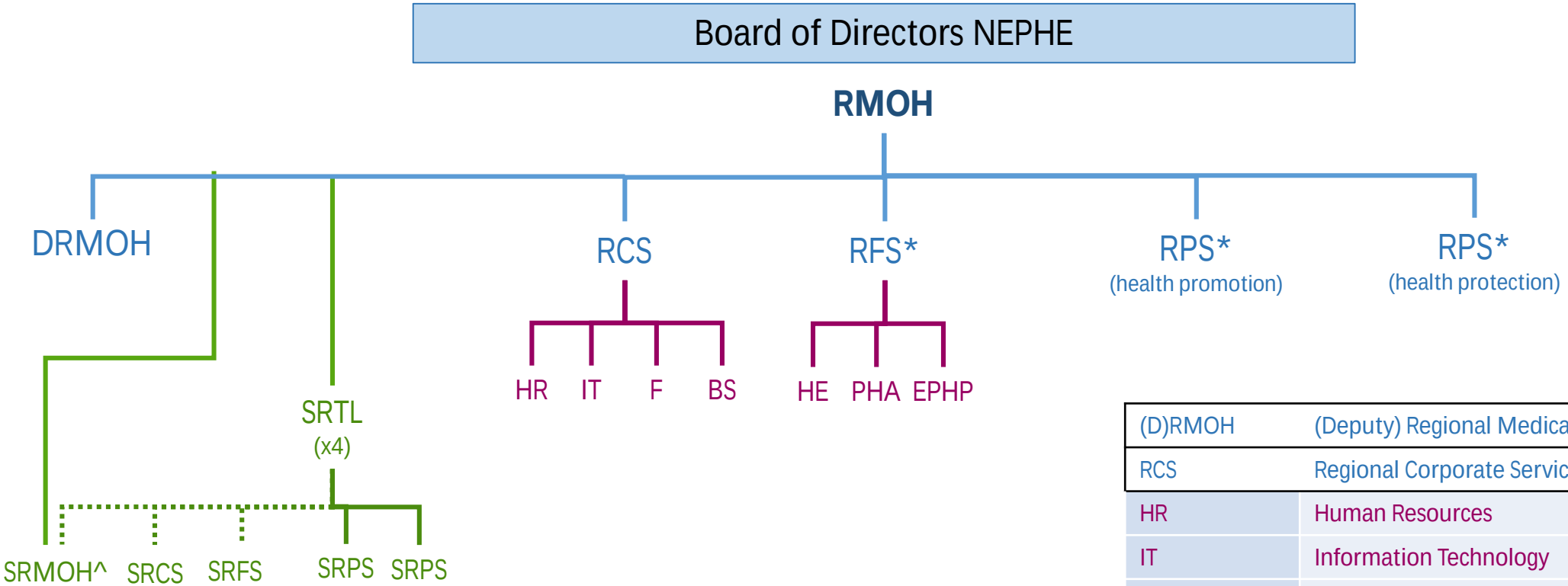
FUNCTIONAL CHART OVERVIEW



- 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)

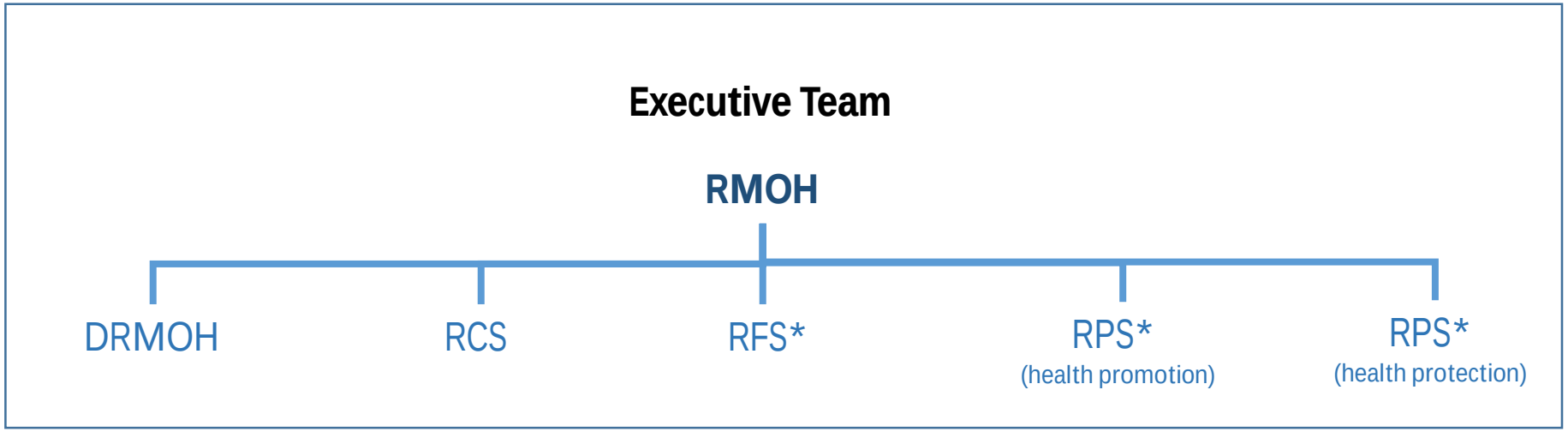
- Sub region leader is Medical Officer of Health (preferred) but could be from another health discipline
- Each sub region has a designated Medical Officer of Health
- Corporate Services and Foundational Standards teams – solid line to regional leadership as many functions are regional but require sub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

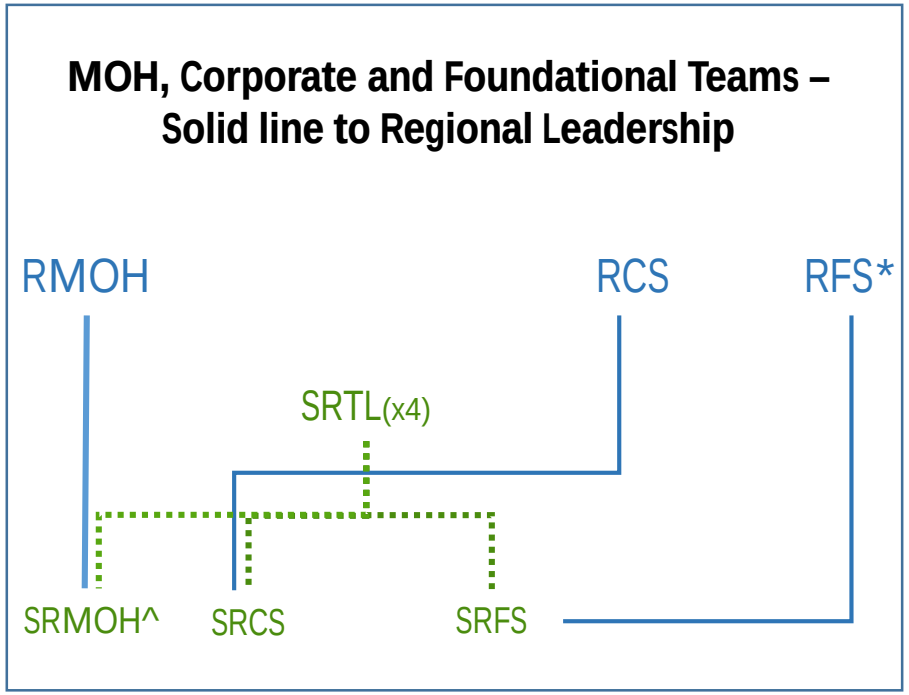
FUNCTIONAL CHART DETAILED VIEW

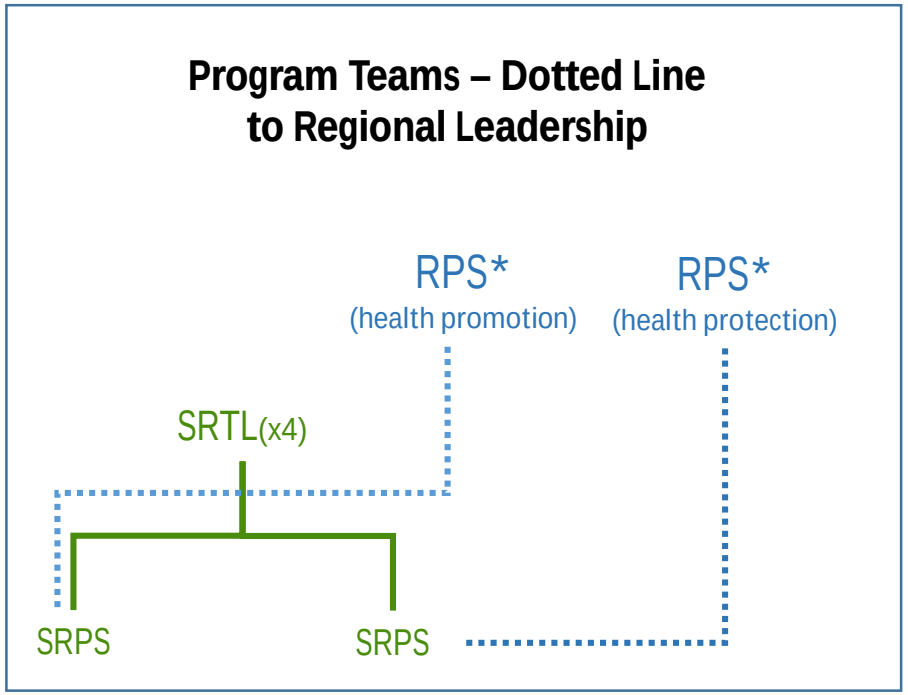


SRTL~	Sub-Regional Team Leader~ (preferred option is the SRMOH, one of whom is the deputy regional MOH)
SRCS	Sub-Regional Corporate Services
SRFS	Sub-Regional Foundational Standards
SRPS	Sub-Regional Program Standards (health promotion)
SRPS	Sub-Regional Program Standards (health protection)
SRMOH	Sub-Regional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

(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







*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	• 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	• 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.	1or 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.	

Revitalizing Ontario's Public Health Capacity:

The Final Report of the Capacity Review Committee

May 2006

This report builds on the Capacity Review Committee's Interim Report, *Revitalizing Ontario's public health capacity: a discussion of issues and options (November 2005)*, which is available online at:http://www.health.gov.on.ca/english/public/pub/ministry_reports/capacity_review05/capacity_review05.pdf

Several of the photographs used on the cover are courtesy of the Centers for Disease Control and Prevention.

Photo credit (front cover, second from right): James Gathany

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Letter of Transmittal

May 2006

Dr. Sheela Basrur
Chief Medical Officer of Health and Assistant Deputy Minister
Public Health Division, Ministry of Health and Long-Term Care
Hepburn Block, 11th Floor
80 Grosvenor Street
Toronto, ON M7A 1R3

Dear Dr. Basrur,

On behalf of the Capacity Review Committee (CRC), we are pleased to present you with our final report *Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee.* This report sets out our vision and blueprint for the restructuring of the local public health system.

The recommendations found in this report largely focus on five key theme areas: health human resources, accountability, governance and structure, funding, and research and knowledge transfer. We also provide recommendations on strategic partnerships to strengthen and increase relationships at a time when the health care system in Ontario is undergoing transformation and reconfiguration.

The CRC commends the Minister of Health and Long-Term Care and the Government of Ontario for the commitment to renew the public health system. Committee members are honoured to have had the opportunity to contribute to this process. We thank those whose work has gone before us, and the many individuals and organizations who have taken the time to provide us with their advice and guidance. The dedicated staff of the Strategic Planning and Implementation Branch and the Public Health System Transformation Office of the Public Health Division provided capable and energetic support to our efforts.

Ontario needs a strong and integrated public health system that is effective and accountable for the important work it does. The time to revitalize and renew public health in Ontario is now. We look forward to your consideration and the implementation of our recommendations.

Sincerely,

Dr. Susan Tamblyn
Chair, Capacity Review Committee

Brian Hyndman
Vice-chair, Capacity Review Committee

cc: Honourable George Smitherman, Minister of Health and Long-Term Care
Honourable Jim Watson, Minister of Health Promotion

Members of the Capacity Review Committee

Susan Tamblyn
Chair, former Medical Officer of Health for Perth District Health Unit

Brian Hyndman
Vice-chair, Citizen Representative with the Toronto Board of Health

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Director, Administrative Services, Porcupine Health Unit

Acknowledgements

Members of the Capacity Review Committee would like to thank the many people who contributed to our work. First of all, we would like to thank the members of the five Sub-Committees whose valuable work and insight greatly added to this report. (See Appendix A for the list of Sub-Committee Members).

We appreciate the many organizations and individuals who took the time to assist through written submissions, presentations or participation in the Reference Panel and the Roundtables. We would also like to thank all board and staff members of Ontario's public health units who contributed to the surveys and the site visits. The level of input and consideration is a testament to the strong interest that those working in public health have in improving our system.

In addition, we would like to acknowledge the excellent support that the CRC has received from the Ministry of Health and Long-Term Care, specifically:

Evelyn Dean, Rachel Gray, Corinne Hodgson, Phil Jackson, George Pasut, Shonna Petrook, Paulina Salamo, Anne Simard, Camille Sookdeo, Monika Turner.

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Chapter 5

Foundations for Success: Governance and Funding

Our Vision 2010:
Enhanced governance has led to stronger, more effective public health organizations and improved ties with local communities. The new system builds on strong relationships with local partners and municipal governments. Health unit funding is based upon a new, more equitable and responsive funding approach ensuring greater equity in public health service delivery. There is now more consistency across the province in the ability of health units to meet local and regional health needs quickly and efficiently, including times of crisis.

Public health is an increasingly complex responsibility, with impacts that often cross local, provincial or even national boundaries. Municipalities in Ontario have been struggling to meet the growing public health financial obligations imposed on them by provincial mandates from their tax bases. The financial burden associated with emerging public health issues has been significant and has contributed to variance in health unit capacity in different parts of the province.

Operation Health Protection has already identified a planned provincial uploading of public health funding to 75 percent by 2007. With the province taking a greater share of the financial burden and accountability, we need to address the changes that would ensure a strong, effective and coordinated public health system. In this chapter, we explore two key components: improved governance and more stable and predictable funding.

Governance bodies are responsible for the general oversight of the direction of programs and services. Stronger and more consistent governance is the foundation of a revitalized public health system. Our goal was to design a system that builds on the strong links with local partners and municipal governments and strengthens local governance, while at the same time ensuring greater provincial responsibility for funding and oversight.

Funding allocation and monitoring are key to ensuring that expectations are appropriately supported and met. The province should ensure optimization of resources, appropriate resource allocation from a system perspective and better alignment of funding and program requirements across the province. In this way, the province can ensure better accountability in our commitment to protect the health of the public *consistently* across Ontario.

The new approach to funding public health services that we are proposing requires a process with clear accountability. It should support full compliance with legislated requirements and provide surge capacity in the face of local outbreaks and unexpected health emergencies. The allocation of funding should be evidence and needs-based and more predictable and explainable.

It should support more equitable access to programs and services and a reduction of inequities in health outcomes.

5.1 Governance by Autonomous Boards

Currently, the 36 boards of health in Ontario are divided among three distinct governance structures. Twenty-two are autonomous and operate separately from the administrative structure of their municipalities, with their own policies and procedures. Four have been integrated into municipal administrative structures and although autonomous and focused primarily on public health, operate under the policies and procedures of their municipalities. In the 10 health units with a regional government, a single tier city or a restructured county, the municipal council has the mandate and authority of a board of health, and public health services may be combined with other services or placed in other departments.

Our review focused on the governance elements that are necessary to ensure a strong and resilient province-wide system that can react quickly and effectively to the challenges of the 21st century. We believe that all boards of health should be:

- **Local:** A local board of health ensures community-based decision-making and responsiveness to diverse community characteristics. This supports tailoring of programs to local needs. When health units are closer to the community level it is easier to get community input on health issues and maintain relationships with other locally-governed bodies and agencies that are primary partners in the delivery of services (e.g., school boards).

- **Autonomous:** An autonomous board allows for the recruitment of members with specific skills and interest in public health, to add to the perspective brought by municipal councillors. This model allows for continuity of membership and ongoing development of the board. One can ensure staggered recruitment, and protect against complete turnover of board membership following a municipal election. With guidance from the province about the right mix of skills, this model allows for a purposeful and planned board composition. An autonomous board also ensures the independence of the MOH and direct MOH reporting to the board without having to work through other bureaucratic layers.

- **Primary focus on public health:** A board with a primary focus on public health ensures that appropriate attention is paid to its mandate. The very nature of the prevention work of public health often means that outcomes are long-term or invisible except during a crisis. Public health can be easily overlooked or marginalized, possibly resulting in the erosion of services. A board focused solely on public health will ensure this does not happen.

Recommendation #19: Public health units should be governed by autonomous, locally-based boards of health. These boards should focus primarily on the delivery of public health programs and services.

A significant proportion of the population of the province is currently served by boards of health modeled differently from the one we are proposing. Our recommendation will allow the province to take a consistent system-wide approach to focus purposefully on meeting the public health mandate across the province. With continued municipal representation, boards can build on existing strengths and opportunities for local integration, but add a skill mix to enhance their capacity.

The legal responsibilities and expectations placed on boards of health are significant. Boards of health are responsible and accountable for overseeing all facets of programs and services required by health units, including budget oversight and the hiring, work priorities and performance management of health unit leadership. Skills-based boards of health with specialized and devoted focus on public health will be better positioned to provide sound risk management and attention to liability issues.

In addition, through this focus on establishing a consistent, province-wide public health system, the provincial government will ensure municipalities are no longer liable for public health. The province recognizes that the liability for local public health matters will rest with the boards of health, rather than the municipalities. The recent Ontario Superior Court decision with respect to the Toronto Board of Health reflects this direction.[6]

5.1.1 Health Unit Integration

One of the strengths of local governance is that it allows the system to adapt to the unique needs and circumstances in different parts of the province. Where local health units are currently integrated into the municipal structure, we envision that boards of health and municipalities would jointly agree on the degree of integration they wish to enjoy in the future. Thus, we propose:

[6] *Williams v. Canada (AG), (2005)*, 76 O.R. (3d) 763.

Recommendation #20: Where local health units are currently integrated into the municipal structure, the boards of health and municipalities should jointly agree on their degree of future integration.

Some newly autonomous boards of health may want their health units to remain heavily integrated with the municipality, whereas others may wish less or even no integration. For example, in some areas, staff might continue as municipal employees. In other cases, health units may be separate and may or may not contract to purchase specific supportive services from the municipalities. The Toronto Board of Health is a current example of an autonomous governance board that is intimately integrated into a municipal structure.

Whatever the degree of integration, health unit resources should not be transferred to other areas of the organization outside of public health. Furthermore, public health staff and programs must be accountable via the health unit leadership to the board of health. Models of integration that propose accountability through any route other than the health unit leadership and the board of health would not be acceptable. The MOH should report directly to the board of health and have the independence to be fully accountable for fulfilling the legislative requirements of the HPPA and its regulations.

In order to ensure an orderly implementation of this recommendation, the MOHLTC would need to develop a process to guide transition plan development and implementation. Where joint agreement between the municipality and board of health cannot be reached, the province should also develop a mechanism for dispute resolution.

5.1.2 Optimizing Boards of Health

Although the HPPA sets out some general requirements for board composition, there is wide variation across the province in how board members are recruited and supported. The appointment process for provincial appointees has not been timely. Health units with vast geographic areas often struggle to ensure geographic representation. In many cases, municipal councillors make up most or all of the members, so board composition may be dependent upon election results or municipal committee appointment processes. In some areas, board vacancies, turnover and instability are concerns.

Our goal is to ensure that boards have an adequate number of members to function effectively, together with sufficient flexibility to meet local circumstances. Most of all, we want to ensure that there is strong, skill-based local representation. A skills-based board will ensure stronger local representation than the current approach of solely geographic representation.

The change we are proposing in the composition of boards will have the effect of reducing the number of municipal councillors sitting on boards of health across the province. The reduced municipal accountability, especially in those jurisdictions where the council currently is the board of health, will be offset by the increased accountability being assumed by the province. The province will assume responsibility for oversight of the budget, taking a system perspective as the new major funder of public health.

Our deliberations led us to believe that a board consisting of half municipal and half citizen representatives would be appropriate. This allows municipalities to retain accountability for the 25 percent of the budget they fund, while ensuring there are enough citizen representatives to bring an appropriate mix of skills to the board. This "half and half" approach underscores the equal importance of both types of representatives on the board. Thus, we propose:

Recommendation #21: Boards of health should consist of eight to fourteen members, with equal balance between municipal appointees and local citizen representatives appointed by the board under authority delegated from the province.

The mix and numbers of board members for each board would be determined and fixed by the province by regulation, based on recommendations from current boards of health and in collaboration with the municipalities. We recommend that where there is more than one municipality involved, the board of health and the affected municipalities work out the details of representation for the municipal half of the board. Where the board and municipalities are unable to reach agreement, the municipal composition should reflect the population size of each municipality. We recommend that the terms of municipal and community representatives be staggered to ensure sufficient overlap of members.

Community representatives should be appointed through a selection process and nominating committee set up by the boards using provincial guidelines. In the past, the provincial appointment system has not always produced optimal results at the local level. To ensure that local appointments benefit from local knowledge and are timely, the authority to nominate local citizen representatives should be delegated to the board. The province should also clarify the conditions under which it could revoke this authority.

In order to facilitate the transitioning of health units from their present governance structure to one model of governance, a number of "enablers" must be put into place. These include:

- changes to the legislative framework;

- the development of a series of provincial standards in the area of board governance, including standards and measures for the nomination, recruitment and local appointment of members of the boards of health, orientation, training, self-assessment and requirements for strategic planning;

- tools to help boards meet the new board standards. For example, a provincial template for codes of conduct and confidentiality agreements could ensure greater province-wide consistency. Guidance should be provided by the province on the issue of compensation of board members;

- guidelines and tools for board recruitment. We believe the province should develop consistent, province-wide eligibility criteria that boards can use in making their decisions. As we believe boards should be skills-based, we urge the province to seek advice from such agencies as alPHa on the appropriate mix of skills required for public health governance. Tools could include such things as an information package, role description and a sample application form to support the establishment of nominating committees and the development of transparent application and selection processes that provide due diligence to the appointment process;

- improved provincial audit and board support capacity, including a tool whereby boards can regularly evaluate their governance process and effectiveness; and

- provincial support for training and continuing development of board of health chairs and members. An important part of this training is orientation of board members. Orientation sessions should be mandatory in the first year of a member's appointment, although the manner in which they are delivered can be dictated by local conditions and needs. We suggest that the province collaborate with alPHa in developing appropriate orientation tools and processes. The province may also explore other means by which it, the Public Health Division and the boards of health can collaborate in orientation and ongoing training (e.g., yearly provincially-sponsored orientation sessions, written or video information packages, yearly board chair and MOH sessions, or ongoing education in partnership with alPHa).

5.2 A Strong Financial Foundation

Before 1998 the provincial share of public health funding was 75 percent for most health units (40 percent for Toronto), with 100 percent funding for some selected programs (e.g., tobacco and sexual health). In 1998 the responsibility for funding public health programs was transferred entirely to municipalities, with the exception of a new program (Healthy Babies Healthy Children) funded 100 percent provincially. In 1999, the province committed to fund 50 percent of public health programs. The proportion of provincial funding has been increased under *Operation Health Protection* and will reach 75 percent by January 2007. In addition, the province pays 100 percent of the funds for several new and targeted initiatives, which brings the overall provincial share of funding to over 80 percent.

It is important and fitting that the province is taking increased responsibility for public health funding, and that the source of this funding is shifting from the property tax base of municipalities to the more stable and equitable tax base of the province. We believe that all public health programs funded by the provincial government need to be adequately resourced, and that province-wide equity will be enhanced by continuing to relieve the municipalities of this burden. At the same time, we believe that there must be flexibility in funding to reflect differences between communities.

We also believe accountability must be appropriately aligned with funding. There must be clear accountability for how public health funds and resources are used. When public health funding was downloaded to the municipalities, accountability was shifted to local boards of health, and planning, budgeting and accountability occurred primarily at the local level with municipal involvement. Subsequent uploading, however, has not been accompanied by any modification of these accountability mechanisms. Although local boards of health may address their performance and fiduciary responsibility, at the provincial level there has been limited information to explain public health expenditures or to show their impact on population health.

From the provincial perspective, the current open-ended funding system lacks appropriate accountability. We need to be able to link public health spending to accomplishments in meeting public health standards and achieving outcomes at both the provincial and local level.

We believe a more systematic, province-wide oversight of public health funding is needed to ensure equitable access to programs and services, thus reducing inequities in health outcomes, full compliance with legislated requirements, and surge capacity for disease outbreaks and unexpected health emergencies. In our changing environment, the current patchwork of capacities across the province is unacceptable. To ensure that all public health units have a strong and secure financial foundation, we propose a revised funding process that will:

- provide more stable and predictable funding, along with clear fiscal accountability mechanisms;
- increase equitable access to services and health outcomes across the province;
- provide capacity to meet unexpected surges in demand due to local episodic, unanticipated health needs, such as outbreaks, emergencies and health hazards; and
- ensure sufficient funding for compliance with the HPPA and other relevant legislation, as well as the MHPSG.

5.2.1 Cost-Sharing

What proportion of public health funding should be provided by the province, as opposed to the municipalities? Our consultations on the idea of 100 percent provincial funding for public health failed to produce a consensus among stakeholders. Although some felt that 100 percent provincial funding would strengthen a provide-wide system, others believed that severing the link to local governments could damage the strong relationships between health units and their communities. Therefore, we concluded that the issue of transferring the full cost of public health to the province should most appropriately be part of a larger discussion between the province and municipalities about the optimal alignment of costs, responsibilities and mandates.

At the same time, we believe that to ensure equity and a system-wide approach, the province should take leadership on establishing the funding envelope for public health. To further this goal, we propose:

RECOMMENDATION #22: Public health units should be globally funded, with budgets approved by the province. For programs that are currently cost-shared, the funding formula should be 75 percent provincial and 25 percent municipal, consistent with the last phase of the planned upload announced in *Operation Health Protection*. The province should guarantee continued full funding of the current 100 percent-funded programs.

We are not specifically recommending a further increase in the provincial funding share for public health at this time, although we believe it should remain a future option. We also believe that municipalities should have the discretionary power to provide additional funds for local initiatives outside of the MOHLTC-approved budget, as negotiated between the board of health and municipality at either's request.

Our findings support having the province take strong leadership by establishing a global funding envelope for cost-shared programs and clear boundaries on annual increases. This shift will eliminate the current experience of uncapped public health budgets causing significant budget pressure for local councils and the province, and will support multi-year local and provincial forecasting. Local boards of health will still be responsible for tailoring programs within the allocated envelope to best meet local needs, and for identifying emerging priorities and pressures at the local level and communicating them to the province via a multi-year budget planning process.

The model we are proposing will increase predictability and stability of funding, support two-way communication between local boards of health and the province throughout the budget cycles, and strike the right balance between local autonomy and provincial control. In addition, through increased provincial control over funding, the new system will allow for greater provincial oversight and province-wide equity in the allocation of new funds.

5.2.2 Funding Allocations

In the current system, local public health budgets are determined and approved at the local level. There is a risk of inequity in this system, as funding may be related to local willingness or ability to pay for services (as opposed to public health need) or the ability of health units to secure other resources, such as grants. Although it is generally agreed that per capita funding is not an appropriate or valid mechanism for assessing equity of funding, the report of the Auditor General of Ontario was unable to find an explanation for the wide variation in current health unit funding.[7]

[7] Office of the Auditor General of Ontario. *1997 annual report. chapter 3: reports on value for money (VFM) audits: section 3.10: public health activity.* Toronto, Ont: Office of the Auditor General of Ontario; 1997. [online]. Accessed January 25, 2006 from: http://www.auditor.on.ca/en/reports_en/en97/310en97.pdf

Differences in service costs and health needs across the province justify variances in funding and would modify the outcome of a simple per capita allocation of funds. The challenge has been to identify appropriate indicators of need and service demands that are valid, easy to measure, and have readily accessible data sources. It can also be argued that because many public health programs are targeted at populations, as opposed to individuals, quantifying the relationship between indicators and the need for funding is a greater challenge in public health than in other parts of the health care system.

We commissioned the Centre for Health Economics and Policy Analysis (CHEPA) at McMaster University to research the relationship between public health budgets in Ontario and indicators of need.[8] This study is a first step toward developing a new funding approach for public health. In its research, CHEPA found that needs indicators are highly correlated with one another, and as a group explained about 50 to 70 percent of the variance in public health funding over the three-year study period. However, the association declined over time. In addition, there were a number of currently unmeasured and fixed aspects associated with variation in health unit funding. CHEPA's work highlights some of the challenges faced in developing funding formulae for public health.

Further work is needed to assess what is feasible given the data available in Ontario. Thus, to achieve future greater system equity in funding, we propose:

Recommendation #23: The Ministry should establish a collaborative process with municipalities, boards of health, public health professionals and academic partners to continue to refine the budgetary allocation mechanism, to achieve greater equity in public health system funding over time.

In other parts of the health care system, it has taken a number of years to develop funding allocation methods. We believe CHEPA should continue to work on assessing what is feasible given the data available in Ontario, and what role a funding formula could play within the provincial funding system. The province should build upon and further this work. The evolution of a funding allocation method for public health could be an important and valuable component of the work of the centralized, dedicated support unit we envision within the Public Health Division (see Section 8.6). This work would help to build a system of greater province-wide funding equity.

[8] Hurley J, Rakita O. *The relationship between public health unit budgets in Ontario and indicators of need for public health: report to the Public Health Funding Sub-Committee of the Capacity Review Committee.* Toronto, Ont.: Ministry of Health and Long-Term Care; 2006.

5.2.3 A Revised Budget Process

While the shift to 75 percent funding from the province may alleviate some of the fiscal pressure on municipalities, it will not resolve the basic structural problems such as budget timing (i.e., the different provincial and municipal fiscal years) and the lack of multi-year funding to support long-term planning. In our interim report, we described the timelines associated with the budget approval process for municipal and provincial funds, and the problems associated with them (please refer to Figure 2 in the CRC's Interim Report for an overview of the municipal and provincial timelines). As we reported, many feel the current approach to budget planning and approval does not provide adequate, stable or predictable funding to fulfill health units' legal and program expectations. The issue is not just the total amount of funding for public health, but how that funding is allocated within and across health units.

Recently, the MOHLTC moved to multi-year funding for hospitals to address financial concerns similar to those occurring in public health, such as funding instability and the inability to do long-term planning. We believe a similar model would be beneficial for public health.

Recommendation #24: The Ministry should establish a budget process that allows for the approval of annual budgets within three-year rolling forecasts to ensure that boards of health and municipalities operate in a predictable financial environment.

Elements of this new budgeting process would include the creation of a reporting template by the Ministry that would allow each health unit to specify budget assumptions and unknowns (e.g., potential wage settlements) as part of their budget submission to the province. Program expectations would be tendered by the health units in the fall, prior to the Ministry fiscal year, thereby assisting the Ministry in its results-based planning and budgeting processes. Approval or grant letters for annual funding would be issued each year by the Ministry by July 1st at the latest.

Annual budget submissions would be accompanied with three-year rolling forecasts based on current and local health needs assessment. In this way, budgeting would become a two-way process, with three-year planning and forecasting by the boards of health and annual approvals with three-year forecasts by the Ministry. A stable three-year funding forecast

would assist the health units and municipalities in long-term budget planning. Multi-year planning would provide better predictability and stability of funding. The practice of approving public health budgets earlier in the municipal budget year would also reduce exposing the municipality to the risk of unfunded programs.

Mechanisms to streamline the budgeting process should also be developed. They may include such things as incentives for health units to submit their budget requests on time in order to receive prioritized consideration for future enhancements. As well, performance targets should be established for the province to meet deadlines for its own components of the budgeting process.

5.2.4 Capital Budgets

It is good business practice to develop long-term capital budgets for the "bricks and mortar" that are essential for health units. In the past, this sort of forecasting was not possible for provincial funds. We propose the following change:

Recommendation #25: Budget forecasting should include rolling ten-year forecasts for capital costs. The province should specify clear rules and criteria for how capital funding can be accessed through a special public health stream in the provincial health capital envelope.

5.2.5 Operating Reserves

Health units frequently experience unexpected expenses (e.g., responding to a disease outbreak, replacing or repairing capital equipment). In business, hospitals and municipal governments, operating reserves are a standard and common means of preparing for unexpected costs. To date, however, health units have not had the option of creating or maintaining operating reserves from provincial dollars. Enabling health units to establish such operating reserves would better equip them to address unforeseen operating cost pressures and surge requirements, and reduce one-time requests for provincial funding. Therefore, we propose:

Recommendation #26: The Ministry of Health and Long-Term Care should allow health units to establish cost-shared operating reserves of up to three percent of their annual operating budget in order to address unforeseen operating cost pressures and surge requirements.

Clear criteria for eligible expenses should be developed by the province to govern its share of the funding.

5.2.6 Streamlining Funding Requests

Currently, health unit funding comes from multiple provincial sources, which creates multiple reporting requirements and complicates program planning. To streamline the process and enhance planning and budgeting, we propose:

Recommendation #27: All provincial funding requests for public health programs should be channeled through one Ministry and via one point within the Ministry to ensure the simplification of budget reporting processes and coordination of decision-making.

This would include programs currently funded through Ministry of Children and Youth Services (MCYS) and programs that may be funded in the future through the Ministry of Health Promotion, as well as programs that are 100 percent MOHLTC-funded that currently require multiple reporting (e.g., West Nile Virus).

It should be noted that boards of health currently receive a small proportion of their total funding from other sources. For example, there are 100 percent municipal programs, grants from a variety of sources, and project-based funds. Boards of health should continue to receive funds from other sources as need and opportunity arise.

5.2.7 Supporting Local Information Technology Development

Information technology (IT) is essential for the delivery of public health programs and a key enabler for budgeting systems and performance management. Innovation at the local level in information technology should be complementary to provincial initiatives and funded on a cost-shared basis by the province. Currently, local initiatives are patchwork and may or may not be shared with other health units or cost-shared with the province. The Ministry has specific information systems (e.g., an IT financial system) that are not shared with the health units. In addition, some health unit requirements (e.g., clinic scheduling, paperless charting) are unique to the local level yet important components of the overall system.

Recommendation #28: The province should prioritize cost-shared funding of local information technology system development projects that have broader application across the public health system.

Local IT solutions should be developed in collaboration with the province. Successful local pilot projects may be implemented in other health units to enhance the capacity of

the whole system. Requests or proposals could be referred to the Public Health e-Health Council as a venue for collaboration. This new process for funding approval will encourage innovation regarding new IT projects, and the performance management processes they support within a provincial framework. The new process will ensure greater transparency of process and equity of access across health units.

media release

Porcupine and Timiskaming Health Units Moving Towards a Voluntary Merger

For immediate release — Wednesday, August 30, 2023

Timmins, Ontario — The Boards of Health for the Porcupine Health Unit (PHU) and for the Timiskaming Health Unit (THU) are taking steps towards a voluntary merger to strengthen public health in the communities they serve.

“While several reports over many years have recommended a merger between our health units, recent events including the COVID-19 pandemic have confirmed the benefits of a merger to increase staff capacity to deliver public health programming and to respond to surges and emergencies,” states Dr. Lianne Catton, Medical Officer of Health and Chief Executive Officer for the Porcupine Health Unit.

“The merger will strengthen local public health programs and services while increasing efficiencies,” says Dr. Glenn Corneil, Acting Medical Officer of Health for the Timiskaming Health Unit. “Programs and services will continue as is in local health unit offices in both regions during the merger process.”

Throughout this process, including pending final government approval, the PHU and the THU will continue to engage with community partners and municipalities to maintain our strong local connections.

For further information, contact:

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705-267-1181

Ryan Peters, Communications Manager
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PUBLIC HEALTH SYSTEM STRENGTHENING

MOTION:

BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts receive this briefing note for information; and

That the Board of Health for Public Sudbury & Districts support the Board Chair and Medical Officer of Health to engage with their Northeastern counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations; and

That the Board Chair ensure reporting back to the Board on this matter at future meetings.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health Committees

Subject
Board of Health Executive Committee Terms of Reference

Number
C-II-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
September 15, 2022

Review Date
September 15, 2022

Information

Purpose
The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services.

Reporting Relationship
The Executive Committee reports to the Board of Health.

Membership

Board Members at Large must be assigned annually by majority vote of the full Board.
- Board of Health Chair (1)
- Board of Health Vice-Chair (1)

- Board of Health Members at Large (3)
- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Board Secretary

Board of Health Executive Committee Chair: As elected annually by the committee at the first meeting of the Executive Committee of the Board of Health.

Only Board of Health members have voting privileges. All staff members are ex officio.

Responsibilities

The Executive Committee provides advice to the Board on the development, review, and oversight of Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services, in areas such as: policy, personnel, and property.

The Executive Committee may also undertake specific responsibilities of the Board if so, assigned by majority vote of the Board. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee assumes governance of the Board between Board meetings.

Executive Committee shall in between meetings of the Board, exercise the full powers of the Board in all matters of administrative urgency, including state of emergency status decisions, reporting every action at the next meeting of the Board.

Committee Proceedings

The rules governing the procedure of the Board shall be observed by the Executive Committee insofar as applicable.

Meetings are normally at the call of the Chair but may be requested by two or more members of the Executive Committee, subject to approval of the Chair.

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

Unapproved meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Agenda packages are made available to the public via the Public Health Sudbury & Districts website.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent meeting of the Board Executive Committee.

APPOINTMENT TO BOARD OF HEALTH EXECUTIVE COMMITTEE

MOTION:

THAT the Board of Health appoint the following Board member at large to the Board Executive Committee for 2023, effective September 24, 2023.

_____, Board Member at Large

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time:____

RISE AND REPORT

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

ADDENDUM

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

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____