CORRESPONDENCE – APRIL 2019

a) Date: 2019 March 7
Topic: Memo to Medical Officers of Health and Board Chairs re: health care transformation
From: Dr. David Williams, Chief Medical Officer of Health
To: Medical Officers of Health, Chief Executive Officers, Board Chairs

Background:

On March 6, 2019, Dr. David Williams, Chief Medical Officer of Health, issued a memorandum to advise all Medical Officers of Health, Chief Executive Officers, and Board Chairs of the recent announcement on the transformation of the health care system. Dr. Williams notes that the public health sector has a significant role to play within the larger system and that he looks forward to hearing input and collaborating as a sector to understand what the changes mean for public health.

Recommendation: Receive.

b) Date: 2019 March 8
Topic: Alcohol retail expansion consultation
From: Vic Fedeli, Minister of Finance
To: Dr. Chris Mackie

Background:

Vic Fedeli, Minister of Finance, wrote to Dr. Chris Mackie, Chair of the Council of Medical Officers of Health (COMOH), inviting up to two representatives from COMOH to participate in a roundtable discussion on alcohol retail expansion. Input will be requested on improving the rules for how alcohol products are sold and consumed, allowing new types of stores to stock these products, creating more opportunities for private sector businesses, and ensuring communities are kept safe and healthy. The Association of Local Public Health Agencies (alPHa) distributed its speaking notes for the Retail Expansion Roundtable, held by the Ontario Ministry of Finance on March 6, 2019, supporting prior correspondence to Mr. Fedeli on January 31, 2019, which provided input on the government's plan to modernize the rules governing the sale and consumption of alcohol in Ontario. In its correspondence, alPHa supports the resolution sponsored by the Middlesex-London Board of Health to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and thereafter develop a provincial alcohol strategy. Refer to correspondence item e) from the February 21, 2019 Board of Health agenda.

Recommendation: Receive.

c) Date: 2019 March 20
Topic: Association of Local Public Health Agencies (alPHa) Winter Symposium Proceedings
From: alPHa
To: Boards of Health

Background:

The Association of Local Public Health Agencies (alPHa) Winter Symposium was held on February 21, 2019, in Toronto. The proceedings were shared with all Boards of Health, highlighting the

following topics: 1) Plenary – Making the Connection Between Public Health and Mental Health; 2) the alPHa Strategic Plan; and 3) Panel – Managing Risk in Public Health. Dr. Chris Mackie represented the Council of Ontario Medical Officers of Health as a commentator at the plenary session.

Recommendation: Receive.

d) Date: 2019 March 20 (received March 21)
Topic: alPHa report: "Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine"
From: Simcoe Muskoka District Health Unit
To: The Honourable Christine Elliott

Background:

On March 20, 2019, the Board of Health for the Simcoe Muskoka District Health Unit wrote to Deputy Premier Christine Elliott in support of the Association of Local Public Health Agencies (alPHa) report "Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine."

Recommendation: Receive.

e) Date: 2019 March 5 (received March 21)
Topic: Support for provincial oral health program for low-income adults and seniors
From: Windsor-Essex County Health Unit
To: The Honourable Doug Ford

Background:

On March 5, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Premier Doug Ford in support of the Halliburton, Kawartha, Pine Ridge District Health Unit's request to build a provincial dental program for low-income adults and seniors. Refer to correspondence item b) from the March 21, 2019 Board of Health agenda.

Recommendation: Receive.

f) Date: 2019 March 5 (received March 21)
Topic: Increase actions in response to the current opioid crisis
From: Windsor-Essex County Health Unit
To: The Honourable Doug Ford

Background:

On March 5, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Premier Doug Ford in support of Peterborough Public Health's request of the federal and provincial government to increase their actions in response to the current opioid crisis. Refer to correspondence item j) from the November 15, 2018, Board of Health agenda.

Recommendation: Receive.

g) Date: 2019 March 20 (received March 22)
Topic: Support for provincial oral health program for low-income adults and seniors
From: Perth District Health Unit
To: The Honourable Doug Ford

Background:

On March 20, 2019, the Board of Health of the Perth District Health Unit wrote to Premier Doug Ford advising that a motion was passed in support of the provincial oral health program for low-income adults and seniors. Refer to correspondence item e) above.

Recommendation: Receive.

h) Date: 2019 March 20
Topic: Board of Health Fitness Challenge
From: Association of Local Public Health Agencies (alPHa)
To: Boards of Health

Background:

The Association of Local Public Health Agencies (alPHa) announced its upcoming 2019 Board of Health alPHa Fitness Challenge. The goal is to involve the entire Board of each agency in a thirty-minute walk, wheel, or other activity for half an hour sometime in April or May. The deadline for submissions is May 31, 2019.

Recommendation: Receive.

i) Date: 2019 March 27
Topic: Toronto Indigenous Overdose Strategy
From: Toronto Board of Health
To: Boards of Health and interested parties

Background:

At its meeting of February 25, 2019, the Toronto Board of Health adopted the motion to endorse the Toronto Indigenous Overdose Strategy and to urge the federal and provincial governments to fund and support the development of Indigenous-led overdose prevention and response action plans. In addition, the Toronto Board of Health is urging the federal and provincial governments to contribute funding for Indigenous-specific programs and services.

Recommendation: Receive.

j) Date: 2019 April 11
Topic: Private Members' Bill re: Inspection of Clinics
From: Peggy Sattler, MPP London West
To: The Middlesex-London Board of Health

Background:

On April 11, 2019, MPP Peggy Sattler wrote to the Board of Health to propose a Private Members' Bill to regulate community nursing clinics (CNCs) to further address the infection prevention and control lapse that occurred at ParaMed Flex Clinics in London in 2018. Currently, CNCs fall outside the regulatory framework that would provide oversight such as mandated annual inspections. Public Health Inspectors do not routinely visit these clinics but are mandated under the Ontario Public Health Standards within the *Health Protection and Promotion Act* to investigate when complaints are made about potential infection prevention and control lapses.
The proposed bill to regulate CNCs will:

- Make the Minister of Health responsible for oversight of Community Nursing Clinics
- Establish a legal definition for these clinics
- Provide Medical Officers of Health with addresses of existing and new clinics
- Mandate annual inspections of these clinics by Medical Officers of Health
- Ensure that the Home Care and Community Services Bill of Rights is posted in these clinics, and that patients are aware of their right to complain to health units

Recommendation: Endorse

k) Date: 2019 April 11
Topic: alPHa Communication – Budget 2019
From: Association of Local Public Health Agencies (alPHa)
To: Chairs, Boards of Health

Background:

The Association of Local Public Health Agencies (alPHa) sent a communication on April 11, 2019, following the release of the 2019 Ontario Budget, which included significant changes to Ontario's Public Health system. In its communication, alPHa highlights some key structural changes to public health, which include: establishing 10 regional public health entities and 10 new regional boards of health with one common governance model; adjusting provincial-municipal cost-sharing of public health funding; a $200-million-dollar reduction in provincial funding for public health over the next two years; and reorganization of back-office functions through digitizing and streamlining processes.

Recommendation: Receive.

Ministry of Health and Long-Term Care

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March 6, 2019

MEMORANDUM:

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

Dear Colleagues,

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

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

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

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

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

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

- News Release
- Backgrounder
- Minister's Remarks
- Connected Care Stakeholder Webinar
- Bill 74

Sincerely,

Original signed by

Dr. David Williams

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

Ministry of Finance
Office of the Minister

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FEB 2 5 2019

880-2019-679

Dr. Chris Mackie
Medical Officer of Health
Council of Medical Officers of Health
Christopher.Mackie@mlhu.on.ca

Dear Dr. Mackie:

As you may be aware, the government is undertaking a comprehensive review of the alcohol sector to inform its plan to expand the sale of beverage alcohol into corner and big-box stores, and further expand into grocery stores. We are moving forward on our promise to improve customer convenience and choice, and enable more opportunities for businesses.

As part of our commitment to consult, we are reaching out to key groups, including those representing beverage alcohol producers, public health and safety organizations, retailers, and the hospitality sector.

We want to ensure that your advice helps inform and guide this review. This letter is to invite up to two representatives from the Council of Medical Officers of Health to participate in one of the roundtable discussions. During the roundtable discussion, we will be seeking your input on improving the rules for how alcohol products are sold and consumed, allowing new types of stores to stock these products, creating more opportunities for private sector businesses, and ensuring communities are kept safe and healthy.

My Parliamentary Assistant, Doug Downey, will chair three roundtables in Toronto on the following days:

- Monday March 4, 2019 (2:00-3:30 p.m.)
- Tuesday March 5, 2019 (2:00-3:30 p.m.)
- Wednesday March 6, 2019 (2:00-3:30 p.m.)

Please contact Brenda Joseph by email (Brenda.Joseph@ontario.ca) or phone (416-325-7523) to advise on the availability of your representatives and to receive more detailed information.

.../cont'd

We will continue working with stakeholders to focus our efforts on modernizing Ontario's well-established beverage alcohol sector.

Sincerely,

Vic Fedeli
Minister of Finance

c: Doug Downey, Parliamentary Assistant to the Minister of Finance

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Retail Expansion Roundtable
Ontario Ministry of Finance

375 University Ave, 7th Floor, Toronto, ON M5G 2J5
Wednesday, March 6, 2019
Speaking Notes

Introduction

- alPHa represents all 35 boards of health and all associate/medical officers of health
- Thank you for inviting us to attend today's roundtable
- The focus of our remarks is on:
    - Rules for sale and consumption
    - Safe and healthy communities
- Alcohol is responsible for the second highest rate of preventable death and disease in Canada, following tobacco. Additionally, alcohol is responsible for the greatest proportion of costs attributed to substance use in Ontario;[i] it is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. It is necessary to balance consumer demand for convenience with policy supports aimed at ensuring the health of Ontarians remains a priority.

Background

- Alcohol availability in Ontario has increased 22 percent from 2007 to 2017 and will continue to increase under the government's proposed sale expansion plan.[ii]
- Ontario has committed to making wine, beer and cider available in up to 450 grocery stores.
- In August 2018, there was a reduction in the minimum retail price of beer (below 5.6% ABV) from 1.25 to $1.00; participating manufacturers were given enhanced promotion in LCBO retail stores.
- In December 2018, alcohol retail hours of sale were extended to 9 – 11 AM, seven days a week.

Current State

- Alcohol use is associated with addiction, chronic diseases, violence, injuries, suicides, fetal alcohol spectrum disorder, deaths from drunk driving, increased HIV infections, unplanned pregnancies, violence, assaults, homicides, child neglect and other social problems.
- Alcohol causes cancers of the mouth, esophagus, throat, colon and rectum, larynx, breast and liver.
- Even low to moderate alcohol consumption can cause cancer and damage to the brain.
- Alcohol outlet density has been shown to be related to heavy episodic drinking by youth and young adults.[iii] [iv]

- Privatized liquor sales, often associated with high density and increased sales to minors, can have troubling results for youth, including significantly more hospital visits, increased theft, increased acceptance of drinking among youth, and an increase in the number of "drinking days" among youth who were already drinking.[v]
- 1 in 3 Ontarians experience harms because of someone else's drinking.
- Evidence shows a consistent and positive association between alcohol outlet density and excessive alcohol consumption and related harms. The largest effect sizes were seen between outlet density and violent crime.[vi]
- Evidence shows that restricting the physical availability of alcohol by regulating the times when alcohol can be sold and limiting outlet density will decrease alcohol harm e.g., road traffic casualties, alcohol related disease, injury and violent crime.
- Increasing the hours of sale by greater than 2 hours has been shown to be related to increases in alcohol-related harms, such as an 11% relative increase in traffic injury crashes and a 20% relative increase in weekend emergency department admissions.[vii]
- A recent study by the Canadian Institute for Health Information estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol; there were more hospital admissions in Canada in 2017 for alcohol-related conditions than heart attacks.[viii]
- Increasing access to alcohol works against the government's efforts to reduce health care costs and end "Hallway Medicine".
- Alcohol-related costs currently exceed alcohol-related net income within Ontario.
- Alcohol-related costs in Ontario amount to at least $5.3 billion annually:[ix]
    - $1.5billion in healthcare
    - $1.3 billion in criminal justice
    - $2.1 billion related to lost productivity
    - $500 million in other direct costs
- In the United States, growth in life expectancy has stagnated and even decreased slightly in recent years, owing mainly to deaths attributed to alcohol and drug use or to suicide in lower socioeconomic strata; in Canada, rates of "deaths of despair" have also increased, particularly for opioid overdoses and alcoholic liver cirrhosis; as such, it is important for Canada to avoid further inequalities in income, to reduce rates of opioid prescribing and to strengthen alcohol control policies.[x]

Recommended Risk Mitigation Actions/Options:

Retail Siting and Setbacks

- Consider implementing the following setbacks, density and sensitive land use measures related to alcohol retailers:
    - Child care centres
    - Post-secondary schools
    - Elementary and secondary schools
    - Gaming facilities/casinos
    - Health care facilities, such as hospitals

- Long-term care homes
- Recreation and sports facilities
- Arcades, amusement parks, and other places where children and youth congregate
- Separation distances between retailors
- High priority neighbourhoods where there is more crime or higher socioeconomic disparity. DRHD priority neighbourhood data can be found at the following link: https://www.durham.ca/health.asp?nr=/departments/health/health_statistics/health_neighbourhoods/index.htm

Retail Density and Hours of Operation

- Take an incremental approach to alcohol sales expansion, including retail density and hours of sale, which will allow the government to monitor and evaluate the impact of any changes or increase in harms gradually.[xi]

Public Education, Prevention Strategies and Treatment Services

- Provide financial assistance to public health agencies to implement comprehensive and sustained prevention and harm reduction approaches that promote awareness of alcohol related harms and delay age of initiation amongst youth and young adults.
- Allocate a portion of additional revenue generated by increased alcohol availability directly to mental health and addictions services, which would assist in meeting current gaps in funding for direct service provision.

Pricing

- Adopt alcohol pricing policies that more effectively target hazardous patterns of drinking. These policies include:[xii]
  - setting and enforcing a minimum price per standard drink and applying it to all products
  - altering markups to decrease the price of low alcohol content beverages and increase the price of high alcohol content beverages
  - indexing minimum prices and markups to inflation to ensure that alcohol does not become cheaper relative to other commodities over time.

Note: Saskatchewan has demonstrated an effective strategy to bring revenue to the province while reducing alcohol related harms:

- increasing alcohol pricing can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption; Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of $9.4 million last year.[xiii]

Youth

- Maintain a government monopoly for off premise sales, including strong compliance checks.
- Limit retail density in areas frequented by youth.
- Ban the use of alcohol advertising, marketing and power walls in retailers that permit youth access.

Conclusion

- Notwithstanding competing pressures and priorities, government policies should strive to work in concert to support the health of all Ontarians.
- There are a number of options available to the government as in proceeds with alcohol retail expansion to mitigate the risks, especially to youth and vulnerable populations and to ensure safe and healthy communities.
- alPHa asks the government to fully consult with health experts, including the Association of Local Public Health Agencies, Centre for Addiction and Mental Health, and Ontario Public Health Association before making changes to the availability of alcohol.
- In addition, alPHa asks the government to develop, implement and evaluate a provincial alcohol strategy in consultation with the same experts cited above.

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

For further information contact:
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References

[i] The Canadian Centre for Substance Use and Addiction. (2018). Canadian Substance Use Costs and Harms in the Provinces and Territories. Retrieved from: http://www.ccdus.ca/Resource%20Library/CSUCH-Canadian-Substance-Use-Costs-Harms-Provincial-Territorial-Report-2018-en.pdf

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Appendix

Summary of alPHa's Submissions Related to Alcohol

- Alcohol is an important public health issue.
- Alcohol is not an ordinary commodity and should not be treated as such.
- Decisions how it is regulated, promoted and sold must be made within the broader context of its known and measurable societal harms, negative economic impacts and most importantly, public health.
- Alcohol is the most commonly used drug among Ontarians and one of the leading causes of death, disease and disability in Ontario.
- Alcohol is responsible for the second highest rate of preventable death and disease in Canada, following tobacco.
- Ontario has a significant portion of the population drinking alcohol and exceeding the low risk drinking guidelines.
- Expenditures attributed to alcohol consumption cost Ontarians an estimated $1.7 billion in direct health care costs and $3.6 billion in indirect costs in 2011, for a total of $5.3 billion.
- Direct health problems include chronic diseases such as liver diseases, diabetes, cardiovascular disease, cancer and other chronic illness along with deaths from drunk driving, homicides, suicides, assaults, fires, drowning and falls. These are but some of the more obvious examples of the adverse impacts of alcohol use and abuse.
- Indirect costs are also substantial due to alcohol-related illness, disability and death along with lost productivity in the workplace and at home.
- There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol.
- Increasing access works against the government's efforts to reduce health care costs. A recent study by the Canadian Institute for Health Information estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol. There were more hospital admissions in Canada in 2017 for alcohol-related conditions than heart attacks. Significant health care savings could be achieved through reduced health care burden from alcohol-related diseases and death.

- It is well-established that access increases consumption, which in turn increases the numerous alcohol-related harms as well as societal costs to the Province related to law enforcement. It is estimated that law enforcement related to alcohol costs Ontarians $3.18 yearly.

- We have expressed our opposition to expanding the nature and number of retailers permitted to sell alcohol in the past, based on clear evidence that increasing access is detrimental to public health, and this remains our position. Given that such expansion continues to proceed in Ontario however, we must reinforce the importance of developing a comprehensive, provincially led alcohol strategy that can help mitigate the otherwise entirely preventable negative impacts of increased alcohol availability, which include increasing hallway medicine and waste of taxpayers' money.

- It is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. A comprehensive, evidence-based approach to alcohol policy is therefore critical to limiting these harms.

EXCERPTS FROM AGO REPORT, CHAPTER 3.10 PUBLIC HEALTH: CHRONIC DISEASE PREVENTION

1.0 Summary

OVERALL MINISTRY RESPONSE

The Ministry and public health units are actively involved in promoting the Low-Risk Alcohol Drinking Guidelines to support a culture of moderation and provide consistent messaging about informed alcohol choices and responsible use. Over 65 stakeholders have been consulted to inform the development of a provincial Alcohol Strategy (p. 531).

4.1.3 Comprehensive Policy Developed and Dedicated Funding Provided for Tobacco Control but Not Physical Activity, Healthy Eating and Alcohol Consumption

Alcohol Consumption

In the case of ensuring effective controls on alcohol availability, we found that while public health is tasked with promoting Canada's Low-Risk Alcohol Drinking Guidelines to reduce the burden of alcohol-related illness and disease, in 2015 the Province expanded alcohol sales in grocery stores, farmers' markets, and LCBO e-commerce sales channels. One public health unit released a public statement noting that this move undermines the objective of public health units' work to reduce the burden of alcohol-related illness and disease.

Similarly, in their report mentioned earlier, Cancer Care Ontario and Public Health Ontario noted that the evidence shows that increased availability of alcohol is associated with high-risk drinking and alcohol-related health problems (pp. 546-547).

RECOMMENDATION 3

To better address the risk factors that contribute to chronic diseases, we recommend that the Ministry of Health and Long-Term Care develop comprehensive policies to focus on the key risk factors of chronic diseases—physical inactivity, unhealthy eating and alcohol consumption—in addition to tobacco control (p. 547).

MINISTRY RESPONSE

The Ministry and public health units are actively involved in promoting the Low-Risk Alcohol Drinking Guidelines to support a culture of moderation and provide consistent messaging about informed alcohol choices and responsible use. Over 65 stakeholders have been consulted to inform the development of a provincial Alcohol Strategy.

Building on these achievements, the Ministry is currently developing an integrated provincial strategy to further increase adoption of healthy living behaviours across the lifespan to reduce risk factors for chronic diseases including unhealthy eating, physical inactivity, harmful use of alcohol, and tobacco use, while recognizing the impact of social determinants of health.

EXCERPTS FROM AGO NEWS RELEASE DECEMBER 6, 2017: *SUCCESS OF PUBLIC HEALTH PROGRAMS IN PREVENTING CHRONIC DISEASES UNKNOWN: AUDITOR GENERAL*

The audit found that although the Ministry of Health and Long-Term Care (Ministry) has made progress in reducing smoking, a chronic disease risk factor, more work is needed to address the other risk factors such as physical inactivity, unhealthy eating and heavy drinking (3rd ¶)

A 2016 research report from the Ontario-based Institute for Clinical Evaluative Sciences, says that four modifiable risk factors that contribute to chronic diseases—physical inactivity, smoking, unhealthy eating and excessive alcohol consumption—cost Ontario almost $90 billion in health-care costs between 2004 and 2013. One of public health's functions is to prevent chronic diseases, such as cardiovascular and respiratory diseases, cancer and diabetes. In Ontario, the number of people living with these diseases has been rising (4th ¶).

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February 20, 2019

Christopher Tyrell
Standing Committee on Public Accounts
Committee Clerk
Procedural Services Branch
Legislative Assembly of Ontario
1405-99 Wellesley Street West
Toronto, Ontario M7A 1A2

Dear Chair and Members:

Re: Public Health – Chronic Disease Prevention Audit

On behalf of my colleagues Drs. David Colby (Municipality of Chatham-Kent), Eileen de Villa (Toronto Public Health) and Janet DeMille (Thunder Bay District Health Unit), we are pleased to appear before you today to answer any questions you may have with respect to the Public Health – Chronic Disease Prevention audit of the 2017 Auditor General of Ontario's Annual Report.

Our respective biographies are listed below, and our speaking points are attached to this letter. We respectively recommend that questions related to the Ministry of Health and Long-Term Care, including the status of the audit's recommendations, and Public Health Ontario (PHO) be directed to the appropriate officials within the Ministry or PHO. In addition, if we are unable to answer your questions, we are happy to take them back to our respective public health units and report back to the Committee.

Sincerely,

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3324.

Dr. David Colby

Originally from Chatham, Dr Colby received his MD from the University of Toronto in 1984. Dr Colby was awarded Fellowship in the Royal College in 1990 (Medical Microbiology) and was appointed Chief of Microbiology at University Hospital, London in 1993. He was President of the Canadian Association of Medical Microbiologists from 1995 to 1997. Dr Colby is a Coroner for the province of Ontario and Professor of Microbiology/ Immunology and Physiology/ Pharmacology at Western. His research interests include antimicrobial resistance and wind turbine sounds. Dr Colby is the Medical Officer of Health in Chatham-Kent.

Dr. Eileen de Villa

Dr. Eileen de Villa is the Medical Officer of Health for the City of Toronto. Dr. de Villa leads Toronto Public Health, Canada's largest local public health agency, which provides public health programs and services to 2.9 million residents. Prior to joining Toronto Public Health, Dr. de Villa served as the Medical Officer of Health for the Region of Peel serving 1.4 million residents.

Dr. de Villa received her degrees as Doctor of Medicine and Master of Health Science from the University of Toronto and holds a Master of Business Administration from the Schulich School of Business. Dr. de Villa is also an Adjunct Professor at the Dalla Lana School of Public Health at the University of Toronto.

Dr. de Villa has authored, published and presented research on issues including public health considerations for city planning and emergency preparedness, communicable and infectious disease control, and public health policy development.

Dr. Janet DeMille

Dr. Janet DeMille is the Medical Officer of Health and CEO of the Thunder Bay District Health Unit (TBDHU), one of two provincial public health units covering all of Northwestern Ontario.

Dr. DeMille has lived and worked in Northwestern Ontario (NWO) for over 20 years, initially training and then practicing in Family Medicine in rural communities in NWO as well as in the City of Thunder Bay. In 2009, she entered the post-graduate medical training at the Northern Ontario School of Medicine and successfully completed her Master of Public Health degree and her Royal College certification in Public Health and Preventive Medicine in 2012. She started working at the TBDHU after this, first in the role of Associate MOH before officially taking on the role of MOH in early 2016.

Dr. Robert Kyle

Dr. Robert Kyle has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He obtained his Bachelor of Science degree in chemistry from Western University and medical degree and Master of Health Science degree from the University of Toronto. He is a certificant in the Specialty of Community Medicine from the Royal College of Physicians and Surgeons of Canada and holds a certificate in Family Medicine from the College of Family Physicians of Canada.

Dr. Kyle is a Fellow of the Royal College of Physicians and Surgeons of Canada and of the American College of Preventive Medicine and is a former Medical Officer of Health for the Peterborough County-City Health Unit. He is an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto and a member of the medical staffs of Lakeridge Health Corporation and Markham-Stouffville Hospital.

Dr. Kyle is an active member of many provincial and regional health groups and organizations. For example, he is currently Chair of Public Health Ontario's Board of Directors, President of the Association of Local Public Health Agencies, and Chair of the Public Health and Preventive Medicine Exam Board for the Royal College of Physicians and Surgeons of Canada.

Standing Committee on Public Accounts
Room 151, Main Legislative Building

February 20, 2019

Speaking Points

- Good morning; I am Dr. Robert Kyle, Commissioner & Medical Officer of Health, Regional Municipality of Durham
- With me are Drs. David Colby, Eileen de Villa and Janet DeMille, Medical Officers of Health for Chatham-Kent, Toronto, and Thunder Bay District, respectively
- Our bios are attached to our transmittal letter, together with these speaking points, which we would be happy to leave with the Committee Clerk
- Thank you for the invitation to appear before you today
- Thanks to the Audit Team for working with us in researching and preparing its audit report
- Before proceeding, it should be noted that section 2.1.2 of the audit (p 533) refers to the previous Ontario Public Health Standards, 2008 (revised March 2017) that were replaced by the new Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018 (OPHS), which are described in more detail below
- We acknowledge the public health significance of chronic diseases, in that:
    - Most chronic diseases (e.g., diabetes, cancer, etc.) are preventable, or their onset can be delayed by limiting four modifiable risk factors:
        - Physical inactivity
        - Smoking
        - Unhealthy eating
        - Excessive alcohol consumption (p 527)

    - The MOHLTC estimated that major chronic diseases and injuries accounted for 31% of direct, attributable health care costs in Ontario (p 534)
    - Preventing chronic diseases helps reduce the burden on the health-care system and promotes a better quality of life (p 534)

- Accordingly, the focus of our remarks is on the public health system and its role in chronic disease prevention

- Questions about the Ministry of Health and Long-Term Care (Ministry), the status of the Audit's recommendations, and Public Health Ontario (PHO) are best directed to Ministry and PHO officials, respectively

- Public health focuses on the health and well-being of the whole population through the promotion and protection of health and prevention of illness (p 531)

- The *Health Protection and Promotion Act* (Act) is the primary legislation that governs the delivery of public health programs and services; its purpose is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease, and the promotion and protection of the health of the people of Ontario (p 532)

- The public health system is an extensive network of government, non-government and community organizations operating at the local, provincial and federal levels (p 532)

- The key provincial players are the Ministry and PHO (p 532)

- The Ministry co-funds with obligated municipalities 35 public health units (PHUs) to directly provide public health programs and services (p 532)

- The Population and Public Health Division (Division) is responsible for developing public health initiatives and strategies, and funding and monitoring public health programs and services delivered by PHUs (P 532)

- The Division is currently led by the Chief Medical Officer of Health (CMOH) who reports directly to the Deputy Minister; his other duties include those listed on p 532
- PHO provides scientific and technical advice and support to the CMOH, Division and PHUs; it also operates Ontario's 11 public health laboratories (p 532)
- PHUs deliver a variety of program and services in their health units; examples are listed on p 533
- Health unit populations range in size from 34,000 (Timiskaming) to 3 million (Toronto) (p 533)
- Each PHU is governed by a board of health (BOH), which is accountable for meeting provincial standards under the Act (p 533)
- Each BOH appoints a medical officer of health (MOH) whose powers and duties are specified in the Act and include reporting directly to the BOH on public health and other matters (P 533)
- Governance models vary considerably across the 35 PHUs; all are municipally controlled to varying degrees (p 533)
- Each BOH has a Public Health Funding and Accountability Agreement with the Ministry, which sets out the terms and conditions governing its funding (p 533)
- The Ministry develops standards for delivering public health programs and services as required by the Act; each BOH is required to comply with these standards (p 533)
- On January 1, 2018, each BOH began implementing the new OPHS, Protocols and Guidelines
- The OPHS set out the minimum requirements that PHUs must adhere to in delivering programs and services

- The OPHS consist of the following nine Program Standards:
    - Chronic Disease Prevention and Well-being
    - Food Safety
    - Healthy Environments
    - Healthy Growth and Development
    - Immunization
    - Infectious and Communicable Diseases Prevention and Control
    - Safe Water
    - School Health
    - Substance Use and Injury Prevention

- The OPHS also consist of the following four Foundational Standards that underlie and support all Program Standards:
    - Population Health Assessment
    - Health Equity
    - Effective Public Health Practice, which is divided into 3 sections:
        - Program Planning, Evaluation, and Evidence-Informed Decision-Making
        - Research, Knowledge Exchange, and Communication
        - Quality and Transparency
    - Emergency Management

- 23 Protocols provide direction on how BOHs shall operationalize specific requirement(s) identified within the OPHS; the aim is to have consistent implementation of specific requirements across all 35 BOHs; in the past and now, BOHs must comply with these Protocols

- 20 Guidelines provide direction on how BOHs shall approach specific requirement(s) identified within the OPHS; the aim is to provide a consistent approach to/application of requirements across all BOHs while also allowing for variability in programs and services across PHUs based on

local contextual factors as defined in the guidelines; now, BOHs must comply with these Guidelines

- It should be noted that although there are fewer Program Standards, there are more Foundation Standards and taken together with the Protocols and Guidelines, more requirements with which BOHs must comply
- Under the Act, provincial funding of PHUs is not mandatory but rather is provided as per Ministry policy; the Act requires obligated (upper-tier or single-tier) municipalities to pay the expenses incurred by or on behalf of the PHUs to deliver the programs and services set out in the Act, the regulations and the OPHS (p 534)
- Currently, the Ministry funds up to 75% of mandatory programs and up to 100% of priority programs (p 534)
- The Ministry updates the schedules in the Public Health Funding and Accountability Agreement annually (p 534)
- The new OPHS takes a coordinated approach to the Standards listed above and a more robust Accountability Framework that covers the following domains:
    - Delivering of Programs and Services
    - Fiduciary Requirements
    - Good Governance and Management Practices
    - Public Health Practice
    - Common to All Domains
- Accordingly, beginning in 2018, each BOH submits a prescribed Annual Service Plan and Budget Submission to the Division for approval
- It should be noted that BOHs are now providing the PPHD with far more information; moreover, beginning in the fall of 2018, BOHs must report on their risk management activities; finally, commencing with the 2019 ASPBS,

BOHs must report on their 2018 program activities, as specified by the PPHD

- With respect to chronic disease prevention, the OPHS require each BOH to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors

- The following topics (by program) are considered based on an assessment of local needs:

    - Built environment (Chronic Disease Prevention and Well-being {CDP})
    - Comprehensive tobacco control (Substance Use and Injury Prevention {SUIP})
    - Healthy eating behaviours (CDP, School Health {SH})
    - Mental health promotion (CDP, SH, SUIP)
    - Oral health (CDP, SH, SUIP)
    - Physical activity and sedentary behaviour (CDP, SH)
    - Substance use (SH, SUIP) and harm reduction (SH)
    - UV exposure (CDP, SH)

- Several Guidelines (i.e., *Chronic Disease Prevention*, *Health Equity*, *Mental Health Promotion*, and *Substance Use Prevention and Harm Reduction*) and one Protocol (*Tobacco, Vapour and Smoke)* guide the work in this area

- For these three (CDP, SH, SUIP) programs, each BOH shall collect and analyze relevant data and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018*

- As regards program evaluation, each BOH is required to:

    - Routinely monitor program activities and outcomes to assess and improve the implementation of programs and services

- Ensure a culture of on-going program improvement and evaluation, and conduct formal program evaluations where required
- Ensure all programs and services are informed by evidence

- Each BOH must comply with 2 research and knowledge exchange (KE) requirements:

  - Engage in KE activities with public health practitioners, etc. regarding factors that determine populations health
  - Foster relationships with researchers, academic partners and others to support research and KE activities

- In closing, Ontario has a mature, inter-connected, and well-regulated public health system
- The system is capably led by the Ministry and ably assisted by the CMOH and the Division
- PHO provides the Ministry and PHUs with superb scientific, technical and laboratory support
- PHUs are governed by BOHs each of which appoints a MOH who ensures the delivery of a wide array of public health programs and services, including chronic disease prevention, in accordance with the Act, regulations, OPHS, Protocols and Guidelines
- As with all well-functioning health systems, there is always room for continuous quality improvement
- With the foregoing in mind, we would be happy to answer your questions

alPHa
Association of Local PUBLIC HEALTH Agencies

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

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E-mail: info@alphaweb.org

Hon. Vic Fedeli
Minister of Finance
Room 281, Main Legislative Building,
Queen's Park
Toronto, Ontario M7A 1A1

January 31 2018

Dear Minister Fedeli,

Re: Alcohol Choice & Convenience and a Provincial Alcohol Strategy

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health, and Affiliate organizations, I am writing to provide our input to your Government's plans for modernizing the rules for the sale and consumption of alcohol in Ontario. We are especially interested in helping you achieve the stated goal of ensuring safe and healthy communities by reiterating our call for a Provincial Alcohol Strategy.

Over the past few years, Ontario has been steadily increasing the availability of and access to beverage alcohol by relaxing long-standing controls over its sale and distribution, such as expanding the number and type of retail outlets, extending hours of service, allowing online ordering with home delivery and reducing over-the-counter prices. Your Government's plan to expand the sale of alcohol to corner stores, additional grocery stores and big-box stores would be a significant move towards further loosening these controls.

While we understand the consumer convenience aspect of these decisions, we are very concerned that the negative societal and health impacts of increasing the availability of alcohol continue to be overlooked.

Alcohol is no ordinary commodity. It causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death. Its contributions to liver disease, fetal alcohol spectrum disorder, acute alcohol poisoning and various injuries owing to intoxication are well known and evidence of its links to mental health disorders and a range of cancers continues to mount. In fact, a recent study by the Canadian Institute for Health Information (CIHI) estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol[1].

In addition to the personal health impacts, alcohol is a significant factor in the public costs associated with health care, social services, law enforcement and justice, and lost workplace productivity.

We have expressed our opposition to expanding the nature and number of retailers permitted to sell alcohol in the past, based on clear evidence that increasing access is detrimental to public health, and this remains our position. Given that such expansion continues to proceed in Ontario however, we must reinforce the importance of developing a comprehensive, provincially led alcohol strategy that can help mitigate the otherwise entirely preventable negative impacts of increased alcohol availability, which include increasing hallway medicine and waste of taxpayers' money.

It is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. A comprehensive, evidence-based approach to alcohol policy is therefore critical to limiting these harms.

We would be pleased to meet with you to further discuss our views on the public health impacts of alcohol availability and to lend our expertise to the development of a made-in-Ontario alcohol strategy. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Robert Kyle,
alPHa President

COPY: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health

Encl.

1. *Canadian Institute for Health Information. Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI; 2017.*

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A11-1

TITLE: **Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a $456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

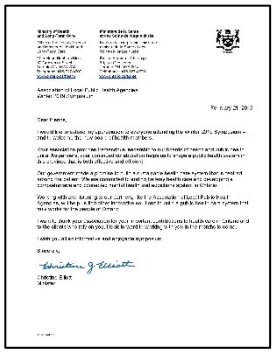
ACTION FROM CONFERENCE: **Resolution CARRIED**

Association of Local PUBLIC HEALTH Agencies

WINTER SYMPOSIUM PROCEEDINGS
Thursday, February 21, 2019
Chestnut Conference Centre
89 Chestnut St., Toronto

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

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



He thanked the Medical Officers of Health, Associate Medical Officers of Health, Affiliates, and Board of Health members – particularly those who are new to their role – for demonstrating their dedication to the public health system by attending this event in an unpredictable climate, both political and actual. He also read a letter of greeting that was received from the Minister of Health and Long-Term Care.

Plenary – Making the Connection Between Public Health and Mental Health

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

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

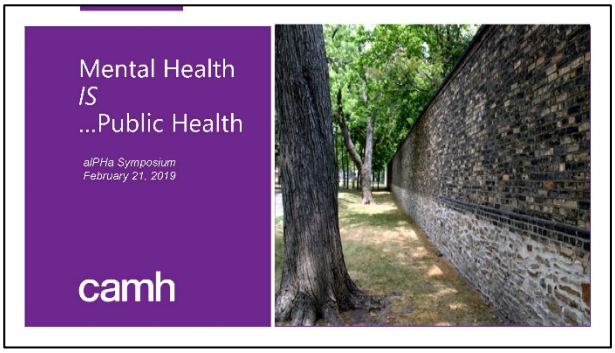
Lori Spadorcia gave a brief history of the Centre for Addiction and Mental Health's Toronto campus, to illustrate the importance of breaking down both literal and figurative walls to drive policy change and attitudes related to mental health. The campus itself has evolved from an asylum isolated from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

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

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

assertion that the burden of mental illness and addictions is higher than that for all cancers combined. It has in other words become an enormous and poorly addressed health issue that could benefit from the same upstream approaches that we use to address physical wellbeing.

She used the example of housing, which has become one of CAMH's top advocacy priorities, to illustrate this idea. The evidence that stable housing is one of the strongest determinants of health is robust and CAMH has had a great deal of success, despite the predictable challenges and resistance, in transitioning close to 100 patients into the community. This however remains a matter that is not being adequately addressed through public policy, and even the most complex cases can be transitioned with the proper supports within a well-connected system of multisectoral care with central access points, strong continuing care and monitoring.



A broader advocacy focus is the message that mental health is health, because it remains marginalized and poorly understood by the health and education systems, employers and society at large. This magnifies the haphazard approaches following diagnoses of mental disease, which in turn highlights the importance of achieving parity with the clear and accepted responses following diagnosis of physical disease. She submitted that the upstream determinants of health approach will be an important foundation for employing a common language for both. In addition, discovery and innovation will remain the foundation of treating mental health the same way that we do physical health, opening options for treatment and, most importantly, providing hope.

Following Lori's presentation, Trudy Sachowski (Chair of alPHa's Boards of Health Section) and Dr. Christopher Mackie (Chair of alPHa's Council of Ontario Medical Officers of Health) were invited to provide further comments from a public health perspective and lead the ensuing discussion.

Trudy spoke of the prevalence of alcohol abuse in her community and the importance of getting to people when they are young through schools, teams, positive reinforcement, supports for assistance, seminars and educational sessions. In the north, this also requires partnering with indigenous associations to ensure that any intervention or program is culturally sensitive and is led by the indigenous community.

Lori agreed with these points and added that having different partners at the table has contributed to the success of a variety of initiatives. Implementing mental health strategy takes a village, which includes schools, social services, police, public health etc., as the audiences are often the same, so innovation and a variety of coordinated approaches can be employed. It is also important to understand that audience through involvement – there is no standard approach that can be expected to work in all cases.

Dr. Chris Mackie continued with a reference to the stigma, noting that the subject of his Master's degree was de-institutionalization of mental health and indicating that this needs to focus on providing supports to individuals who need them and not strictly on reducing the burden on the institutions themselves. He observed that mental health was only incorporated into the Ontario Public Health Standards in 2018, and that this will provide an important foundation for building on the activities that public health had already initiated (e.g. early years, anti-bullying and post-partum programs) by making it a core part of its practice and facilitating further collaboration to reduce the enormous burden of illness. Public health can have a tremendous impact through prevention approaches, especially if the potential of programs such as Healthy Babies, Healthy Children can be unlocked

through proper funding and resources. Roles in secondary and tertiary prevention where mental illnesses and physical illnesses such as TB intersect are also becoming clearer.

The ensuing discussion covered the importance of raising awareness and translating it into action and well-resourced programs and services (the Bell "Let's Talk" campaign was referenced), addressing workplace culture, building community capacity, and reinforcing the idea that determinants of health – especially when applied in the earliest stages of life – will improve mental health outcomes just as much as they do physical ones.

alPHa Strategic Plan

Speaker: Maria Sanchez-Keane, Principal Consultant, Centre for Organizational Effectiveness

Dr. Robert Kyle welcomed Maria Sanchez-Keane to facilitate a session that would give delegates the opportunity to provide feedback on the new alPHa Strategic Plan, which has been under development throughout the past year.

She provided a summary of the process so far and the agreed-upon strategic directions, indicating that this phase is intended to gather further direction from the membership on implementation of the plan. The work on this began some time ago and has been developed through input from two alPHa Boards and their respective Executive Committees as well as alPHa staff. Delegates were asked to continue the focus on what alPHa can do to advance public health through the leveraging of its diversity of membership and variety of perspectives in three key areas and considering criteria that should be employed in decision-making processes.

Small-group discussions were organized for each of the key areas (strengthen the local public health system, especially local public health, by leading the dialogue with governments and Ministries; provide leadership in building collaborations and alliances focusing on provincial and municipal levels; build opportunities for multiconstituent connections amongst alPHa members). Written / oral feedback was collected to inform the next version of the Plan. Further work on this will be done by the alPHa Board of Directors during their February 22nd and April 26th meetings. The final Strategic Plan is expected to be presented to the membership during the June 2019 Conference in Kingston.

Panel – Managing Risk in Public Health

Moderator:
Dr. Peter Donnelly, President & CEO, Public Health Ontario

Panelists:
Dr. Penny Sutcliffe, MOH, Public Health Sudbury & Districts
Dr. Robert Kyle, MOH, Durham Region Health Department

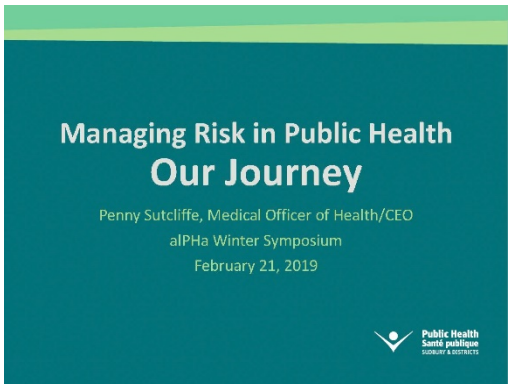
This panel was assembled to provide members with a chance to build on previous alPHa sessions on risk management (2015 and 2016) at a time when significant systemic changes are occurring.

Dr. Peter Donnelly launched the panel with introductory comments, observing that managing risk should be closely integrated into governance and there can be consequences if it isn't. He shared a story from his former career about a board of health CEO whose sole focus was on achieving targets without paying attention to process and inherent risk led to high levels of workplace stress, "hockling the books" and an ignorance of underlying governance shortcomings. The negative outcome of this approach was entirely predictable, and the resulting organizational damage took years to undo.

He continued with a similar story about a board of health in a small and insular community that concerned itself entirely too much with the day-to-day activities of operational staff without paying much attention to matters of governance. When the local dysfunction became apparent, the government had to send in agents to redress the situation, which was not looked upon kindly by the community.

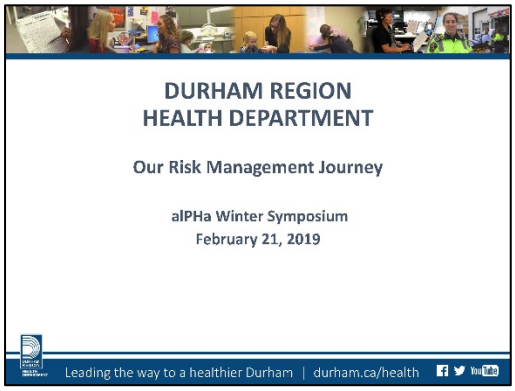
Taken together, these stories were meant to convey the idea that an effective governance structure keeps its eyes on but hands off what it is governing. By focusing on governance, it is easier to identify organizational risks to operational undertakings. In any case, it is essential to remind front-line staff of the value and importance of what they are doing.

Dr. Penny Sutcliffe continued with the storytelling direction, recalling a hot day in July 2016 when an overheated server room resulted in a critical failure of all Public Health Sudbury and Districts' communications systems. This in turn caused serious implications for service delivery and led to the realization that because there was no contingency plan, the outcome of this failure was far worse than it needed to be.



The response was a full examination of potential risks and their likely impacts in order to make decisions about allocating resources and included consideration of risk tolerance to make sure that opportunities would not be missed. The formal risk management policy and procedure is now embedded into the culture and operations of the agency, which equipped it well for the incorporation of risk management into the accountability requirements of the 2018 Ontario Public Health Standards.

She concluded with a summary of lessons learned and indicated that risk management must be a continuous process if it is to be effective. Dr. Donnelly referred to the summary of the process in Dr. Sutcliffe's presentation and suggested that while it may appear intimidating, one must measure this front-loaded work against what might be required after a failure that results from not doing it.



Robert Kyle, presenting in place of originally-scheduled Corinne Berinstein, outlined his health department's risk management journey, which, like in Dr. Sutcliffe's case, was prompted by a crisis.

The loss of an unencrypted USB key that contained the personal health information of more than 83,000 people who had visited Durham's H1N1 immunization clinics in 2010 sensitized the Region to the importance of examining and fortifying its data and information systems. It has also been a primary consideration in Durham's decision not to sign on to Panorama precisely because data hosting agreements have no language about managing risk in a shared information system.

The formalization of the general local risk management approach contained many of the same elements outlined by Dr. Sutcliffe, including keeping organizational values and risk appetite in the background, developing risk-mitigation plans, and continual monitoring, reporting and evaluation. He echoed the importance of integrating risk management into the institutional culture, with leadership from the executive team and engagement of the management team.

Dr. Donnelly then summarized risk management as both a science and an art. It must be methodical and detailed, informed by risk appetite, and developed with the knowledge that, irrespective of the quality of planning, the human response to crises is rarely governed completely by reason.

The ensuing discussion focused on different kinds of risk and the incredible value of the application of lessons learned in planning. Many suggested that alPHa could have an important role in facilitating a system-wide risk management dialogue among its members, as well as supporting collective responses to some of the persistent issues where technology and protection of personal information intersect.

Evening Reception & Special Guest Lecture co-hosted by alPHa and the Dalla Lana School of Public Health

Introductions: Dr. Robert Kyle, President, alPHa & Professor Adalsteinn (Steini) Brown, Dean, Dalla Lana School of Public Health

Special Guest Speaker: Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine

alPHa delegates were invited to conclude the day with an evening presentation from Dr. Rueben Devlin, who provided additional details and context for the vision of the Premier's Council on Improving Health Care and Ending Hallway Medicine that was described in the Council's initial report.

COLLECTED SLIDE DECKS

SPEAKER BIOS
(in order of appearance)

ROBERT KYLE has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He is an active member of many provincial and regional health organizations. For example, he is currently President of the Association of Local Public Health Agencies; Chair of tdohe Durham Nuclear Health Committee; past Chair of the Port Hope Community Health Centre; Chair of the Public Health Ontario Board of Directors and Chair of its Governance Committee. Dr. Kyle is a former Medical Officer of Health for the Peterborough County-City Health Unit and Associate Medical Officer of Health for the Borough of East York Health Unit. He is also an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto.

LORI SPADORCIA serves as the Vice President, Communications and Partnerships at the Centre for Addiction and Mental Health (CAMH). Her portfolio includes community engagement, public affairs, public policy, strategic planning and the Provincial Systems Support Program. She supports the alignment of mission critical activities which are designed to be responsive to CAMH's many stakeholders, and engaging partners and resources to better position the hospital to make a sustainable system contribution to mental health. As a senior advisor to Cabinet Ministers at the federal and provincial level, Ms. Spadorcia played a key role in finding solutions that yield advancements in public policy. In Ontario, she served as a senior adviser to the Minister of Finance, where she advised on the creation and execution of the provincial budget. As a policy and communications expert, Ms. Spadorcia is bringing awareness and understanding of mental illness to the broader public and working with governments and communities to develop policies to promote better health systems, support vulnerable populations and drive social change.

MARIA SANCHEZ-KEANE is the Principal Consultant for the Centre for Organizational Effectiveness, an organization she founded in 2000 that is focused on assisting non-profit and public organizations in the areas of strategy, capacity building and evaluation. She has worked within health, public health, child welfare, children's mental health, education and community health sectors.

TRUDY SACHOWSKI is a provincially appointed, active member of the Northwestern Board where she currently serves as Vice Chair, Chair of the Executive Committee and Chair of the Constitution Review Work Group. Trudy's volunteering has included numerous local, regional and provincial organizations for which she has received recognition locally and provincially. Trudy has completed one term on the alPHa Board of Directors as the North West region board of health representative. In this capacity, she serves on the current alPHa Executive Committee, chairs the Boards of Health Section and has participated on the alPHa 2018 Election Task Force and other planning tables for the association.

CHRISTOPHER MACKIE is the Medical Officer of Health and CEO for the Middlesex-London Health Unit, and is an Assistant Professor, Part Time at McMaster University. Before coming to London, Dr. Mackie was Associate Medical Officer Health for the City of Hamilton for four years. He also worked as a Public Health Physician with Public Health Ontario. As a COMOH representative for the South West Region, he is the current Chair of COMOH, a section of alPHa.

PETER DONNELLY is President and CEO of Public Health Ontario (PHO), which provides evidence for policy formulation and undertakes public health capacity building, as well as provides integrated public health laboratory and surveillance systems. Prior to joining PHO, Dr. Donnelly was the Professor of Public Health Medicine at the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008 he was the Deputy Chief Medical Officer to the Scottish Government, providing senior leadership and coordination at a national level. As the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

PENNY SUTCLIFFE was appointed as Medical Officer of Health for the Sudbury & District Health Unit in August 2000. Before coming to Sudbury, she was the Medical Officer of Health for Yellowknife, Northwest Territories. Her first position as Medical Officer of Health was with the Burntwood Regional Health Authority in northern Manitoba. A specialist in Community Medicine, Dr. Sutcliffe has a longstanding interest in socioeconomic inequalities in health and is a strong advocate for incorporating broader determinants of health into core public health programming. She is particularly interested in pursuing opportunities for healthy public policy development at the local and regional level

and to this end is engaged with local healthy community initiatives and with critically examining and modifying local public health practice.

DENIS DOYLE studied at Carleton University and York University. After a long career at Xerox Canada, Denis spent six years in Information Technology management at CIBC. Warden Doyle began serving on Township Council in 2006 and was elected as Mayor of Frontenac Islands in 2010. At the County, Warden Doyle serves on the Sustainability Advisory Committee and the Trails Advisory Committee. Denis was County Warden in 2014 – 2015 and has served on the Kingston, Frontenac, Lennox and Addington Board of Health since 2014. He has been Chair of the Board since January 2017.

KIERAN MOORE is the Medical Officer of Health for the Kingston, Frontenac, Lennox and Addington (KFL&A) Public Health Unit. At Queen's University, he is a Professor of Family and Emergency Medicine and the director for the Public Health & Preventive Medicine Residency Program. He is also an Attending Physician in the Department of Emergency and Family Medicine at the Kingston Health Sciences Centre. A champion for a national Lyme disease surveillance network to government, he presently serves as Network Director of the Canadian Lyme Disease Research Network.

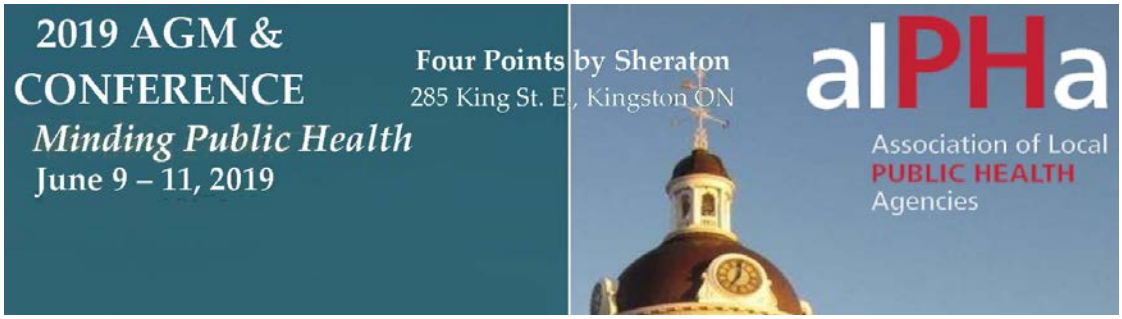
EVENING GUEST LECTURE:

ADALSTEINN (STEINI) BROWN is Dean of the Dalla Lana School of Public Health at the University of Toronto and the Dalla Lana Chair of Public Health Policy at the University of Toronto. He is currently a member of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. His past roles include senior leadership roles in policy and strategy within the Ontario government, founding roles in start-up companies, and extensive work on performance assessment. He received his undergraduate degree in government from Harvard University and his doctorate from the University of Oxford, where he was a Rhodes Scholar.

REUBEN DEVLIN is an orthopaedic surgeon who completed his medical school and orthopaedic training at the University of Toronto. During his 17 years practicing in Newmarket, he held senior hospital positions, including Chief of Surgery and Chair of the Medical Advisory Committee. He had a special interest in joint replacement and sports medicine. Subsequently, Dr. Devlin served as the President and Chief Executive Officer of Humber River Hospital in Toronto from 1999 to 2016. He was appointed as Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine in June 2018. As Chair, he is leading a group of visionary health system leaders who have come together to identify for the Premier of Ontario and Minister of Health and Long-term Care strategic priorities and actions that will lead to improved health and wellness outcome for Ontarians, high patient satisfaction, and more efficient use of government investment using an effective delivery structure.

PLEASE JOIN US IN KINGSTON FOR THE alPHa ANNUAL CONFERENCE!

Dr. Kieran Moore, Medical Officer of Health and Dennis Doyle, Board of Health Chair for the Kingston, Frontenac, Lennox and Addington (KFL&A) health unit were on hand to personally invite Symposium delegates to alPHa's June 2019 AGM and Conference in Kingston, Ontario.



simcoe muskoka
DISTRICT HEALTH UNIT

March 20, 2019

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

Dear Minister Elliott,

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

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

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

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

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

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

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

Att. (1)

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

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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E-mail: info@alphaweb.org

Improving and Maintaining the Health of the People

The Contribution of Public Health to Reducing Hallway Medicine

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

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

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

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

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

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

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

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

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

of the people:

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

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

Together we serve the people of Ontario to ensure:

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

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

March 5th, 2019

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

Dear Premier Ford

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

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

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

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

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

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

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

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

References

Windsor-Essex County Health Unit. (2019). *Board of Health Agenda, February 2019.* Retrieved from https://www.wechu.org/board-health-meeting-agendas-and-minutes/february-2019-board-meeting-agenda

Windsor-Essex County Health Unit. (2018). *Dental health of adults and seniors in Windsor-Essex survey: Report 2018*. Windsor, Ontario.

Windsor-Essex County Health Unit. (2018). *Oral Health Report, 2018 Update.* Windsor, Ontario.

Windsor-Essex County Health Unit. (2016). *Community Needs Assessment Report.* Windsor, Ontario

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

March 5th, 2019

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

Dear Premier Ford,

Re: Increase actions in response to the current opioid crisis

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

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

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

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

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

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

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

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

Windsor-Essex Board of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

January 7, 2019

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

Dear Premier Ford,

On behalf of the Board of Health for Peterborough Public Health, I am writing a letter of support for Southwestern Public Health's request of both the provincial and federal governments to increase their actions in response to the current opioid crisis.

Throughout Canada the misuse of opioids, particularly fentanyl, is a growing public health crisis resulting in epidemic-like numbers of overdose deaths. The overall economic cost (healthcare costs, lost productivity costs, criminal justice costs and other direct costs) of substance use in Canada in 2014 was estimated to be $38.4 billion. This estimate represents a cost of approximately $1,100 for every Canadian regardless of age. Opioids contributed $3.5 billion or 9.1% of these total costs.

Our current approaches to managing this situation- focused on changing prescribing practices and interrupting the flow of drugs- have failed to reduce the death toll. An enhanced comprehensive public health approach based on the evidence-informed four pillars of harm reduction, prevention, treatment and enforcement is necessary. This approach should include the meaningful involvement of people with lived expertise as well as stakeholders including Indigenous peoples' governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities.

The time to act is now. In the Chief Public Health's Officer's Report on the State of Public Health in Canada 2018: Prevention Problematic Substance Use in Youth, Dr. Theresa Tam states that "The national life expectancy of Canadians may actually be decreasing for the first time in decades, because of the opioid overdose crisis".

We are urging all levels of government to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag
Encl.

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas Taylor, Minister of Health
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPs
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

October 24, 2018

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

Dear Honourable Doug Ford,

On behalf of the Southwestern Public Health Board, I am writing to both our provincial and federal government leaders to reinforce the urgency of the opioid poisoning emergency in our country and urge both the provincial and federal governments to increase actions in response to this emergency based on the evidenced-informed four pillar approach of harm reduction, prevention, treatment and enforcement.

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of overdose deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the recent entry into the illegal drug market of newer, more powerful synthetic opioids. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach. Such an approach would include the meaningful involvement of people with lived experience. [1]

We call on both levels of government to support initiatives that address the causes and determinants of problematic substance use, to make all tools and resources available to support efforts to address the opioid crisis at a community level, to expand and strengthen the integration of surveillance information between provincial and federal partners, to expedite approvals for newer therapeutic modalities for medication assisted and opioid substitution treatment, to provide funding to municipalities and regional health services to establish safe consumption facilities, and to support harm reduction and health promotion services needed to mitigate the opioid crisis at a regional level.

Injection drug use is associated with many serious drug-related harms, such as the transmission of blood borne infections (HIV, Hepatitis C, Hepatitis B), and with fatal and non-fatal overdoses and injection site bacterial infections. In some parts of the world, these harms are widespread among people who inject drugs. Access to interventions such as needle and syringe exchange, opioid substitution therapies, naloxone distribution, sharps management strategies, overdose prevention sites, and supervised consumption sites are essential to reducing these harms and improving the health of the people who use drugs.[2]

We are urging both our federal and provincial Ministers of Health to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Bernie Wiehle
Chair, Board of Health
Southwestern Public Health

copy:

Honourable Justin Trudeau, Prime Minister of Canada
Honourable Ginette Petitpas Taylor, Federal Minister of Health
Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Honourable Jeff Yurek, Member of Provincial Parliament, Elgin – Middlesex – London
Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford
Association of Local Public Health Agencies
Ontario Boards of Health

1 https://www.cpha.ca/opioid-crisis-canada
2 Harm reduction international www.hri.global/public-health-approaches-to-drug-related-harms

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

March 20, 2019

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

Dear Premier Ford:

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

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

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

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

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

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

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

Sincerely,

Kathy Vassilakos, Chair
Board of Health

KV/ikl

c. Ontario Boards of Health

alPHa

Association of Local
PUBLIC HEALTH
Agencies

2019 ALPHA FITNESS CHALLENGE FOR BOARD OF HEALTH MEMBERS

alPHa is inviting all Boards of Health to participate in the Fitness Challenge!

The challenge to our Board of Health members is to involve the entire Board in a 30-minute walk, wheel, whatever.....just be active for half an hour!

HERE'S HOW TO PARTICIPATE

READY - Designate someone to co-ordinate and keep count of your participants.
SET – Participate in a minimum of 30 minutes of walking or wheeling during the months of April or May as part of a Board of Health activity. Can't get together? You can still participate and head out on your own! As long as everyone on the Board participates, you are a winner!
GO - Have your designated co-ordinator complete the results form and email it back to us at info@alphaweb.org.

EASY TIPS TO GET ACTIVE!

Before or After Your Board of Health Meeting - Go out for a 30-minute walk before or after your Board meeting in April or May.

At Lunch - Many of us have sedentary jobs, why not brainstorm project ideas with fellow Board members during a lunchtime walk or wheel?

After work or on the Weekend – Not enough time before or after your Board meeting and lunch time is too busy? Set up another date and time to meet in April or May and go for a walk or wheel!

Completed forms must be received by 12:00 noon on Friday May 31, 2019; send them to info@alphaweb.org

30-minute walk...wheel...whatever!

HERE ARE THE RULES

Boards of Health must complete the attached aIPHa Fitness Challenge Form. All Board of Health with 100% group participation will be considered winners

CONTEST RULES AND GUIDELINES

1 - Only members of Boards of Health are eligible.

2 - The 30-minute walk or wheel can be completed anytime during April or May and it is encouraged that this takes place before or after the May meeting. If no meeting is scheduled then the Board members are encouraged to get together and walk or wheel at another time.

3 - Board members can complete their 30-minute walk or wheel individually, however, it is encouraged that this to be a group activity.

4 - Any 30-minute walk or wheel will be considered as an eligible activity.

5 - The winning Board of Health(s) will be recognized at the Conference in June.

AND THE WINNER IS ..

The results will be broadcast on the allhealthunits listserv in June and via aIPHa's Twitter account: @PHAgencies. The winning Board of Health(s) will also receive an award at the 2019 aIPHa Annual General Membership meeting in June.

2019 BOARD OF HEALTH alPHa FITNESS CHALLENGE

Deadline to submit: Friday, May 31, 2019
Email completed form to: info@alphaweb.org

Please fill in the fields below:

BOARD OF HEALTH:_____

COORDINATOR(S):_____

COORDINATOR'S EMAIL:_____

Number of Members on the Board of Health (incl. Chair):_____

Number of BOH members participating in at least 30 minutes of physical activity: _____

BOH member participation rate: _____

If BOH members participated in a **group activity**, please include a short description of the activity:

If BOH members participated as individuals, please list the activities they participated in:

TORONTO

Ulli S. Watkiss
City Clerk

City Clerk's Office

Secretariat
Julie Lavertu, Secretary
Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
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Tel: 416-397-4592
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E-mail: boh@toronto.ca
Web: www.toronto.ca/council

March 27, 2019

SENT VIA E-MAIL

To: Interested Parties

Subject: Toronto Indigenous Overdose Strategy (Item HL3.1)

The Toronto Board of Health, during its meeting on February 25, 2019, adopted Item HL3.1, as amended, and:

1. Endorsed the Toronto Indigenous Overdose Strategy, as outlined in Attachment 1 to the report (February 6, 2019) from the Medical Officer of Health.

2. Again urged the Government of Canada and the Province of Ontario to fund and support the development of Indigenous-led overdose prevention and response action plans at the federal and provincial levels.

3. Urged the federal and provincial governments to align 2019/2020 (and beyond) funding calls with practical and immediate overdose responses, in particular, access to funding supports for Indigenous agencies to create, strengthen, and enhance culturally-safe outreach, mobile, and peer support services to Indigenous Peoples who use substances.

4. Urged the federal and provincial governments to contribute funding to Toronto Public Health's Toronto Urban Health Fund Indigenous Stream, which is under development, to support Indigenous agencies.

5. Urged the federal and provincial governments to contribute funding to Toronto Public Health's Toronto Urban Health Fund to enhance support to Indigenous-specific programs and services in mainstream organizations to expand their outreach and harm reduction capacity.

6. Urged the Ministry of Health and Long-Term Care to dedicate funding for 24/7 Indigenous-led Consumption and Treatment Services in Toronto, as part of the new Consumption and Treatment Services Program.

7. Urged the Ministry of Health and Long-Term Care to ensure the availability of culturally-safe medical care to Indigenous Peoples who use substances now and into the future. Health care providers should explore opportunities to support the use of traditional medicines and approaches to healing, including facilitating access to Ceremony, Healing Circles, Elders, and/or Healers, for their Indigenous clients.

8. Urged the Ministry of Health and Long-Term Care to require all provincially-funded health care providers that provide medical services to Indigenous Peoples in Toronto to demonstrate accountability through formal mandates and strategic plans for their investments and outcomes related to culturally-safe care for Indigenous Peoples, including ongoing Indigenous cultural-safety training and education for non-Indigenous health care providers.

9. Urged the Ministry of Health and Long-Term Care to increase and target funding to support the development and operationalization of culturally-safe, appropriate, and on-demand abstinence-based treatment spaces for Indigenous Peoples.

10. Directed that the Toronto Indigenous Overdose Strategy, as outlined in Attachment 1 to the report (February 6, 2019) from the Medical Officer of Health, be forwarded to the Ministry of Health and Long-Term Care, the Toronto Indigenous Health Advisory Circle, the City's Aboriginal Affairs Committee, the City's Indigenous Affairs Office, the City's Shelter, Support and Housing Administration Division, the Toronto Aboriginal Support Services Council, and all local public health units in Ontario.

11. Directed the Medical Officer of Health to provide a one-year progress report on the implementation of the Toronto Indigenous Overdose Strategy to the Board of Health and the Toronto Indigenous Health Advisory Circle in 2020.

12. Requested that Michelle Sault, Principal Consultant, Minokaw Consulting, make a presentation on the Toronto Indigenous Overdose Strategy at a future Board of Health meeting in 2019.

To view this item and background information online, please visit: http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.1.

Please note that the above recommendations have been sent to the Prime Minister, the Premier, the Minister of Health and Long-Term Care, and various organizations listed in Recommendation 10.

Sincerely,

Julie Lavertu

Julie Lavertu/ar
Secretary
Board of Health

Sent (via e-mail) to the following organizations and individuals:

- The Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care (sent under separate cover)
- Tracy Sheridan, Manager, Health Access and Equity, Toronto Public Health (sent for the attention of the Toronto Indigenous Health Advisory Circle)
- Selina Young, Manager, Indigenous Affairs Office, City of Toronto (sent for the attention of the Aboriginal Affairs Committee and the City's Indigenous Affairs Office)
- Paul Raftis, Interim General Manager, Shelter, Support and Housing Administration, City of Toronto

- Crystal Basi, Executive Director, Toronto Aboriginal Support Services Council

Sent (via e-mail) to the following Public Health Units in Ontario:

- Algoma Public Health
- Brant County Health Unit
- Chatham-Kent Public Health Unit
- Durham Region Health Department
- Eastern Ontario Health Unit
- Grey Bruce Health Unit
- Haldimand-Norfolk Health Unit
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Halton Region Health Department
- Hamilton Public Health Services
- Hastings Prince Edward Public Health
- Huron County Health Unit
- Kingston, Frontenac and Lennox & Addington Public Health
- Lambton Public Health
- Leeds, Grenville & Lanark District Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health Department
- North Bay Parry Sound District Health Unit
- Northwestern Health Unit
- Ottawa Public Health
- Peel Public Health
- Perth District Health Unit
- Peterborough Public Health
- Porcupine Health Unit
- Public Health Sudbury and Districts
- Region of Waterloo Public Health
- Renfrew County and District Health Unit
- Simcoe Muskoka District Health Unit
- Southwestern Public Health
- Thunder Bay District Health Unit
- Timiskaming Health Unit
- Wellington-Dufferin-Guelph Public Health
- Windsor-Essex County Health Unit
- York Region Public Health Services

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health
- Meenakshi Jha, Administrative Assistant to the Medical Officer of Health, Toronto Public Health

Private Members' Bill re: Inspection of Clinics

Background

In 2018, 3001 patients who received nursing care at the ParaMed Flex Clinic in London were notified that they may have been exposed to blood-borne infection because of a lapse in infection prevention and control (IPAC) over a 10 year period. These patients were advised to consider testing for hepatitis B, hepatitis C and HIV as a result of wound care instruments being re-used without sterilization or hi-level disinfection between patients. These improper sterilization practices were discovered after a complaint was made to the Middlesex-London Health Unit. Public Health Inspectors do not routinely visit these clinics but are mandated under the Ontario Public Health Standards of the *Health Protection and Promotion Act* to investigate when complaints are made about potential infection prevention and control lapses.

Flex clinics (also known as community nursing clinics) provide nursing services that would ordinarily be provided in the home, such as intravenous treatments, PICC lines, urinary catheterization and wound care, for ambulatory patients. These clinics offer an alternative to clients receiving homecare services in their residence. They are administered by private homecare operators like ParaMed, Bayshore, and Saint Elizabeth, as well as non-profits like the VON. In 2010, there were 17 FlexClinics in the South West CCAC. A 2015 Globe and Mail investigation estimated that 111 such clinics across the province have been established over the last decade, with the number projected to increase as a way of containing costs for the delivery of homecare.

A 2016 report from Health Quality Ontario identifies these clinics as falling outside the regulatory frameworks for Ontario's approximately 935 Independent Health Facilities (IHF) and 273 Out-of-Hospital Premises (OHP).[1] While the health professionals who practice in these clinics are subject to the oversight of their regulatory college, "the premises in which they practice may or may not be subject to oversight. Depending on the services provided or the models under which they are funded, non-hospital medical clinics may not fall under any system of quality oversight."

The *Oversight of Health Facilities and Devices Act, 2017*, which was included as Schedule 9 of the *Strengthening Quality and Accountability for Patients Act, 2017*, creates a new regulatory framework for "community health facilities" which covers both IHFs and OHPs. The legislation has not yet been enacted, however, it is expected that flex clinics will remain outside this regulatory framework.

I am proposing Private Members' Bill to regulate community nursing clinics (CNCs) that will:

- Make the Minister of Health responsible for oversight of community nursing clinics
- Establish a legal definition for these clinics
- Provide medical officers of health with addresses of existing and new clinics
- Mandate annual inspections of these clinics by medical officers of health
- Ensure that the Home Care and Community Services Bill of Rights is posted in these clinics, and that patients are aware of their right to complain to health units

[1] Health Quality Ontario, *Building an Integrated System for Quality Oversight in Ontario's Non-Hospital Medical Clinics, p. 14*

Legislative Overview

Ministry of Health and Long-Term Care Act (MOHLTCA)

- Add oversight and inspection of community nursing clinics to s.6 Duties of the Minister

Health Protection and Promotion Act (HPPA)

- Add definition of community nursing clinics to s. 1 (1) ("*any premise where homecare nursing services are provided other than a place that is being used as a dwelling*")
- Require new community nursing clinics to notify the medical officer of health of the health unit in which the premise will be located of intention to operate (similar to requirement for operation of food premise under s. 16 (2) Notice of Intention to Commence Operation)
- Add inspection of community nursing clinics at least once annually to s. 10 Duty to Inspect

Home Care and Community Services Act (HCCSA)

- Add Community Nursing Clinics to s. 2 (7) list of Professional Services
- Under s. 3 (1) paragraph 8 of Bill of Rights (*"A person receiving a community service has the right … to be informed in writing of the procedures of initiating complaints about the service provider"*) ensure that patients are notified about ability to complain to medical officers of health
- Add new posting requirement to s. 31 Posting (similar to posting requirements for Long-Term Care Bill of Rights):
    - Posting of information

      Every community nursing clinic shall ensure that the required information is posted on the premises, in a conspicuous and easily accessible location, in a manner that complies with the requirements, if any, established by the regulations.
- Add new provisions to Part IX Complaints & Appeals indicating that complaints about "health hazards related to occupational or environmental health" (wording from HPPA) in community nursing clinics should be directed to medical officers of health
- Add new inspection powers to s. 62 for medical officers of health (similar to those of program supervisors), requiring medical officers of health to enter community nursing clinic premises at least once annually to inspect the premises and the records relevant to the inspection
- Add new section under Part VIII Rules Governing Service Providers requiring service providers that operate community nursing clinics to give the address of the clinic to the medical officer of health of the health unit in which the community nursing clinic is located

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Dear alPHa Members,

Re: 2019 Ontario Budget, Protecting what Matters Most

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

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

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

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

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

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

- Improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by adjusting provincial-municipal cost-sharing of public health funding (*ed. Note: what this means is not spelled out, i.e. it is not clear how such an adjustment would contribute to efficiency and if they are considering a change to the relative share, they have not revealed what it will be*).

- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities (*ed. Note: again, not spelled out*).

The government will also:

- Establish 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-20 (*based on the excerpt from chapter 3 below, it is likely that this means consolidation and not the establishment of another regional layer*);

- Modernize Ontario's public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; and

- Protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by removing back-office inefficiencies through digitizing and streamlining processes.

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

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

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

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

Please click here for the portal to the full 2019 Ontario Budget, which includes the budget papers, Minister's speech and press kits.

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

We hope that you find this information useful.

Loretta Ryan,
Executive Director