

CORRESPONDENCE – MAY 2019

- a) Date: 2019 March 29
Topic: North Bay Parry Sound District 2018 Annual Report
From: North Bay Parry Sound District Health Unit
To: Ontario Boards of Health

Background:

On March 29, 2019, North Bay Parry Sound District Health Unit released its 2018 Annual Report showcasing accomplishments over the past year.

Recommendation: Receive.

- b) Date: 2019 April 3
Topic: *Bill 60, An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission*
From: Peterborough Public Health
To: The Honourable Lisa MacLeod, The Honourable Christine Elliott

Background:

On April 3, 2019, the Board of Health for Peterborough Public Health wrote to Ministers Lisa MacLeod and Christine Elliott in support of the North Bay Parry Sound District Health Unit's call for the establishment of the Social Assistance Research Commission. Refer to correspondence item 1) in the [March 21, 2019 Board of Health agenda](#).

Recommendation: Receive.

- c) Date: 2019 April 3
Topic: Child Visual Health and Vision Screening
From: Southwestern Public Health
To: The Honourable Christine Elliott

Background:

On April 3, 2019, Southwestern Public Health's Board of Health wrote to Minister Christine Elliott expressing concerns regarding funding for the Child Visual Health and Vision Screening protocol. To ensure that the program is operational and sustainable, it is requested that additional funding be provided to implement this program within schools for all senior kindergarten children.

Recommendation: Receive.

- d) Date: 2019 April 3
Topic: Funding for Healthy Babies, Healthy Children program
From: Peterborough Public Health
To: The Honourable Lisa MacLeod

Background:

On April 3, 2019, the Board of Health for Peterborough Public Health wrote to Minister Lisa MacLeod in support of the Thunder Bay District Health Unit's call to action regarding funding for the Healthy Babies, Health Children program funding. Refer to correspondence item b) in the [January 24, 2019 Board of Health agenda](#).

Recommendation: Receive.

- e) Date: 2019 April 2
Topic: Strengthening the *Smoke-Free Ontario Act, 2017*
From: Perth District Health Unit
To: The Honourable Doug Ford

Background:

On April 2, 2019, the Board of Health for Perth District Health Unit wrote to Premier Doug Ford in support of strengthening the *Smoke-Free Ontario Act, 2017* to address the promotion of vaping. The Perth District Health Unit supports banning all advertisements at any point-of-sale location where youth have access thereby to restrict promotion of vaping products at vapour product retailers. Refer to correspondence item n) in the [March 21, 2019 Board of Health agenda](#).

Recommendation: Receive.

- f) Date: 2019 April 4
Topic: Post-2018 municipal election
From: Association of Local Public Health Agencies (alPHa)
To: Ontario Boards of Health, Board of Health members

Background:

The Association of Local Public Health Agencies (alPHa) congratulates all Board of Health members on becoming elected officials and representing their communities, and becoming advocates on behalf of their constituents. Municipally elected officials can play an essential role in supporting public health unit activity by becoming members of their local Board of Health.

Recommendation: Receive.

- g) Date: 2019 April 12
Topic: Association of Municipalities Ontario (AMO) 2019 budget highlights
From: Association of Local Public Health Agencies (alPHa)
To: Board of Health Chairs

Background:

On April 12, 2019, the Association of Local Public Health Agencies (alPHa) issued a bulletin regarding the 2019 provincial budget. With respect to public health in 2019–20, the government will:
a) improve program and back-office efficiencies by adjusting provincial-municipal cost sharing of

public health funding; b) by 2020–21, establish 10 regional public health entities and 10 new regional Boards of Health with one common governance model; and c) by 2021–22, expect changes to lead to annual savings of \$200 million.

Recommendation: Receive.

h) Date: 2019 April 12
 Topic: Ontario Budget 2019
 From: Association of Local Public Health Agencies (alPHa)
 To: Boards of Health

Background:

On April 12, 2019, the Association of Local Public Health Agencies (alPHa) issued a news release expressing concern regarding the provincial government’s plans to restructure Ontario’s public health system and reduce its funding by \$200 million per year. This outcome will greatly reduce the ability to deliver the frontline local public health services that keep people out of hospitals and doctors’ offices.

Recommendation: Receive.

i) Date: 2019 April 10 (received April 16)
 Topic: Support for *Bill S-228, Child Health Protection Act*
 From: Public Health Sudbury & Districts
 To: Ontario Boards of Health

Background:

On April 10, 2019, the Public Health Sudbury & Districts Board of Health wrote to the Senate of Canada reaffirming full support for *Bill S-228, Child Health Protection Act*, which would ban food and beverage marketing to children under 13. Regulation of food and beverage marketing to children is considered an effective and cost-saving population-based intervention to improve health and prevent disease.

Recommendation: Receive.

j) Date: 2019 April 17
 Topic: Restructuring Ontario’s public health system
 From: KFL&A Public Health
 To: The Honourable Christine Elliott, The Honourable Steve Clark

Background:

On April 17, 2019, the Board of Health of KFL&A Public Health wrote to Ministers Christine Elliott and Steve Clark expressing disappointment about the proposed \$200-million-per-year reduction in funding for local public health services. These reductions will impact the ability to deliver frontline public health services. KFL&A Public Health requests that the Province of Ontario maintain its current funding formula and stop the planned reduction of Ontario public health units from 35 to 10

and instead initiate consultations with municipalities and public health agencies on the public health system in Ontario.

Recommendation: Receive

- k) Date: 2019 April 17
Topic: Modernization of alcohol retail sales in Ontario
From: Simcoe Muskoka District Health Unit
To: The Honourable Christine Elliott

Background:

On April 17, 2019, the Simcoe Muskoka District Health Unit Board of Health wrote to Minister Christine Elliott urging the Government of Ontario to develop a comprehensive provincial alcohol strategy. Refer to correspondence item e) in the [February 21, 2019 Board of Health agenda](#). Recent changes in the way alcohol is sold and the 2019 Ontario Budget released on April 11, 2019, suggest that economic interests are superseding the health and well-being of Ontarians. The Simcoe Muskoka District Health Unit encourages the government to develop a provincial alcohol strategy and include a monitoring and evaluation plan to measure intended and unintended impacts of policy change.

Recommendation: Receive.

- l) Date: 2019 April 18
Topic: Public health restructuring
From: Thunder Bay District Health Unit
To: Ontario Boards of Health

Background:

On April 17, 2019, the Board of Health for Thunder Bay District Health Unit (TBDHU) issued a resolution to affirm its support for TBDHU. In addition, TBDHU requests that the Province of Ontario maintain its current funding for TBDHU and initiate consultation with municipalities and public health agencies on the public health system in Ontario.

Recommendation: Receive.

- m) Date: 2019 April 18
Topic: 2019 Budget and public health impact
From: Perth District Health Unit
To: The Honourable Doug Ford, The Honourable Christine Elliott

Background:

On April 18, 2019, the Board of Health for the Perth District Health Unit wrote to Premier Doug Ford and Minister Christine Elliott regarding the proposed changes to local public health. The Board moved to request that the Province of Ontario maintain the current funding formula and initiate consultations with municipalities and public health agencies on the public health system in Ontario.

Recommendation: Receive.

- n) Date: 2019 April 18
Topic: U=U community sign-on submission
From: Bob Leahy, Managing Director (Canada) and Global Outreach Director, Prevention Access Campaign
To: Dr. Christopher Mackie, Medical Officer of Health/CEO

Background:

On April 18, 2019, the Middlesex-London Health Unit received confirmation for signing up in support for U=U and joining the U=U network. Refer to correspondence item p) in the [March 21, 2019 Board of Health agenda](#) in which the Board of Health endorsed the Council of Ontario Medical Officers of Health (COMOH) resolution on HIV case management.

Recommendation: Receive.

- o) Date: 2019 April 19
Topic: alPHa communication on the Ontario Budget 2019 and teleconference summary
From: Association of Local Public Health Agencies (alPHa)
To: Board of Health Chairs

Background:

On April 19, 2019, the Association of Local Public Health Agencies (alPHa) issued the draft minutes of their teleconference held on April 18, 2019, along with their communication on the Ontario Budget, alPHa's news release, and communication materials to be shared with Board of Health chairs.

Recommendation: Receive.

- p) Date: 2019 April 24
Topic: alPHa Position Statement – Impact of Reducing Investments in Public Health
From: Association of Local Public Health Agencies (alPHa)
To: Ontario Boards of Health

Background:

On April 24, 2019, the Association of Local Public Health Agencies issued a position statement regarding the 2019 Ontario Budget and its concerns regarding the restructuring of Ontario's public health system.

Recommendation: Receive.

- q) Date: 2019 April 24
Topic: 2019 Ontario Budget
From: Halliburton, Kawartha, Pine Ridge District Health Unit
To: The Honourable Doug Ford, The Honourable Christine Elliott

Background:

On April 24, 2019, the Board of Health for the Halliburton, Kawartha, Pine Ridge District Health Unit wrote to Premier Doug Ford and Minister Christine Elliott regarding its concern over the Government of Ontario's plans to restructure Ontario's public health system. Halliburton, Kawartha, Pine Ridge urges the government to leave the current public health structure as it is.

Recommendation: Receive.

- r) Date: 2019 April 24
Topic: Ontario's public health system
From: Leeds, Grenville and Lanark District Health Unit
To: The Honourable Christine Elliott, The Honourable Steve Clark

Background:

On April 23, 2019, the Board of Health for Leeds, Grenville and Lanark District Health Unit (LGLDHU) wrote to Ministers Christine Elliott and Steve Clark expressing support for the LGLDHU's staff in all the work they perform. The LGLDHU Board of Health is disappointed by the Government of Ontario's budget announcement to restructure Ontario's public health system and recommends several principles to be adopted in the development of the Regional Public Health Entity. These principles include: a) no loss of service to our community, b) meaningful involvement in planning, c) integrity of health units, d) similar health unit populations be grouped together, e) equitable access to new positions for current employees, f) effective back-office support, and g) an appropriate municipal role in governance.

Recommendation: Receive.

- s) Date: 2019 April 24
Topic: Support for *Bill 60, Establishing Social Assistance Research Commission*
From: Halliburton, Kawartha, Pine Ridge District Health Unit
To: The Honourable Doug Ford

Background:

On April 18, 2019, the Board of Health for the Halliburton, Kawartha, Pine Ridge District Health Unit wrote to Premier Doug Ford in support for the establishment of a Social Assistance Research Commission under the *Bill 60, Ministry of Community and Social Services Act, 1990*. Refer to correspondence item b), above, and correspondence item l) in the [March 21, 2019 Board of Health agenda](#).

Recommendation: Receive.

- t) Date: 2019 April 25
Topic: Endorsement of Ontario Dietitians in Public Health letter on *Bill 60*
From: KFL&A Public Health
To: The Honourable Lisa MacLeod

Background:

On April 25, 2019, the KFL&A Board of Health wrote to Minister Lisa MacLeod in support for *Bill 60*, which is to establish a Social Assistance Research Commission. Refer to correspondence items b) and s), above, and correspondence item l) in the [March 21, 2019 Board of Health agenda](#).

Recommendation: Receive.

- u) Date: 2019 April 25
- Topic: Expansion of sales of beverage alcohol in Ontario
- From: KFL&A Public Health
- To: The Honourable Doug Ford

Background:

On April 25, 2019, the KFL&A Public Health Board of Health wrote to Premier Doug Ford urging the provincial government to ensure that any plan to address the safe and responsible sale and consumption of beverage alcohol includes a wide range of evidence-based policies. In addition, KFL&A asks the Government of Ontario to indicate how much alcohol consumption will increase with the proposed expansion over the next five years, and how much this increased consumption will cost the justice, social, and health care systems.

Recommendation: Receive.

- v) Date: 2019 April 25
- Topic: Endorsement of the Children Count Task Force recommendations
- From: KFL&A Public Health
- To: The Honourable Doug Ford

Background:

On April 25, 2019, the KFL&A Public Health Board of Health wrote to Premier Doug Ford endorsing the Children Count Task Force recommendations, which aim to effectively measure the health and well-being of children and youth to inform local, regional, and provincial programming.

Recommendation: Receive.

- w) Date: 2019 April 29
- Topic: Public health modernization
- From: Dr. David C. Williams, Chief Medical Officer of Health
- To: Chairpersons, Board of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

Background:

On April 29, 2019, Dr. David Williams wrote to all public health units outlining how modernizing and streamlining the role of public health across the province will better coordinate access to health promotion and disease prevention programs at the local level. The Ministry of Health and Long-Term Care has been working to define how the public health sector can contribute to the patient experience and better align itself to the new Ontario Health Agency, local Ontario Health teams, and the health system at large. The Ministry is proposing to change the cost-sharing arrangement with municipalities beginning in 2019–20 to reflect a 70% (provincial)–30% (municipal) split for Regional Public Health Entities. The Ministry will be arranging calls with each health unit to discuss annual business plans and budget submissions, as well as the planned changes for this year and related mitigation opportunities.

Recommendation: Receive.

- x) Date: 2019 May 3
- Topic: RHAC Position Statement – Sex Work
- From: Mr. Brian Lester, Executive Director, Regional HIV/AIDS Connection (RHAC)
- To: Dr. Christopher Mackie, Medical Officers of Health /CEO

Background:

On May 3, 2019, Regional HIV/AIDS Connection (RHAC) announced the release of the organization’s position on sex work. The [statement](#) is posted to their website and aligns with the organization’s harm reduction philosophy. RHAC supports the decriminalization of sex work by the Government of Canada.

Recommendation: Refer to staff for report.

Annual Report



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Letter from the Medical Officer of Health

Throughout 2018, change has been the only constant. At the beginning of the year, the new Ontario Public Health Standards came into effect with multiple changes to regulations, protocols, and guidelines throughout many public health programs, as well as the advent of a new Annual Service Plan and Accountability Agreement.

The current government is committed to healthcare reform in an effort to improve primary care access and ending hallway medicine.

The Health Unit's North Bay office moved into its new building reuniting staff under one roof for the first time in years.

There were many unknowns and challenges to overcome in 2018. More than ever, adaptation and innovation were fundamental to successfully navigating change and responding to local needs. The following are examples of such efforts that turned obstacles into opportunities:

- In February 2018, the new oral health clinic for eligible adults with limited or no access to dental care opened at the Health Unit. This clinic provides preventive, routine, and emergency dental treatment for those who otherwise could not afford oral health care.
- For the first time the Health Unit opened its teaching kitchen in the new facility providing many community groups and residents with food literacy, skills and food safety training opportunities. Equally important, creating a sense of community and social well-being with a shared food experience.

- The Northern Fruit and Vegetable Program was launched with the primary goal of improving the likeability of vegetables and fruits among kids, since we know the majority of Canadian children and youth aren't getting enough.
- In an effort to continue to build on established relationships and engage in new ones, an Indigenous Engagement Coordinator position was created. The goal is to build capacity of our staff to engage with Indigenous communities in meaningful ways.
- Youth engagement continued to be a priority with an inventive For Youth-by-Youth anti-vaping campaign as well as a very successful youth-led mental health conference "Be Well".
- Adapting to a reduction in the number of needles being returned to the Health Unit's needle exchange program an innovative needle exchange buy-back campaign was piloted in November and December of 2018. This trial yielded a significant increase in the number of needles



Dr. Jim Chirico

returned and helped to establish important trust among clientele and staff.

- The Healthy Living team facilitated the implementation of the Parry Sound drug strategy group who was tasked with addressing the complex issues surrounding substance use through a public health harm reduction lens.
- The Health Unit has been mandated with the responsibility of Infection Prevention and Control lapse investigations when complaints are received from the public. A collaborative model was instituted by Environmental Health and Communicable Disease Control teams to ensure an effective and efficient response to protect the health and safety of the public.
- Smoke-Free Ontario changes came into effect necessitating revisions and updates to policies, procedures and enforcement.
- The historic legalization of cannabis took place on October 17, 2018 with significant public health implications with respect to education, awareness, health risks, harm reduction initiatives, and enforcement. The following highlight some of the Health Unit's endeavors:
 - Community cannabis survey.
 - Comprehensive social media campaign.
 - Provided information & resources to youth, parents, schools in order to prevent use and reduce harms.
 - Participated in cannabis forums in the community as well as schools.

- An important breastfeeding campaign called "Normalize It" was launched within the district to support moms who wish to breastfeed in public and feel more supported.
- The Nipissing Parry Sound Public Health Atlas was developed and posted on the Health Unit's website. The Atlas provides information about the populations in the Nipissing and Parry Sound districts, including population counts, language, housing, income, family living arrangements, and more. This important and relevant data helps communities and partners make decisions based on the best available evidence.
- As a result of a coordinated collaboration among multiple Health Unit programs and community partners, the spread of a potentially fatal disease in infants was averted when a pertussis outbreak emerged.

These are but a few highlights of the work public health has undertaken over the past year. It exemplifies the passion among staff to realize our vision of a healthy life for everyone in our communities. I invite you to read the entire report to give you a better understanding of why the Health Unit truly is your lifetime partner in healthy living.

Dr. Jim Chirico
*Medical Officer of Health / Executive Director
North Bay Parry Sound District Health Unit*

Board of Health

In 2018, the Board of Health elected Nancy Jacko as Chairperson and Mike Poeta as Vice-Chairperson. The Board's Finance and Property Committee elected Don Brisbane as Chairperson and Heather Busch as Vice-Chairperson. The Board's Personnel Policy, Labour/Employee Relations Committee elected Stuart Kidd as Chairperson and John D'Agostino as Vice-Chairperson. Municipal elections occurred on October 22, 2018. This will see a turnover in a number of Board of Health members for the 2019-2022 term.

2018 Board of Health Members

Date Appointed/Term Ended

INIPISSING DISTRICT

Central Appointees	Mac Bain	Municipal Appointee	2015 to November 14, 2018
	Dave Butti	Citizen Appointee	2014 to November 14, 2018
	Nancy Jacko	Citizen Appointee	2014 to November 14, 2018
	Stuart Kidd	Citizen Appointee	2014 to November 14, 2018
	Tanya Vrebosch	Municipal Appointee	2014 to November 14, 2018
Eastern Appointee	Chris Jull	Municipal Appointee	2014 to November 14, 2018
Western Appointee	Guy Fortier	Municipal Appointee	2014 to November 14, 2018

PARRY SOUND DISTRICT

North East Appointee	Heather Busch	Municipal Appointee	2014 to November 14, 2018
Western Appointee	Don Brisbane	Citizen Appointee	2014 to November 14, 2018
South East Appointee	Les Blackwell	Municipal Appointee	2015 to November 14, 2018

PROVINCIAL APPOINTEES

John D'Agostino	Public Appointee	2016 to present
Gary Guenther	Public Appointee	2017 to present
Mike Poeta	Public Appointee	2017 to present

Public Health Snapshot

4,570 individual dental screenings at area schools and Health Unit locations in our district.

1,177 children received dental care through the Health Unit's Healthy Smiles Ontario program.

7,390 vaccinations administered at the Health Unit offices.

3,520 vaccinations administered during the annual grade seven school clinics.

7,927 private water samples submitted by homeowners.

407 animal bite reports investigated.

51 human acquired ticks submitted for testing.

819 retail food premises inspected.

6,730 client visits to our sexual health clinics.

79 confirmed outbreaks.

34 enteric outbreaks in long-term care home/hospital.

43 respiratory outbreaks in long-term care home/hospital.

2 community outbreaks.

550 confirmed cases of diseases of public health significance.

227 individuals received breastfeeding education.

76 people attended Triple P Parenting Program seminars.

1,490 infant/child feeding consults.

535 Quit Clinic appointments were held in 2018.

21 youth volunteer placements held at the Health Unit.



Welcome to YOUR new Health Unit

(Strategic Priority 4, Aim 1)

2018 was a monumental year for the North Bay office of the North Bay Parry Sound District Health Unit. On May 14, 2018 the new facility opened to the public.

Every detail was designed with clients and the community in mind. The downtown location was chosen to allow ease of access to services and programs by clients. The Health Unit is now within walking distance for many clients, it is accessible by the Kate Pace Way (North Bay's bike path), by city transportation, and has plenty of visitor parking.

The Health Unit has created a safer and positive environment for everyone, with all gender washrooms open to the public and water stations for anyone to fill up their water bottles. The new family-friendly room is a community space for anyone in the area who needs a place to change or feed their child. The addition of a teaching kitchen has reduced barriers to education related to nutrition, food skills, and safety for both clients and community partners.

The amalgamation of our three North Bay offices to one location has reduced barriers to service and created a collaborative environment for staff and clients alike. Clients accessing services from one of our clinics may now be referred to another service all in the same visit and within the same building.

The North Bay office of the Health Unit will continue to capitalize on the new opportunities that amalgamation has created, which will result in better service and public health for our community as a whole.

Mitchell Jensen Architects designed the building, which won the 2018 WoodWorks! Northern Ontario Excellence Award.



Completion of the 2014-2018 Strategic Plan

The end of 2018 saw the successful completion of the 2014-2018 Strategic Plan. Eighty-five percent of outcomes across the four priority areas were completed with the remaining 15% projected to be completed this year. In addition to the strategic priority stories featured throughout this report, additional highlights include:



Successful implementation of 'Families in the Kitchen' weekly food skills program for at-risk families, using the new Health Unit teaching kitchen as a community hub for programming.



Increased understanding of food purchasing behaviours of grade 9-12 students through implementation of 'Healthy Food Zones' student survey.



Organizational positive spaces practices put in place such as all gender washrooms.



Framework created to guide how the Health Unit assesses, engages, participates and evaluates partnerships to ensure alignment with organizational mandate and strategic priorities.

A final report on the 2014-2018 Strategic Plan will be available on the Health Unit website on April 30, 2019.

Atlas

(Strategic Priority 4, Aim 3)

In August, the Health Unit launched the Nipissing Parry Sound Public Health Atlas, an interactive dashboard displaying select regions (e.g., municipalities, unorganized areas, First Nation reserves) within the Health Unit's district. The dashboard utilizes line graphs to show trends over time, and bar graphs to compare cities or other areas of interest.

The Atlas includes the option to sort by relevant indicators collected from the census, including the percentage of the population living in low-income households, language spoken at home, and population counts by age and sex. Counts and percentages can be compared to geographies nearby, or the province or districts as a whole. The Health Unit continues to work to have more analyzed data available by smaller levels of geography (e.g.,

neighbourhoods), and add measures for more data as available.

The availability of local-level data to support evidence-based decision-making was not only a 2014-2018 strategic priority, but was required by staff and community partners, to have relevant data for evidence-based decisions.

Sharing Information to Promote Healthy Living for All

(Strategic Priority 4, Aim 4)

The Health Unit, in collaboration with four other health units across the province and McMaster University, has been working on a two-year project to address issues surrounding the dissemination of community health material to organizations who would benefit from the information to better serve their clients.

This project, which aligns with the Health Unit's 2014-2018 strategic priorities, recognizes that public health has the ability to access and analyze a lot of data, however, there are at times a gap in knowledge transfer. The project resulted in the development of a guide describing how public health agencies, across the province, can share useful information with other service agencies in their community.

While public health must follow strict ethical regulations about personal information, there is data about communities and neighborhoods, which could help community organizations provide better services, especially to those in greater need.

Currently the guide's dissemination process is in review and is expected to be implemented in the spring of 2019.

Health Equity

(Strategic Priority 4, Aim 2)

The Health Unit is striving for a region where everyone can achieve their best possible health, making it essential to reduce barriers faced by people in the community.

The Health Unit recognizes that to improve the overall health of everyone in our district, there are some services that need to adapt to better reach those who may have barriers to service. The Health Unit has been working to improve staff's ability to better understand, identify, and take action on those unfair and avoidable factors that can result in poorer health for members of the community.

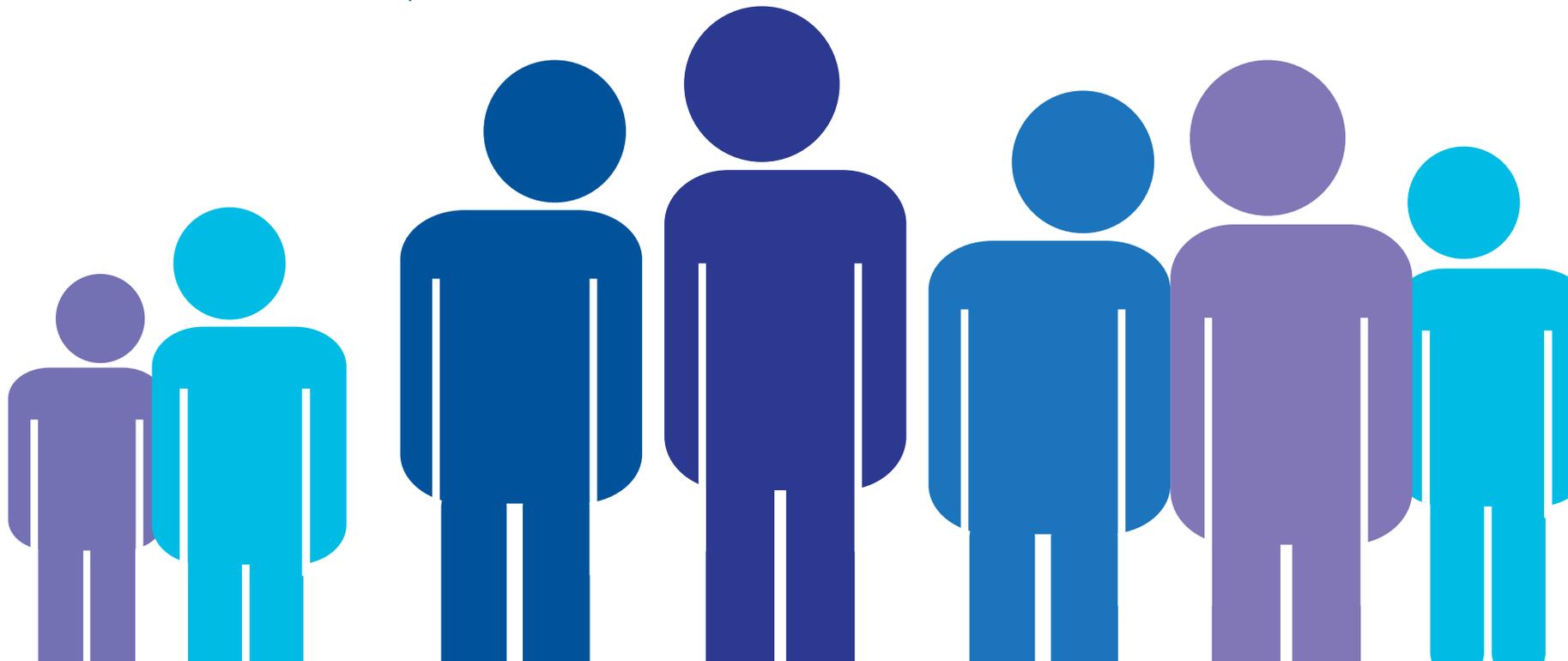
Part of the Health Unit's work involves reviewing information available on the obstacles faced by people living across the district and using the information towards creating better ways to meet the needs of people facing these barriers. The committee is also working to develop policies to ensure that all of our work considers these challenges.

Talking Together to Improve Health

Since 2017, the Health Unit has been part of a research project, through Public Health Ontario's Locally Driven Collaborative Project, called Talking Together to Improve Health. The goal of the project is to develop mutually beneficial and respectful principles and practices of engagement between First Nation communities and local public health agencies in northeastern Ontario. The research includes five other public health units, academic researchers, and First Nation community representatives. Guidance is provided throughout the process by the Indigenous Circle advisors.

The project has been broken into five phases, including a literature review, a survey of public health units, developing the key information, meeting with First Nation communities and sharing the outcomes and recommendations. Reports and findings from the research will be shared in 2019.

Applying the findings will lay the foundation for long term, mutually beneficial and respectful relationships with First Nation communities and are an important step in working towards improving opportunities for health for all.



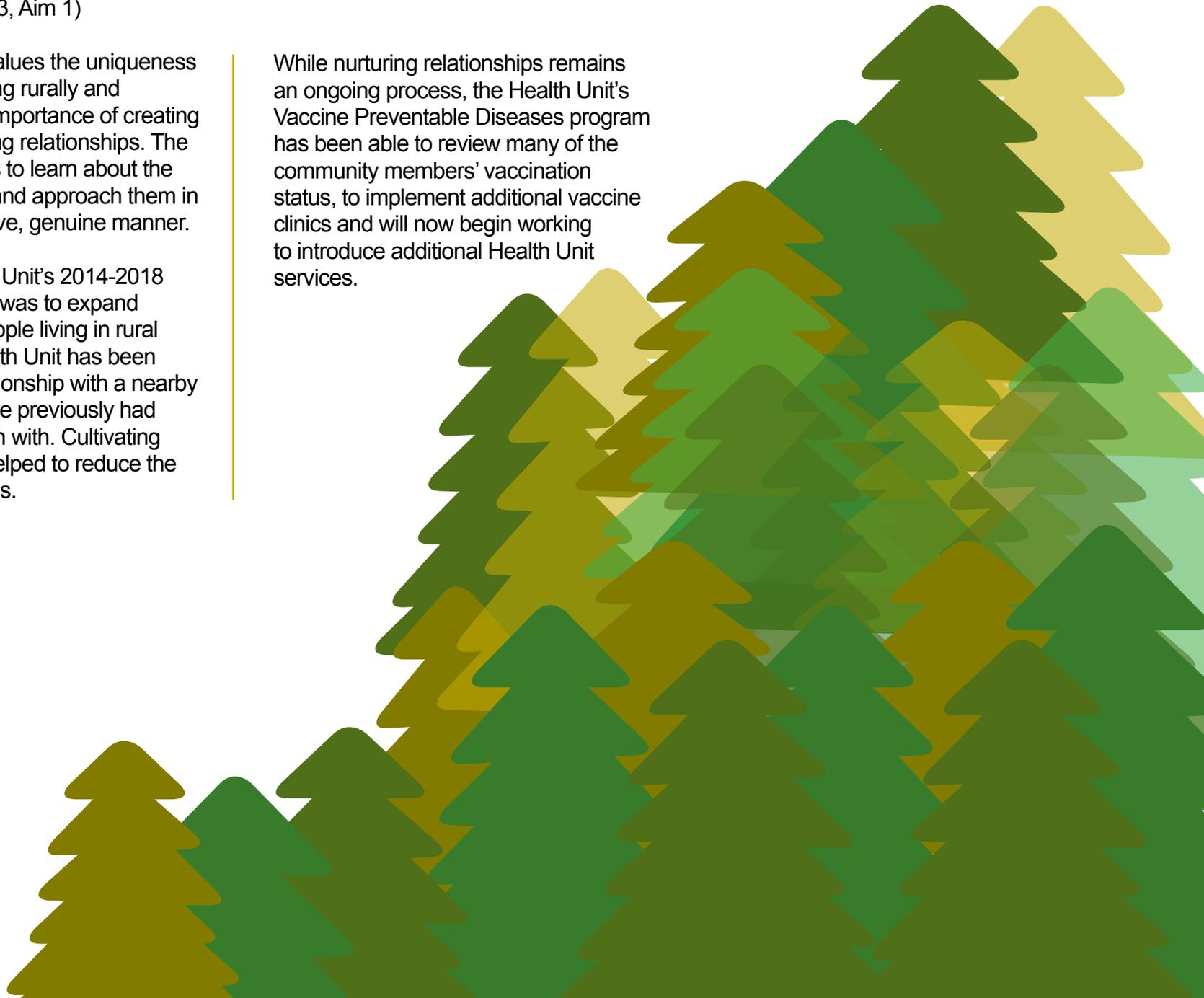
Providing Services to Rural Communities

(Strategic Priority 3, Aim 1)

The Health Unit values the uniqueness of populations living rurally and understands the importance of creating meaningful, trusting relationships. The Health Unit strives to learn about the people we serve and approach them in a culturally sensitive, genuine manner.

One of the Health Unit's 2014-2018 strategic priorities was to expand reach to those people living in rural settings. The Health Unit has been developing a relationship with a nearby community who we previously had minimal interaction with. Cultivating this relationship helped to reduce the spread of Pertussis.

While nurturing relationships remains an ongoing process, the Health Unit's Vaccine Preventable Diseases program has been able to review many of the community members' vaccination status, to implement additional vaccine clinics and will now begin working to introduce additional Health Unit services.



Pertussis (Whooping Cough) Outbreak

Pertussis is a highly contagious respiratory disease caused by bacteria and is known for uncontrollable, violent coughing, which often makes it hard to breathe. After coughing fits, someone with pertussis often needs to take deep breaths, which result in a “whooping” sound. Pertussis can affect people of all ages, but can be very serious for babies, susceptible pregnant women, and elderly people.

Cases of pertussis and vulnerable contacts were identified by the Health Unit over the year and public health strategies were implemented to limit the spread of this disease. Public health interventions included community outreach, immunization, health teaching, and consultation regarding treatment. The Health Unit identified 36 cases; 51 people who were in close contact with the cases, 30 of those were high risk. Fourteen people were immunized to prevent future infections. The Health Unit is grateful for the support received during this outbreak from the Powassan & Area Family Health Team who facilitated the provision of preventative medication for 40 others.

Communicable Disease Investigations

The Health Unit received reports of communicable disease.

1,135

These included, but were not limited to:

Tuberculosis

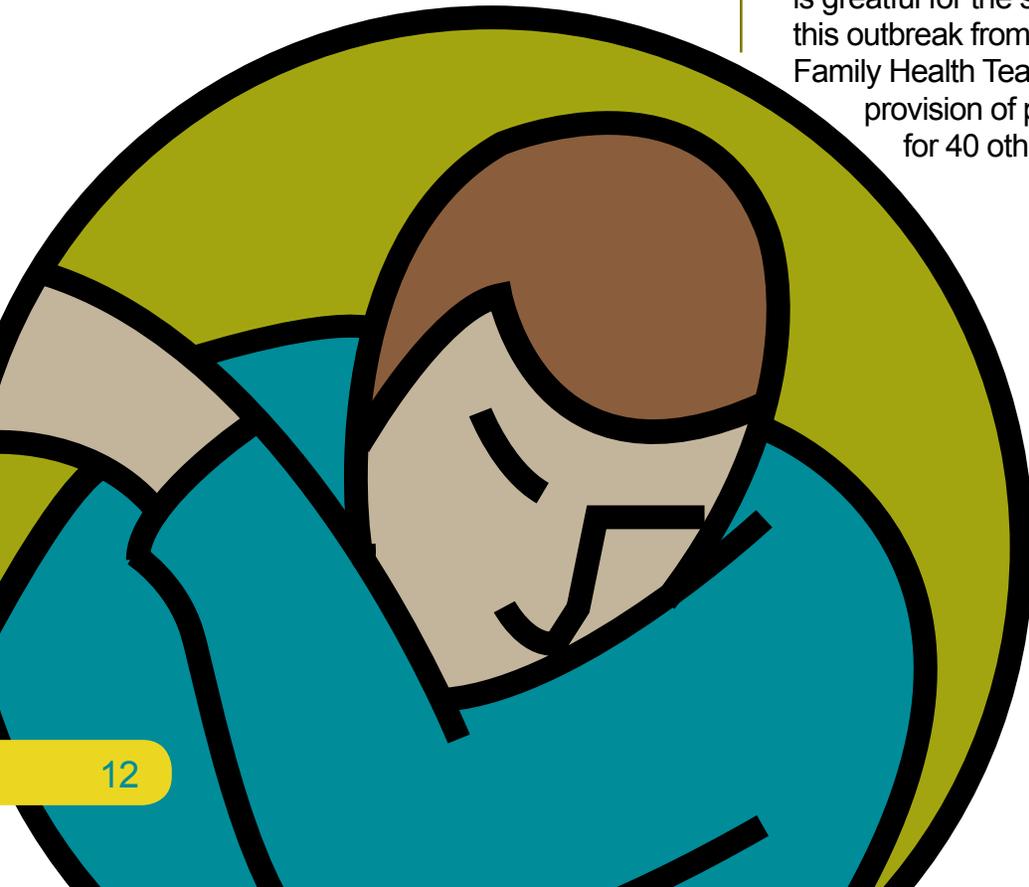
Hepatitis C

Meningitis

Influenza

Pertussis

Salmonellosis



Vaccination Statistics

1,678

influenza vaccines administered
by the Health Unit Oct. – Dec. 31.

16,274

student immunization records
assessed for compliance with
Immunization of School Pupils Act.

3,520

vaccinations administered during the
annual grade 7 school clinics.

6

community influenza clinics
offered in the fall.

7,390

vaccines administered in
Health Unit offices.

11,163

influenza vaccines
administered by 32
pharmacies.

Adult Oral Health

Oral health is an important part of our overall health and can affect our self-esteem, social relationships, and how we eat and speak. Pain and infection, which may arise from oral diseases, can affect employability, work attendance, performance, and learning potential. Medical conditions such as diabetes, respiratory diseases, and cardiovascular issues can also be affected by poor oral health.

In February 2018, the new Adult Dental Clinic, for eligible adults with limited or no access to dental care, opened at the Health Unit's North Bay office. The clinic provided preventive, routine, and emergency dental treatment to 561 clients. Attendance at the clinic was high, with 89% attendance rate. The need for this clinic was evident as 68% of clients presented with one or more areas of untreated tooth decay, 62% with dental pain and 18% with a dental abscess. By the end of the year, there was a five-month waiting list for an appointment.

When asked in a survey, "What has coming to this clinic meant to you?" clients' responses included:

"Everything! The pain I have endured has been unbearable and now I see a pain free future."

"It meant a great deal! I thought there was no one to help me when I couldn't afford dental care. Amazing. Thank you!"

"To live again/so happy I am almost crying. Thank you."

A special thanks to Low Income People Involvement of Nipissing (LIPI), District of Nipissing Social Services Administration Board (DNSSAB) and North Bay Oral Surgery for supporting this program. Together we are working to provide equitable access to dental care and to improve the health of adults in our communities who have challenges accessing dental services.

Adult Stats

- **561** clients were treated at the Adult Dental Clinic.
- **147** adults in receipt of Ontario Works for a total of **316** appointments.
- **144** adults with the Ontario Disability Support Program for a total of **334** appointments.
- **262** low wage income earners who met the Health Unit eligibility for a total of **660** appointments.
- **6** adults accessed Non-Insured Health Benefits for First Nations for a total of **11** appointments.
- **2** adults accessed Interim Federal Health Plan benefits for resettled refugees for a total of **2** appointments.

Healthy Smiles Ontario

Good oral health is important for a child's self-esteem, sense of well-being and overall health. Together with parents, the Health Unit is working to improve the health of children in our communities. Healthy Smiles Ontario (HSO) is a free dental program that provides preventive, routine, and emergency dental services for eligible children and youth 17 years and under from low-income households.

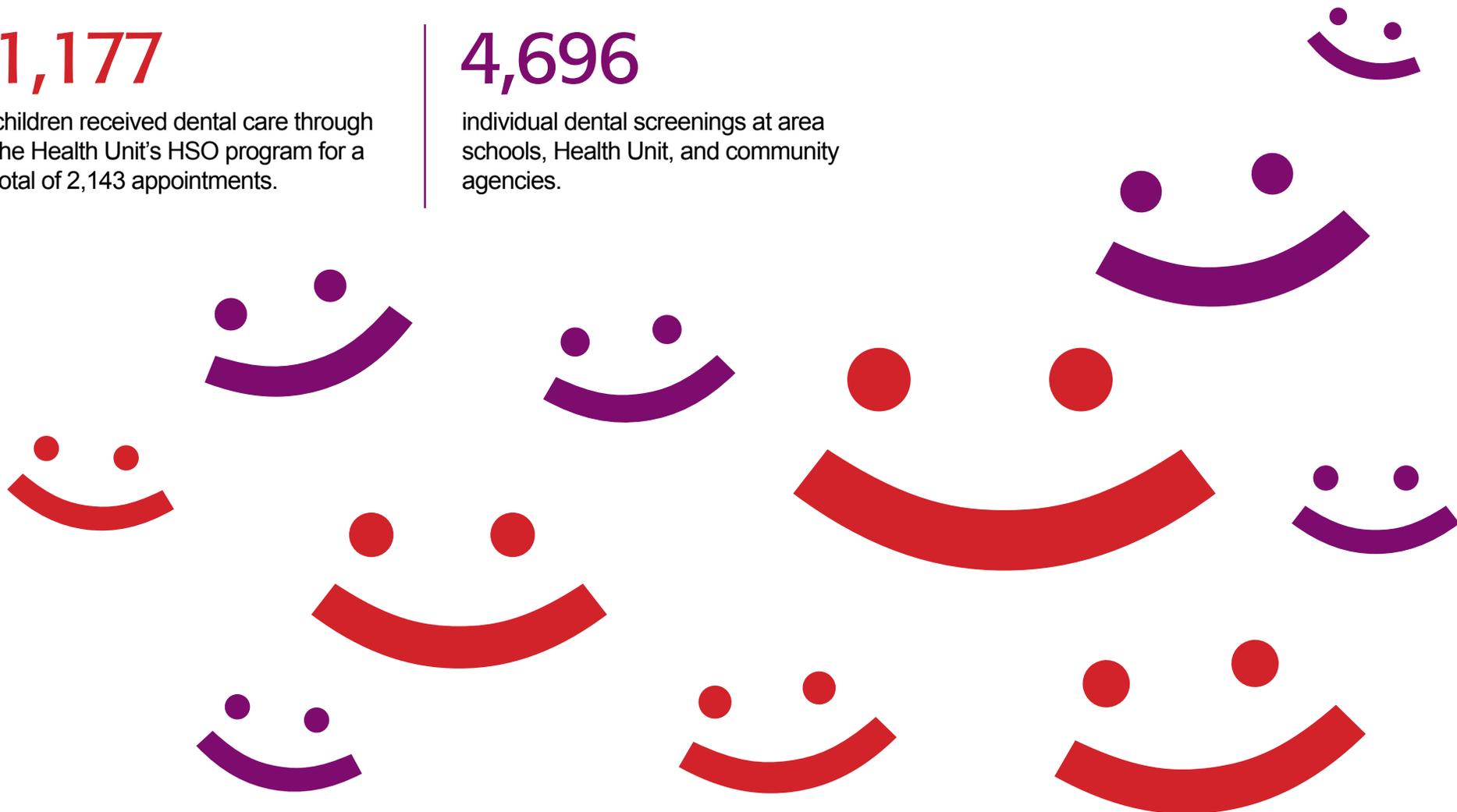
In 2018:

1,177

children received dental care through the Health Unit's HSO program for a total of 2,143 appointments.

4,696

individual dental screenings at area schools, Health Unit, and community agencies.



Sexual Health

Sexual health is about healthy behaviours and attitudes towards sex, respecting others, understanding consent, and much more. The Health Unit's Sexual Health program provides testing and treatment to help prevent sexually transmitted infections, provides contraceptives, including emergency contraception at cost, and provides pregnancy testing and education about the available options if they or their partner becomes pregnant.

6,730 client visits

to our sexual health clinics.

- **77%** presented as female.
- **23%** presented as male.
- Approximately **78%** of clients were seen in our North Bay office.
- **9%** in designated secondary schools across our district.
- **11%** in our Parry Sound office.
- less than **1%** in our Burk's Falls office and satellite clinics.

The total number of cases of reportable sexually transmitted infections (STIs) increased in 2018, which is consistent with trends across Ontario.

- **442** cases of chlamydia (an increase of 17%).
- **42** cases of gonorrhea (an increase of 35%).
- **6** cases of syphilis and HIV.

The Sexual Health program is working closely with the Ministry of Health and Long-Term Care to assess why chlamydia and gonorrhea rates continue to increase, and to determine how best to address this issue.



Harm Reduction

In collaboration with community partners, the Health Unit provides harm reduction services, such as our needle exchange program, to clients throughout the community. Evidence* shows that these services are effective at reducing serious infections (such as hepatitis C and HIV) in people who use drugs, help to build relationships with clients, connect clients to other Health Unit and community programs, and decrease the number of used needles found in the community.

- **1,439** needle exchange visits, where clients had access to new needles and other injection drug supplies, safer inhalation kits, safer smoking kits, and naloxone kits.
- **68%** of clients identified as male.

** Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and other Harms: Part 1 (Rep.). (n.d.). retrieved from https://www.catie.ca/ga-pdf.php?file=sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf*

** Best Practice Recommendations 2 for Canadian Harm Reduction Programs that Provide Services to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 2 (Rep.). (n.d.). Retrieved from <https://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>*

Sharps Buy Back

The Sharps Buy Back campaign launched in November, as part of the Health Unit's harm reduction strategy, and was extended into December, due to the campaign's success. The purpose of the campaign was to encourage individuals to come to our new North Bay office, while also spreading awareness about how to properly pick up sharps. The campaign targeted the Health Unit's current needle exchange clients and individuals in the community who might benefit from needle exchange services. During the campaign, the Health Unit provided a \$5 grocery gift card for every 100 used sharps (e.g. needles or syringes) brought to the North Bay office.

During the Sharps Buy Back Campaign, the Health Unit received **39,281** used sharps, averaging **19,640** sharps each month, a large increase from

previous months. In the six months leading up to the campaign, the Health Unit received an average of 3,985 returned used sharps per month. This represents a nearly five-fold increase in the number of needles returned, during the campaign.

The campaign created the opportunity to build and strengthen therapeutic relationships between Health Unit staff and clients. The campaign encouraged new individuals to visit our Health Unit and learn about our services. It also enabled staff to refer many clients to other services within the organization such as the Oral Health program, Vaccine Preventable Diseases, the Quit Clinic, and Sexual Health program. Many clients expressed gratitude for the gift cards and told staff that they would be used to purchase their basic needs like food and hygiene products.



Naloxone Program

In an effort to combat the increasing number of overdose deaths in Ontario, the Ministry of Health and Long-Term Care implemented the Ontario Naloxone Program in 2017. Through this program, the Health Unit is able to distribute naloxone kits to people who use drugs, their friends, and their families, as well as to community partners to help prevent overdose deaths in our community. Naloxone kits were provided across our district as follows:

- **291** to community agencies.
 - **138** to fire departments.
 - **59** to police services.
 - **51** to clients who use opioids.
 - **70** to people reporting to be a friend or family member of someone who uses opioids.
- 
- 

Cannabis

Prior to the legalization of cannabis in October, the Health Unit created a comprehensive social media campaign focused on dispelling myths related to cannabis and aimed to inform the public about ways to reduce harm associated with cannabis use. Canada's Lower-Risk Cannabis Use Guidelines were used throughout the campaign.

Staff from the Health Unit coordinated and attended several cannabis information sessions, including parent's nights and panel sessions, to provide information and resources to members of the public.

The largest session was the Cannabis Forum, a partnership between the Health Unit, Ontario Provincial Police, North Bay Police, and a pharmacist, held in North Bay. The session was designed to allow members of the public to ask questions about cannabis and receive information to help navigate laws and health outcomes, concerning cannabis use.

Beyond sessions, the Health Unit provided resources to parents, schools, and other youth-serving agencies with the aim of preventing use and reducing cannabis-related harms among youth. This included promoting the Cannabis Talk Kit on social media and providing free resources at reception and on the Health Unit website.

To better understand our community's knowledge, behaviours, and attitudes related to cannabis, the Health Unit conducted a Community Cannabis Survey. The survey asked the public questions about their previous use, their understanding of harm reduction strategies related to cannabis, and driving while impaired. This survey will serve as a benchmark for understanding cannabis in our community following legalization. Survey results are expected to be released in early 2019.



Hand Hygiene

Hand washing, when done correctly, is the single most effective way to prevent the spread of illness. Hand hygiene education provided to children has the potential to considerably decrease the amount of times that they are absent because of illness.

The Health Unit partnered with third year Nipissing University and Canadore College collaborative Bachelor of Science in Nursing students to offer hand hygiene education sessions to students in elementary schools across the Health Unit district. A total of 20 schools participated with over 1,700 students learning about germs, how they are spread, and how to protect themselves and others by properly washing their hands. The Health Unit also offered hand hygiene education sessions to child care centres, long-term care homes and retirement homes.

A total of 254 children from seven child care centres and a total of 132 residents and staff from four long-term care homes and retirement homes participated in hand hygiene education sessions.



For Youth by Youth Anti-Vaping

The Health Unit runs a Youth Volunteer Program where students aged 13 to 17 years learn about public health and create public health campaigns. One campaign specifically focused on addressing the rise in e-cigarette use among youth. The goal of the project was to inform other youth, in the Health Unit's district, about the potential health risks of vaping.

Youth volunteers discussed vaping trends and looked at research regarding the health effects of vaping. The volunteers learned how to plan and run a health communication campaign, discussed effective ways to reach youth, and created key messages for their campaign. The campaign consisted of five social media posts, a video, two posters, a fact sheet, and a set of trivia questions.

Volunteers also planned and set-up a booth at a local youth conference, Be Well, where they shared information with youth through a trivia game, as well as the posters and fact sheets.

The posters are still being used by high schools in our district, and have been requested by other health units. The campaign helped lay a foundation for youth engagement work on this emerging public health issue.

**MOVEMENT
TO STOP VAPING**

**DO YOU
KNOW THE
LONG-TERM
EFFECTS OF
VAPING?**

Neither do the experts!

For what we do know, visit www.myhealthunit.ca/vaping

Made for **YOUTH** by youth!
North Bay Perry School District
Health Unit
Bureau de santé
du district de North Bay Perry School

SOME PEOPLE VAPE TO TRY TO QUIT SMOKING BECAUSE IT'S LESS HARMFUL.

LESS HARMFUL DOESN'T MEAN SAFE.

IF YOU DON'T SMOKE, DON'T VAPE.

FOR MORE INFORMATION VISIT WWW.MYHEALTHUNIT.CA/VAPING

Made for **YOUTH** by youth!
North Bay Perry School District
Health Unit
Bureau de santé
du district de North Bay Perry School

For Youth by Youth Be Well

Expectations of youth are high; balancing school, extra-curricular activities, home life and maintaining a job can be difficult, and can impact overall mental well-being. According to the Ontario Student Drug Use and Health Survey (OSDUHS), one in every five students in our region report their mental or emotional health as either fair or poor*.

In the spring, ten Health Unit youth volunteers planned and hosted the

Be Well Conference, a youth-led mental health event. Approximately 75 students and 15 community partners from the North Bay area attended.

Collaboration was a key focus of conference planning. Youth volunteers worked closely with community partners to develop and deliver workshops that promoted healthy choices by providing trusted information in a youth-friendly format. Stigma, healthy relationships, social

media and leadership are all examples of topics covered throughout the conference. Youth Volunteers worked closely with a Health Unit Community Health Promoter to make decisions related to logistics, branding, and conference activities.

The conference was a success - students left better informed on ways to deal with stress in their life and that they are not alone.

** North Bay Parry Sound District Health Unit Planning & Evaluation Services. (2017). Mental health among students in grades 7 to 12 in the NBPSDHU region. Retrieved from <https://www.myhealthunit.ca/en/community-data-reports/resources/Reports-Statistics--Geographic-Profiles/well-being-and-mental-health/MH-care-gr7to12-NBPSDHU-region-2014-15-Nov-23-2017.pdf> on January 17, 2019.*



The Northern Fruit and Vegetable Program Kicked off in 2018!

The Health Unit administered the Northern Fruit and Vegetable Program (NFVP), in partnership with the Ministry of Health and Long-Term Care and the Ontario Fruit and Vegetable Growers' Association, to **11,464** students in **61** elementary and intermediate schools throughout the Health Unit's district. The NFVP provided two servings of fruit and vegetables each week, from February to June, to students at participating schools.

Research has shown that Canadian children are not getting enough servings of fruits and vegetables. NFVP helps to fill that gap while working to improve the likeability of fruits and vegetables. Educators have found the program to have positive results.

The program not only provided the fruits and vegetables to students, but educators were provided additional resources for classroom activities based on the fruit and vegetables provided.



Northern Fruit & Vegetable Program 2018 Menu*

Week	Product
February 12	Grape Tomatoes, Pineapple Chunks
No Delivery February 19 - 23	
February 26	Carrot Sticks, Whole Apples
March 5	Celery Sticks, Hummus Dip, Dried Cherries
No Delivery March 12 - 16	
March 19	Broccoli Florets, Dip, Cantaloupe Chunks
March 26	Carrot Sticks, Mixed Fruit Chunks
No Delivery April 2 - 6	
April 9	Celery Sticks, Hummus Dip, Apple Sauce
No Delivery April 16 - 20	
April 23	Sugar Snap Peas, Cantaloupe Chunks
April 30	Mini Cucumbers, Apple Slices
May 7	Grape Tomatoes, Honeydew Melon Chunks
May 14	Broccoli Florets, Dip, Apple Sauce Cups
No Delivery May 21 - 25	
May 28	Mini Cucumbers, Apple Slices
June 4	Celery Sticks, Hummus Dip, Pineapple Chunks
June 11	Carrot Sticks, Apple Sauce Cups
June 18	Mini Cucumbers, Whole Strawberries

*May be subject to change
Revised April 2018



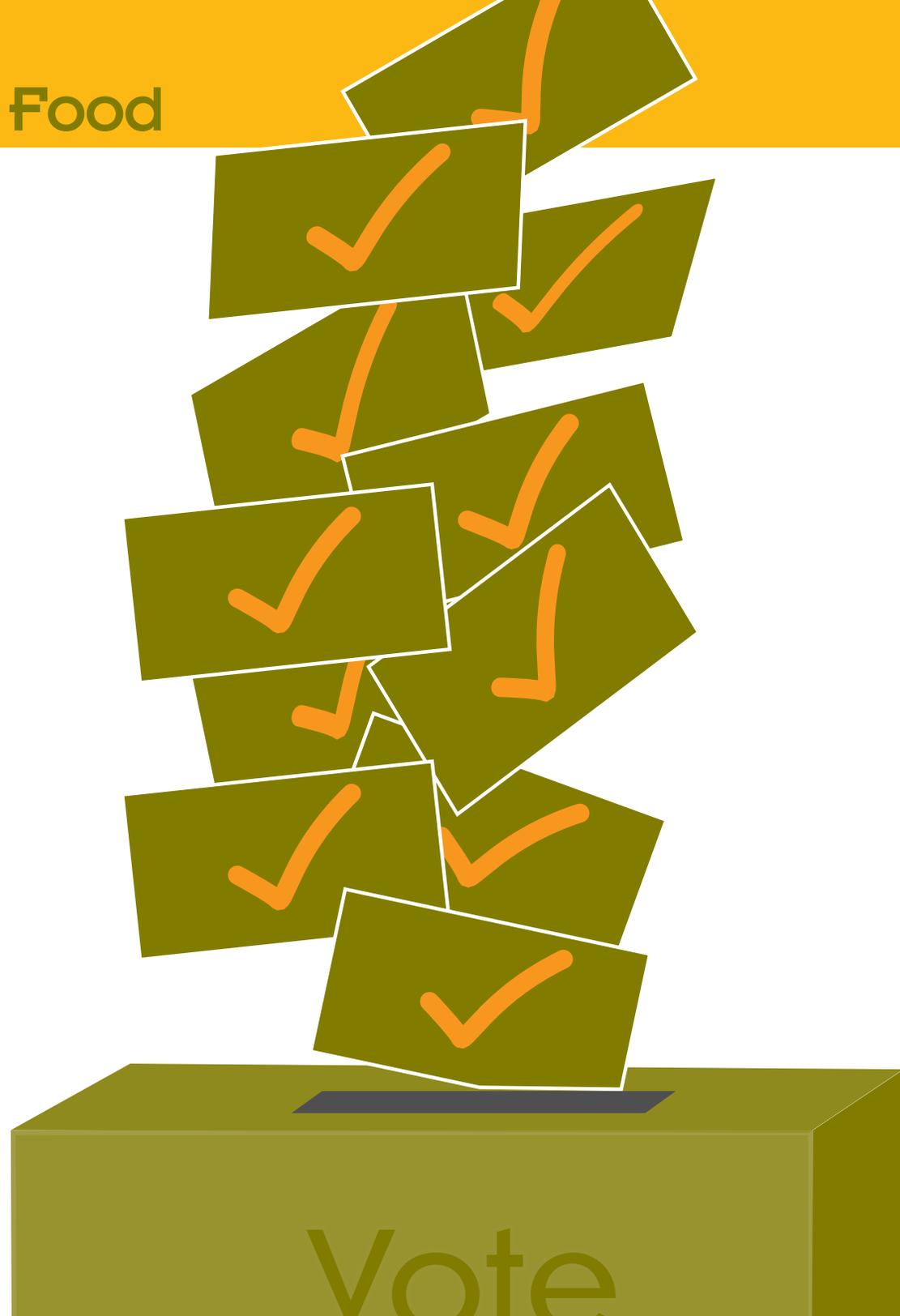
"The children at my school have decided to really embrace this program. I have never seen so many kids eating broccoli at nine in the morning," said one educator.

We're Voting for Food

In April 2018, the Health Unit partnered with the Nipissing Area Food Roundtable to host We're Voting for Food. The event, which had roughly 50 individuals in attendance, was focused on emphasizing the importance of income solutions to address food insecurity and informed decision making when voting. Food insecurity affects one in seven households in the Nipissing and Parry Sound districts.

The event encouraged MPP candidates to share their party's position and strategies to reduce food insecurity. Two MPP candidates attended and one sent a statement. Social service leaders from the Health Unit, the Low Income People Involvement of Nipissing, and the District of Nipissing Social Services Administration Board also spoke about the impact of food insecurity locally and the need for change.

The Health Unit continues to advocate for income measures, like increased social assistance and minimum wage rates, to reduce food insecurity in Ontario.



Student Placements

Effective post secondary student placements contribute to the development of a strong public health workforce, which helps the Health Unit to achieve a vision of a healthy life for everyone in the community.

The Health Unit supported **23** student placements throughout 2018. The students were enrolled in nursing, social work, dietetic internships, master of kinesiology, and physical health education programs. The Health Unit also worked with Nipissing University and Canadore College's collaborative Bachelor of Science in Nursing program to support the education of third year nursing students with specific health promotion projects. Projects focused on falls prevention for the Indigenous population and hand hygiene education in schools across our district.

The Health Unit values the contribution that students make to public health and wish them the very best in their future careers.



Normalize it!

In 2015, a Health Unit survey found that 51% of local mothers did not feel comfortable breastfeeding in public. This can negatively impact the duration of breastfeeding for mothers who are trying to reach their breastfeeding goals, while still getting out to do daily living activities.

In an effort to reduce barriers to continued breastfeeding, the Health Unit launched the Normalize It campaign during National Breastfeeding Week. The goal of the campaign was to normalize breastfeeding by changing perception of breastfeeding in public and encouraging a supportive environment in our community for nursing mothers. Four life size cutouts of mothers breastfeeding their children were rotated throughout 24 locations, including colleges, community centres and private businesses, across the Health Unit's district over a two week period. A corresponding Facebook contest invited mothers to take photos of the cutouts spotted in the community or of themselves breastfeeding and send them to the Health Unit. These images were shared on Facebook and the three images with the most 'likes' won.

The campaign had great visibility within the Health Unit's district, with nine media stories over the campaign period. The imagery and tag Normalize It will continue to be used throughout 2019 in other breastfeeding friendly material to extend the message throughout all breastfeeding promotion and activities.

Photoshoot

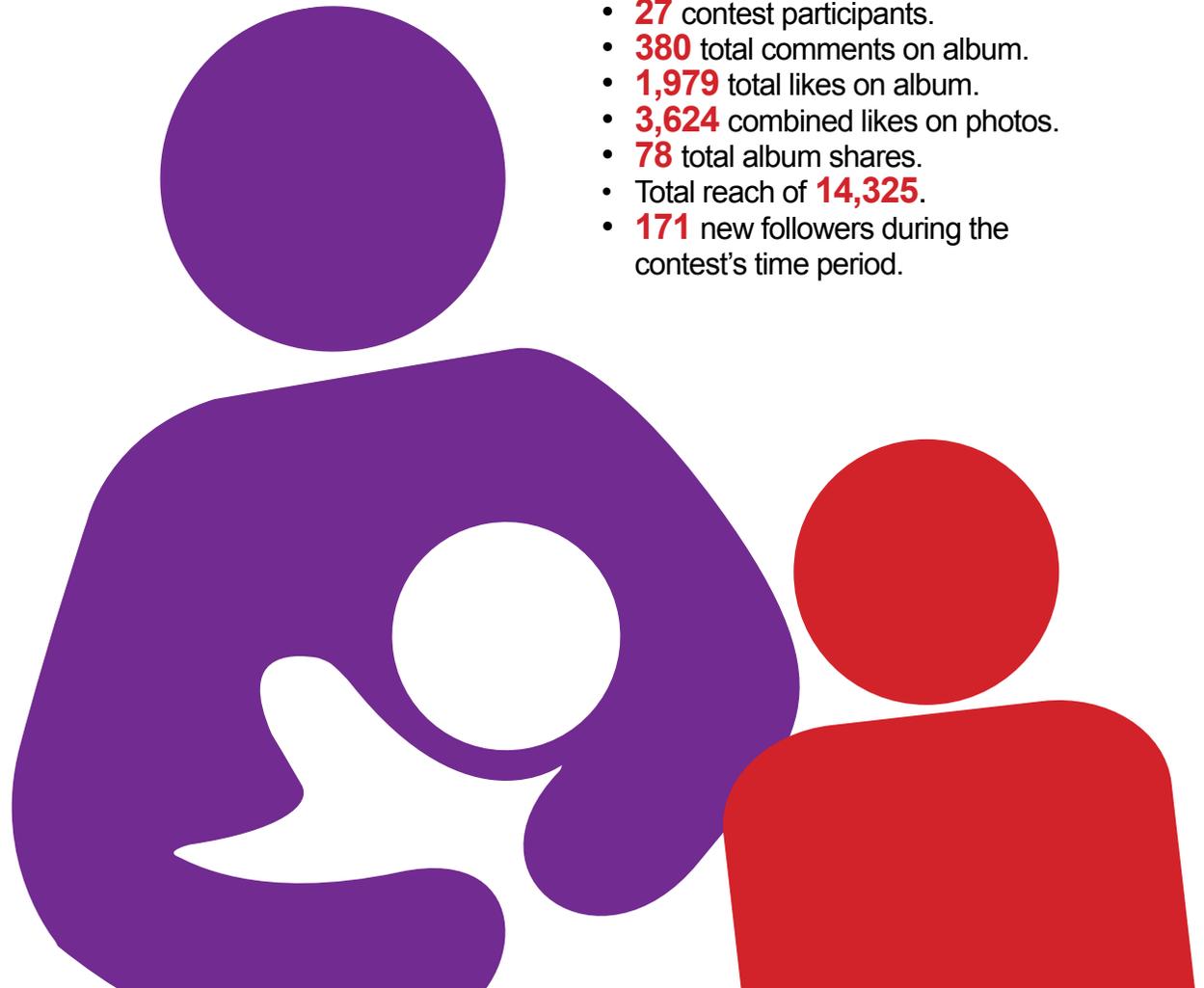
- **11** mothers and babies participated in the photoshoot cutouts.

Cutouts locations

- **10** in North Bay.
- **1** in Sturgeon Falls.
- **10** in East Parry Sound.
- **3** in West Parry Sound.

Social media contest

- **27** contest participants.
- **380** total comments on album.
- **1,979** total likes on album.
- **3,624** combined likes on photos.
- **78** total album shares.
- Total reach of **14,325**.
- **171** new followers during the contest's time period.



Changes to Regulations, Protocols, and Guidelines

In 2018, the Health Unit witnessed multiple changes to regulations, protocols, and guidelines. The new regulations came in effect on July 1, 2018 and included; the Food Premises Regulation 493/17, Public Pools 494/17, Recreational Camps 503/17, Camps in Unorganized Territory 502/17, Personal Service Settings 136/18, Rabies Immunization 497/17, and Smoke-Free Ontario Act, 2017 (and its related Regulation). The changes impact/affect individuals and/or owners/operators in the way they conduct their businesses.

Some of the guidelines introduced include:

- Healthy Environments and Climate Change Guideline, released on March 20, 2018.
- Management of Avian Chlamydiosis in Birds Guideline, Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline and Management of Echinococcus Multilocularis Infections in Animals Guideline.

- Management of Potential Rabies Exposures Guideline.
- Operational Approaches for Food Safety Guideline.
- Operational Approaches for Recreational Water Guideline, released on February 5, 2018.
- Personal Service Settings Guideline.
- Small Drinking Water Systems Risk Assessment Guideline.

Protocols and guidelines outline ways of implementing the Ministry of Health and Long-Term Care (MOHLTC) Ontario Public Health Standards (OPHS). The Health Unit's Public Health Inspectors (PHIs) and Tobacco Enforcement Officers (TEOs) utilized a progressive enforcement approach to ensure compliance, in our district.

The PHIs and TEOs took the opportunity to educate organizations about the updates to the regulations, protocols and guidelines during their routine inspections. It is only after education, should an organization refuse to be compliant, that they would receive a warning followed by charges.

Smoke-Free Ontario Act, 2017

The Smoke-Free Ontario Act, 2017 came into effect on October 17, 2018. The Smoke-Free Ontario Act, 2006 was specific to tobacco products only, where the new Smoke-Free Ontario Act, 2017 now includes cannabis and electronic cigarettes. These changes required organizations to update their no-smoking signs in their work places, such as entrances, exits, work vehicles, and washrooms.

The Health Unit created a campaign to promote the updates, specifically to inform employers in the Nipissing and Parry Sound districts about the new Smoke-Free Ontario Act, 2017 adhesive signs that are available free at the Health Unit, and to increase awareness of the changes made to the Smoke-Free Ontario Act, 2017, in regards to the legalization of cannabis.

The campaign resulted in over **1,500** adhesive signs picked up and roughly, **15** packages compiled for the Chamber of Commerce, municipalities, and businesses within our district.

Drinking Water

7,927 drinking water samples submissions from private homes were submitted to Public Health Laboratories for detection of bacteria presence. Approximately 20% of the private water samples tested showed presence of Total Coliform and around 3% indicated the presence of E. coli.

The Health Unit worked with individuals who wished to consult with Public Health Inspectors after receiving their water results. The consulted individuals were provided information including potential causes and ways to resolve the identified issue.

Public Beaches

Throughout the summer of 2018, Public Health Inspectors conducted surveillance of 61 public beaches. 1,405 water samples were collected, both weekly and monthly depending on the water quality at each beach. Harmful Algal Blooms (HAB) were detected at lakes across the district including:

Callander Bay	Ottawa River
Deer Lake	Pickering Lake
Lake Bernard	Rankin Lake
Lake Nosbonsing	Roberts Lake
Lake Talon	Three Mile Lake
Lynx Lake	Tilden Lake

The Health Unit made the public aware through a number of communications channels including news releases and social media posts. Data from public beach collection contribute to the Great Lakes water management.

2018 Inspections

Inspection of Retail Food Premises

- 819 retail food premises inspected and 216 re-inspections.

Responding to Complaints at Retail Food Premises

- 86 food program complaints investigated.

Education of Employees and Owners/ Operators of Retail Food Premises

- 20 food handler certification courses offered.
- 127 exams proctored.
- 98% food handlers certified.

Inspection and Consultation with Organizers of Community Food Events

- 626 special event applications reviewed.
- 40 inspections of community special events.

Implement corrective Measures at Regulated Water Systems to Ensure Safe Drinking Water

- 58 boil water advisories.
- 21 drinking water advisories.

Inspection of Public Pools and Spas

- 118 inspections were completed on 43 Class A & B public pools and 30 re-inspections.
- 37 inspections completed on 12 public spas and 12 re-inspections.
- 8 inspections completed on 2 public wading pools.
- 9 inspections were completed on 5 splash pads.

Investigation of Animal Exposure Incidents

- 407 animal bites reports investigated.

Promote the Rabies Vaccination to Animals

- 51 mandatory vaccination letters issued to animal owner.

Inspection of Facilities to Prevent Infectious Diseases and Hazards

- 29 children's recreational camps inspected and 2 re-inspections.
- 30 group homes inspected.
- 1 active treatment centre inspected.
- 1 correctional institution inspected.
- 1 home for special care inspected.
- 70 Licensed child care centres inspected and 5 re-inspections.
- 193 personal service establishments inspected and 4 re-inspections.

Vector Borne Disease Surveillance

- 51 human acquired ticks submitted for testing.

Education to Tobacco Vendors

- 385 educational visits.

Inspect Tobacco Vendors

- 128 tobacco vendors inspected and 8 re-inspections.

Inspect Workplace/Public Places under the Smoke-Free Ontario Act

- 1,031 inspections of workplaces/public places and 58 re-inspections.
- 98 warnings issued.
- 3 tickets issued to non-compliant workplaces/public places.

2018 Health Unit Published Reports

2016/17 Influenza summary (February 2018)

Enhanced 18-month well-baby visits (July 2018)

Tobacco use during pregnancy (October 2018)

Reasons for provision of liquids other than breastmilk (November 2018)

Confidence and breast milk provision (October 2018)

Intended duration of breast milk provision (October 2018)

Solid food provision to infants in the NBPSDHU region (January 2018)

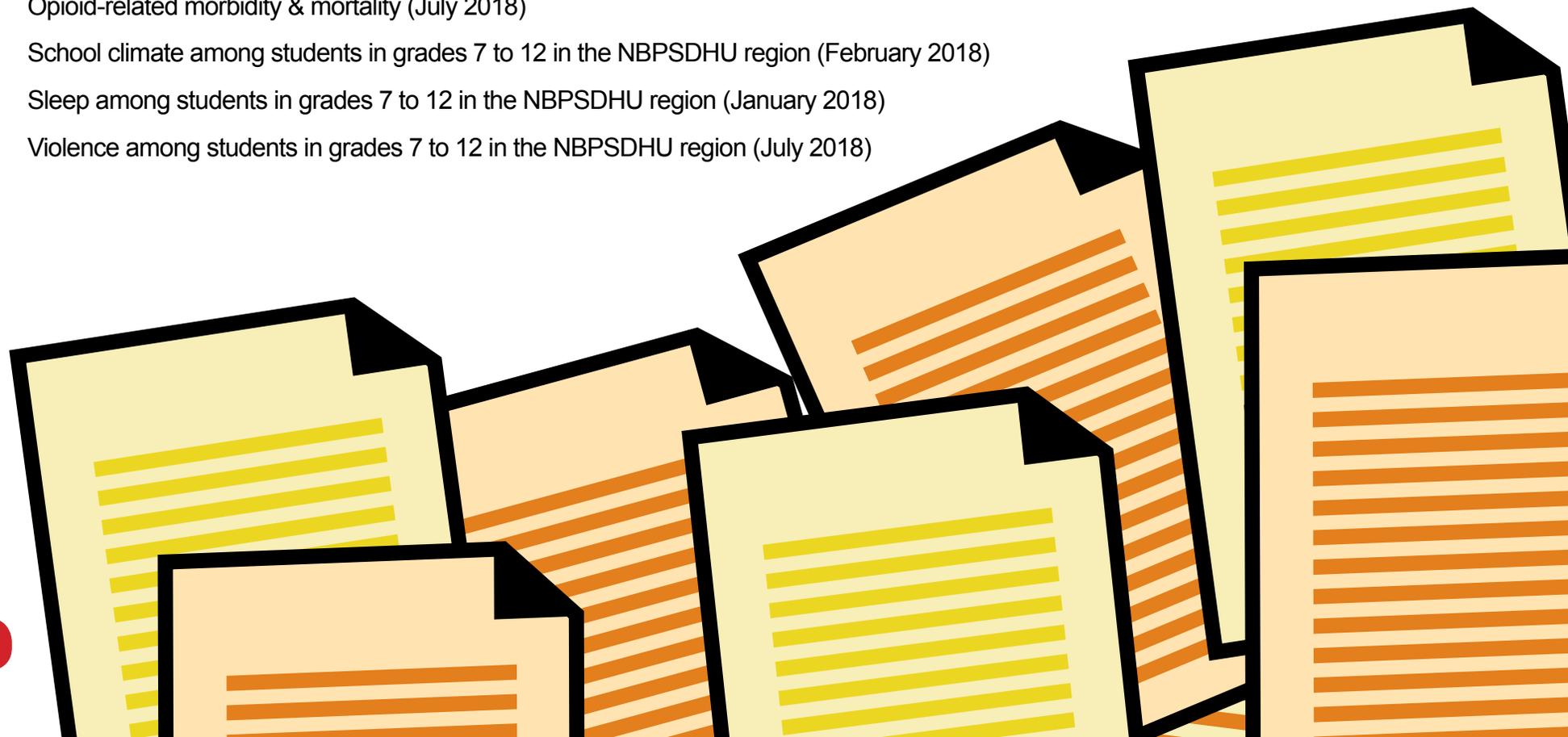
Infant oral health (February 2018)

Opioid-related morbidity & mortality (July 2018)

School climate among students in grades 7 to 12 in the NBPSDHU region (February 2018)

Sleep among students in grades 7 to 12 in the NBPSDHU region (January 2018)

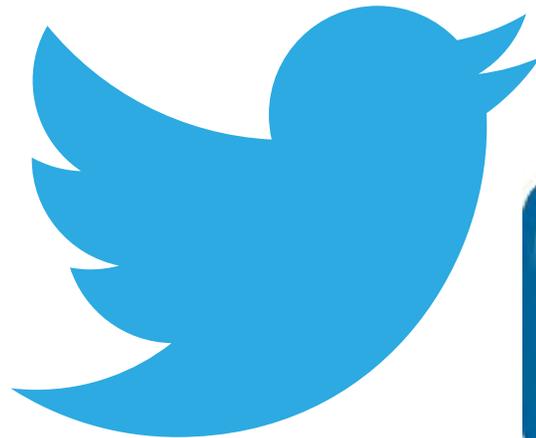
Violence among students in grades 7 to 12 in the NBPSDHU region (July 2018)



Communications

Over the past year, the Communications department:

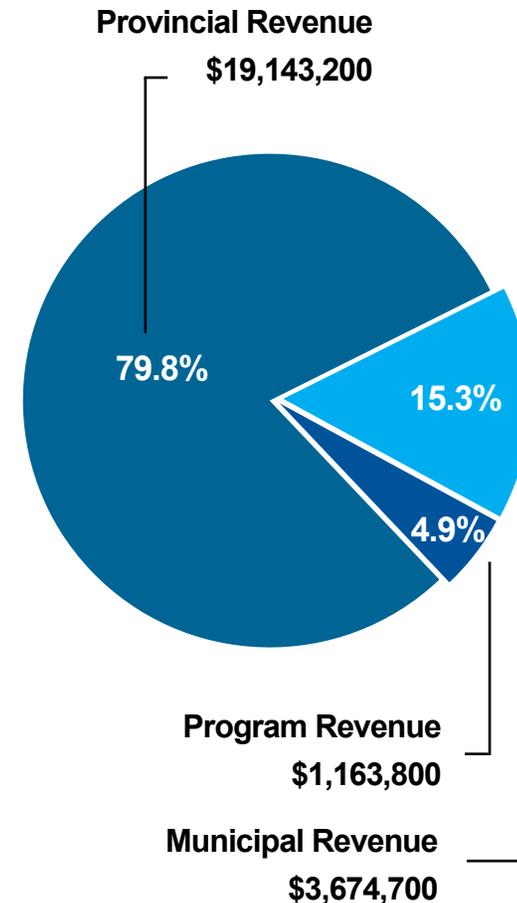
- Refreshed the layout of the Health Unit's website and made it mobile friendly. Since inception the site has had **30,975** visits from **20,749** unique visitors resulting in **84,623** page views.
- Issued **25** news releases, and were featured in over **150** stories.
- Grew our Facebook presence with **1,169,335** overall impressions with the average post reaching **1,793** people.
- Grew our Twitter presence with **90,454** overall impressions.
- Ran a campaign to promote the Health Unit resulting **15,357** impressions on Facebook **13,135** impressions on Twitter.



2018 Unaudited Expenditures by Program & Service

Program & Service	Dollars (\$)
Occupancy & Information Technology	2,815,800.00
Food/Water/Rabies/Other Environmental Hazards	2,175,900.00
Reproductive & Child Health, Healthy Babies	2,108,500.00
Organizational Supports	2,104,600.00
Chronic Disease/Injury Prevention/Substance Use	2,016,900.00
Sexual Health	1,682,100.00
Dental Services	1,678,800.00
Vaccine Preventable Disease	1,421,400.00
Communicable & Infectious Disease Control	1,235,700.00
Research & Quality Assurance	904,300.00
Building & Land	852,100.00
Office of the Medical Officer of Health	464,300.00
Smoking and Tobacco	449,800.00
Genetics	280,200.00
Communications & Community Information Office	261,400.00
Vector Borne Disease	169,500.00
Emergency Preparedness	127,800.00
Total Expenditures	20,749,100.00

Total Revenue 2018:



April 3, 2019

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
lisa.macleod@pc.ola.org

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Part, 5th Floor
777 Bay Street
Toronto, ON M7A 213
christine.elliott@pc.ola.org

Dear Ministers:

RE: Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission)

I am writing to you on behalf of the Board of Health for Peterborough Public Health in support of the North Bay Parry Sound District Health Unit's call for the establishment of the Social Assistance Research Commission (SARC). We urge the passing of [Bill 60](#) as an important step towards fiscal responsibility for health care costs and to address health inequities associated with food insecurity.

Food insecurity is inadequate or insecure access to food due to financial constraints. It is an extremely significant [cost to the Ontario health care system](#). Between 2005 and 2010, health care costs were 23-121% higher for Ontarians in food insecure households. Having enough money for healthy food is critical for health and well-being, and when people are food insecure, they are more likely to suffer chronic health conditions such as heart disease, diabetes, and cancer.

Our region has some of the highest food insecurity rates in Ontario, with 1 in 6 households worrying about not having enough money for food. In 2013-14 in Ontario, 64% of [households on social assistance](#) experienced food insecurity. The root cause of food insecurity is insufficient income to pay for food. In 2018, a single man in our region on Ontario Works had only \$105 left after paying market rent for a bachelor apartment, but the cost of food was just over \$300 (See the attached [2018 Limited Incomes Report](#)). If social assistance rates are insufficient to meet rent and food costs, our residents on social assistance cannot meet these and other basic needs, such as utilities, clothing, and transportation? Basic needs of residents on social assistance must be met to ensure that all Ontarians can achieve physical, mental and social well-being.

Establishment of a SARC would determine the cost of living for Ontario residents on social assistance. This is an important step towards residents having adequate income for food which in the long term will lower costs to the Ontario Health System.

Furthermore, our Board of Health is committed to addressing upstream approaches to support health, and striving for equity in our community. We view adequacy of income as crucial to the health and well-being of all residents. On behalf of the Board of Health, I respectfully urge the Standing Committee on Social Policy to promptly move ahead with hearings on Bill 60.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Vic Fedeli, Minister of Finance
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health



February 27, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

The Board of Health for the North Bay Parry Sound District Health Unit (Board) would like to share with you the resolutions passed at our recent meeting on February 27, 2019. The resolutions highlight our continued support of staff and community stakeholders to reduce health inequities, and our support for Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. A copy of the motion passed is included as Appendix A.

One in seven households in our Health Unit region experience food insecurity. Included is a copy of our [2018 Food Insecurity poster](#), highlighting this important statistic, as Appendix B. Our goal with this key messaging is to emphasize the magnitude of this issue in our area. The [full report](#) is available on our website.

While our community has a broad gamete of important social service and food charity programs in place to assist those experiencing food insecurity, this complex issue cannot be adequately or sustainably addressed at the local level. Food insecurity is defined as inadequate or insecure access to food due to financial constraints, which highlights low income as the root of the problem. Our Health Unit continues to raise awareness about the importance of income security for low income Ontarians, in an effort to reduce food insecurity rates. Food insecurity is a significant public health problem because of its great impact on health and well-being. In light of the release of the new Canada's Food Guide, it is important to note that these dietary recommendations are out of reach for many low-income Canadians.

While there are a number of risk factors for being food insecure, social assistance recipients are at particularly high risk. Research has shown that 64% of households in Ontario receiving social assistance

experience food insecurity, demonstrating that social assistance rates are too low to protect recipients from being food insecure. For this reason, our Board supports Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. This group will make recommendations on social assistance policy, including social assistance rates based on the real costs of living in regions across Ontario, taking into account the cost of healthy eating. Our Health Unit, community partners and households receiving social assistance are eagerly awaiting the release of more details about the changes that will be made to Ontario's social assistance system following Minister MacLeod's announcement on November 22, 2018. Please consider the establishment of the Social Assistance Research Commission as part of the changes that will ensue by prioritizing Bill 60.

Last year, we expressed our [support and feedback](#) to the previous government on the [Income Security: A Roadmap for Change](#) report. This report was prepared in collaboration with many experts, including Indigenous representatives, and has already undergone a public consultation process. Please take into account the elements outlined in this report when implementing changes to the current social assistance system. We emphasized this last August, when we [expressed our concern](#) about the cancellation of the basic income pilot project and the reduction to the scheduled increase to social assistance rates in 2018.

Thank you for taking the time to review this information and we will look forward to hearing next steps in strengthening income security in Ontario.

Sincerely,

Original Signed by Dr. Jim Chirico

Original Signed by Don Brisbane

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

Don Brisbane
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:

Victor Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Robert Bailey, MPP, Sarnia-Lambton
Paul Miller, MPP, Hamilton East-Stoney Creek
North Bay Parry Sound District Health Unit Member Municipalities
Joseph Bradbury, Chief Administrative Officer, DNSSAB
Janet Patterson, Chief Administrative Officer, PSDSSAB
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH**

RESOLUTION

DATE: February 27, 2019

MOVED BY: Mike Poeta

RESOLUTION: #BOH/2019/02/04

SECONDED BY: Dan Roveda

Whereas, The Nutritious Food Basket Survey results show that many low income individuals and families do not have enough money for nutritious food after paying for housing and other basic living expenses; and

Whereas, The Board of Health for the North Bay Parry Sound District Health Unit recognizes the impact of adequate income on food security and other social determinants of health; and

Whereas, Food insecurity rates are very high among social assistance recipients; and

Whereas, Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission) would help ensure social assistance rates are indexed to inflation, reviewed on an annual basis, and reflect regional costs of living including the cost of a Nutritious Food Basket; and

Whereas, the Ontario Public Health Standards require public health units to assess and report on the health of local populations, describing the existence and impact of health inequities;

Therefore Be It Resolved, That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of employees and community stakeholders to reduce health inequities, including food insecurity; and

Furthermore Be It Resolved, That the Board of Health support Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission); and

Furthermore Be It Resolved, That the Board of Health provide correspondence of these resolutions to district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Norm Miller, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Lisa MacLeod (Minister of Community and Social Services), the Honourable Christine Elliott (Minister of Health and Long-Term Care) and the Association of Local Public Health Agencies (ALPHA).

CARRIED: ✓ **VICE-CHAIRPERSON:** Original Signed by Don Brisbane

1 in 7

Nipissing and Parry Sound homes are **food insecure** because they don't have enough money.

This can mean:

- Worrying about running out of food
- Eating less healthy food
- Skipping meals
- Having poor health



Be informed myhealthunit.ca/foodinsecurity



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

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

April 3, 2019

Honourable Minister Christine Elliott
Minister of Health and Long-Term Care
80 Grosvenor Street, 10th Floor, Hepburn Block
Ministry of Health and Long-Term Care
Toronto, Ontario, M7A 1E9

Delivered via email
Christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we applaud the Ministry of Health and Long-Term Care (MOHLTC) for striving to achieve optimal health and wellness for school-aged children and youth. It is, however, with concern that I am writing to you regarding funding for the Child Visual Health and Vision Screening protocol. The Child Visual Health and Vision Screening protocol was introduced in 2018 (by the MOHLTC) and provides direction to boards of health on child visual health and vision screening services to be offered in the school setting.

Childhood vision screening programs have the potential to detect refractive errors, strabismus and other similar conditions which impact visual acuity and in turn benefit an affected child's visual and general development. We endorse the implementation of the Child Visual Health and Vision Screening protocol to provide vision screening services in the school setting. The protocol requires 100% of all senior kindergarten children to be screened utilizing three different screening tools requiring a minimum of 10-15 minutes per child per screening. In our jurisdiction, there are approximately 2200 children that will need to be screened to maintain the standard in each school year.

To ensure this program is operational and sustainable, it is requested that additional funding be provided to implement this new vision screening program within schools.

Thank you for your consideration of our comments and request. We look forward to hearing from you. For further information, please contact David Smith, Program Director of School Health at dsmith@swpublichealth.ca or 519-631-9900 ext. 1245.

Sincerely,

A handwritten signature in blue ink that reads 'Larry Martin'.

Larry Martin
Chair, Board of Health

Copy: Members, SWPH Board of Health
C. St. John, CEO, SWPH
M. Nusink, Director of Finance, SWPH
Association of Local Public Health Agencies
Ontario Boards of Health

April 3, 2019

The Honourable Lisa MacLeod
Ministry of Children, Community and Social Services
56 Wellesley Street West, 14th Floor
Toronto, ON M74 1E9
lisa.macleod@pc.ola.org

Dear Minister MacLeod:

Re: Funding for the Healthy Babies, Healthy Children Program

At its meeting on March 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Thunder Bay District Health Unit (TBDHU) regarding the above noted matter. We are in full support of TBDHU's call to action and share their concern and the concern of other local public health agencies regarding the Healthy Babies, Healthy Children (HBHC) program funding.

Similarly, to other communities the demand for HBHC services in our community continues to climb, the need is great. As well, Peterborough Public Health has seen an increase in the complexity of clients in the HBHC program.

As you are aware, in 2016 the firm MNP performed a review of the HBHC program provincially and found a funding gap of approximately \$7.08M (Ministry of Children and Youth Services-Healthy Babies, Healthy Children Program Review Executive Summary p.7). This gap continues to grow every year with increases in salaries, benefits and operational costs. This gap creates barriers by reducing our reach to at-risk clients and families, as well as creating a wait-list for our services.

We appreciate your attention to this important public health issue.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Association of Municipalities of Ontario
Association of Local Public Health Agencies
Ontario Boards of Health



Thunder Bay District Health Unit

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TBDHU.COM

November 21, 2018

SENT VIA EMAIL

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
14th Flr, 56 Wellesley St W,
Toronto, ON
M7A 1E9

Dear Minister MacLeod,
On behalf the Thunder Bay District Health Unit (TBDHU) Board of Health, it is with significant concern that I am writing to you regarding funding for the Healthy Babies, Healthy Children (HBHC) Program.

The Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

In 1997 the province committed to funding the Healthy Babies Healthy Children program at 100%. Province wide funding allocations have been essentially "flat-lined" from an original allocation that was completed in 2008, with the exception of the one-time funding increases for implementation of the 2012 Protocol. In the interim, collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program. Management and administration costs related to the program are already offset by the cost-shared budget for provincially mandated programs.

Simultaneously the complexity of clients accessing the program has increased requiring that more of the services be delivered by professional versus non-professional staff. The TBDHU has made every effort to mitigate the outcome of this ongoing funding shortfall however it has become increasingly more challenging to meet the targets set out in HBHC service agreements. At the current funding level services for these high-risk families will be reduced.

In 2016 the firm MNP performed a review of the HBHC program provincially and found that "based on the activities of the current service delivery model, and using the targets outlined in the service agreements ... there is a gap in the current funding of the program of approximately \$7.808M." (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7)

The Thunder Bay District Board of Health continues to advocate that the Ministry of Children, Community and Social Services fully funds the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

.../2

Minister McLeod
November 21, 2018

Page 2

Thank you for your attention to this important public health issue.

Sincerely,

Original Signed by

Joe Virdiramo, Chair
Board of Health
Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)
Judith Monteith-Farrell, MPP (Thunder Bay-Atitkokan)
All Ontario Boards of Health



Perth District Health Unit

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

April 2, 2019

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

Dear Premier Ford:

Re: Strengthening SFOA, 2017

On March 20, 2019 the Board of Health of the Perth District Health reviewed correspondence from the Renfrew County and District Health Unit and passed a motion to send a letter regarding strengthening the *Smoke-Free Ontario Act, 2017* to address the promotion of vaping.

Vaping among youth has increased in the last two years¹, and e-cigarette use has been found to increase the risk of cigarette use in youth². The Perth District Health unit is concerned that increased exposure to vapour products through display and promotion will lead to further increased vaping and tobacco use in youth, negating the progress made over the last twenty years to de-normalize tobacco use.

While the *Smoke-Free Ontario Act, 2017* and accompanying regulation included many favourable changes regarding smoking of tobacco, cannabis and vaping of any substances, further strengthening of the Act is needed. The current legislation only bans vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products at vapour product retailers. This has led to widespread advertising both in and outside of these premises, exposing kids and youth to vapour product marketing. We have seen creative advertisements such as, displays, posters and signs that are affixed to windows, on power walls, hung from ceilings, and attached to the pumps and concrete bollards at gas stations.

We are concerned about the appeal of these vapour products advertisements on children and youth as the sheer magnitude of this advertising can make these products seem socially desirable. The evidence clearly states that non-tobacco users should not start using vapour products; especially youth and young adults³. In addition to the risk of e-cigarette use increasing future combustible tobacco use and the known health effects from tobacco, public health is concerned about the detrimental impacts that nicotine exposure can have on the developing brain⁴.

The Perth District Health Unit supports the strengthening of the *Smoke-Free Ontario Act, 2017* to include banning all advertisements at any point of sale location where youth have access. This prohibition should be inclusive of any type of physical or electronic promotion including window and countertop displays, 3D models of vapour products, posters, signs, free-standing advertising (both in-store and outside store premises) and images on convenience store screens.

Sincerely,

Kathy Vassilakos, Chair
Board of Health

References:

1. Propel Centre for Population Healthy Impact, University of Waterloo. Canadian Student Tobacco, Alcohol and Drugs Survey Overview of Results, 1994-2016/17; 2018
2. National Academies of Sciences, Engineering, and Medicine. Public Health Consequences of E-Cigarettes. Washington National Academies Press. Published 2018. Accessed March 29, 2019
3. Berry, K. M., Fetterman, J. L., Benjamin, E. J., Bhatnagar, A., Barrington-Trimis, J. L., Leventhal, A. M., & Stokes, A. (2019). Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA network open*, 2(2), e187794-e187794.
4. England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American Journal of Preventive Medicine*, 49(2), pp.286-293.

MK/mr

- c. Randy Pettapiece, MPP Perth Wellington
Ontario Boards of Health

CONGRATULATIONS on Your Successful 2018 Municipal Election

The job you've taken on is extremely important. As an elected official, you are a leader in your community and an advocate on behalf of your constituents. You are part of a local government that plays an essential role in building a vibrant and sustainable community. You will make meaningful decisions that impact everyone who lives, works, learns and plays in your community. It's a big responsibility and we want you to know that your local public health unit shares your enthusiasm for ensuring everyone living in your community is as healthy as possible.

Today's health threats are more likely to be chronic diseases such as obesity, diabetes and heart disease rather than infectious diseases.



It is now understood that good health comes from a variety of factors and influences, 75% of which are not related to the health care delivery system.

These determinants of health are interconnected and contribute to the health of the population (see graphic next page).

Where we've been & where we are now

At the turn of the twentieth century, local governments targeted efforts on the provision of clean drinking water, sewers and garbage disposal—all major contributors to preventing disease. During this time, public health delivered vaccines in the community to prevent infectious diseases like smallpox, diphtheria, typhus, cholera and tuberculosis, polio, and mumps. The success of these past interventions by government and public health can be seen a century later: Today, these diseases are non-existent or minimal in Ontario.

Why focus on health & what you can do

- Two-thirds of Ontarians over 45 have one or more chronic disease(s)
- Over 50% of Ontario's adults and about 20% of youth are overweight
- Obesity has a direct effect on the rate of Type 2 diabetes and heart disease
- Nearly half of all cancer deaths are related to tobacco use, diet and lack of physical activity
- As much as half of the functional decline between the ages of 30 and 70 is due not to aging itself but to an inactive lifestyle

Local governments can play a unique role in shaping the local conditions that have an impact on the health of individuals and communities. For example, elected officials make important decisions that impact citizens' health in:

- Community planning and the built environment
- Parks and recreation facilities and their programming
- Health-related policies

What influences our health?

50%



- Income & social status
- Social support networks
- Education & literacy
- Employment/working conditions
- Personal health practices
- Early childhood development
- Culture & language
- Gender

25%



- Health care system

15%



- Biology & physical endowment

10%



- Physical environment



The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other organizations to advocate for a strong and effective public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

As a member of a board of health, you are automatically a member of alPHa.

For more information:



info@alphaweb.org



www.alphaweb.org



@PHAgencies

What is population and public health?

Your public health unit and the board of health which governs it use a population health approach. Population health focuses on the interrelated conditions and factors that influence the health of populations over the life course. It does this by:

- identifying the root causes of a problem, and developing evidence-based strategies to address it
- improving aggregate health status of the whole community, while considering the special needs and vulnerabilities of sub-populations
- working through partnerships and intersectoral cooperation
- finding flexible and multi-dimensional solutions for complex problems
- encouraging public involvement and community participation

What is the role of boards of health?

Municipal elected officials can play an essential role in supporting public health unit activity by becoming a member of a local board of health. The role of a board of health is to provide public health programs and services in the areas specified in the provincially mandated *Ontario Public Health Standards*. The responsibilities of a board of health are to:

- uphold legislation governing the board of health's mandate under the *Health Protection and Promotion Act* and others, and meet government expectations on accountability, governance and administrative practices as outlined in the *Public Health Accountability Framework and Organizational Requirements*
- be aware of changing community trends and needs in order to develop policies to protect and promote community health
- represent the health unit in the community
- ensure the health unit's finances are adequate and responsibly spent
- hire a medical officer of health who is responsible for the management of the health unit

Watch our video What is Public Health?

<https://youtu.be/qhI595Q0ohg>

April 11, 2019

2019 Budget Highlights

Here are the immediate highlights of the 2019 Provincial Budget. Many of these items are provided at a high level. A detailed Budget Bill will follow in the coming days.

The Fiscal Environment

- The Provincial government has committed to **balancing the budget** by 2023-24 in a responsible way. To 2023-24, total revenue is projected to grow at an average annual rate of 3%. Program expense over the same period is expected to grow at an average rate of 1%.
- The government is now projecting a deficit of \$11.7 billion in 2018-19, \$10.3 billion in 2019-20, \$6.8 billion in 2020-21, and \$5.6 billion in 2021-22.

Changes related to the role of municipal governments

- The **Social Assistance** system reform is expected to result in an estimated annual saving of over \$1 billion at maturity by simplifying the rate structure, reducing administration, cutting unnecessary rules, and providing greater opportunities to achieve better employment outcomes.
- The Province will not be increasing the value of the municipal share of the **provincial gas tax** program as had been anticipated. Currently it is \$364 million to 107 municipal governments. The government will consult with municipalities to review the program parameters and identify opportunities for improvement.
- The Province will introduce legislation to permit municipal governments to designate public areas, such as parks for the **consumption of alcohol**. There are other alcohol reforms contained in the budget such as the creation of a tailgating permit for eligible sporting events and extending hours of service in licensed establishments to a 9 am start, seven days a week.
- Investing \$3.8 billion for **mental health**, addictions and housing supports over 10 years, beginning with the creation of a mental health and addictions system.
 - In 2019-20, a \$174 million investment will support community mental health and addictions services, mental health and justice services, **supportive housing** and acute mental health inpatient beds.
- On **property assessment**, the province will be conducting a review to explore opportunities to:
 - "Enhance the accuracy and stability of property assessments;
 - Support a competitive business environment;
 - Provide relief to residents"; and
 - Changes to the composition of the Board of the Municipal Property Assessment Corporation (MPAC) to increase the representation of property taxpayers. (This would dilute current municipal government representatives.)

- On **public health** in 2019-20, the government will:
 - o Improve program and back office efficiencies by adjusting provincial-municipal cost sharing of public health funding;
 - o By 2020-21, establish 10 regional public health entities and 10 new regional boards of health with one common governance model; and
 - o It is expected by 2021-22, that these changes will lead to annual savings of \$200 million.
- **Land ambulance** dispatch services will be streamlined by integrating Ontario's 59 emergency health services operators (e.g. 52 EMS, Ornge) and 22 provincial dispatch communication centres.
- Making home ownership and renting more affordable by helping to increase the supply of housing that people need through the forthcoming **Housing Supply Action Plan**. Details to come.
- Municipalities will be required to provide real-time reporting of **sewage outflows** and the government will update policies related to municipal wastewater and stormwater.
- Create 15,000 new **long-term care beds** over the next five years and upgrade 15,000 older long-term care beds to provide more appropriate care to patients with complex health conditions. In addition to the over 6,000 new beds previously allocated, 1,157 new long-term care beds will immediately be allocated to 16 projects across the province.
- The Province will explore **revenue sharing**, including Northern communities in the mining, forestry, and aggregates sectors.
- Regarding the **Ontario Provincial Police**, the government will explore opportunities to "encourage workforce optimization, including vacancy management, overtime and scheduling" to save \$30 million annually starting in 2019-20 without impacting front-line policing and community safety.
- The government will invest \$16.4 million over two years to create a province-wide strategy to help combat **gun and gang related crime**.

Changes affecting your Community

- The government will invest \$315 million over five years as part of its **Broadband and Cellular Strategy** which will be released later this year.
- The new CARE (Ontario Childcare Access and Relief from Expenses) tax credit would provide about 300,000 families with up to 75 per cent of their eligible **child care** expenses and allow families to access a broad range of child care options, including care in centres, homes and camps.
- Individual seniors with annual incomes of \$19,300 or less, or senior couples with combined annual incomes of less than \$32,300, will be able to receive **dental services** in public health units, community health centres and Aboriginal Health Access Centres across the province.
- The government is reviewing the forestry sector to develop a strategy that includes: challenges the industry currently faces; initiatives to encourage innovation and reduce red tape; and methods to promote made-in-Ontario wood products.

- The government will hold consultations to repeal the *Far North Act* and remove red tape on economic development projects like the **Ring of Fire**. Environmental assessment studies have been initiated for all-season access roads to the Ring of Fire.
- The province is proposing to develop an **immigration pilot initiative** to disperse the benefits of immigration across Ontario. The budget also proposes changes to the Ontario Immigrant Nominee Program aimed at modernizing the program to better address labour market shortages.
- **Energy conservation** and efficiency programs will be phased out saving up to \$442 million.
- A return to the default benefit limit of \$2 million for those who are catastrophically injured in an accident, after it was previously reduced to \$1 million in 2016.

AMO will continue to review the budget document and related bills and provide further updates and details as needed in the days ahead.

AMO Contact: Matthew Wilson, Senior Advisor, mwilson@amo.on.ca, 416-971-9856 extension 323.

*Disclaimer: The Association of Municipalities of Ontario (AMO) is unable to provide any warranty regarding the accuracy or completeness of third-party submissions. Distribution of these items does not imply an endorsement of the views, information or services mentioned.



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before printing this.

Association of Municipalities of Ontario
200 University Ave. Suite 801, Toronto ON Canada M5H 3C6

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NEWS RELEASE

April 12th, 2019

For Immediate Release

Ontario Budget 2019 – Reducing Investments in Public Health

The Association of Local Public Health Agencies (alPHa), which represents Ontario’s Medical Officers of Health, Boards of Health members and front-line public health professionals throughout the province, is surprised and deeply concerned to learn of the Government’s plans to restructure Ontario’s public health system and reduce its funding by \$200M per year.

“Investments in keeping people healthy are a cornerstone of a sustainable health care system. We have spent considerable time since the election of the new Government communicating the importance of Ontario’s locally-based public health system to ending hallway medicine,” said alPHa President Dr. Robert Kyle. “The reality is that this \$200M savings is a 26% reduction in the already-lean annual provincial investment in local public health. This will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors’ offices.”

In order to achieve this reduction, the Government is proposing to replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size. As alPHa pointed out in its response to the previous Government’s Expert Panel on Public Health Report (which proposed a similar reduction), the magnitude of such a change is significant and will cause major disruptions in every facet of the system. “The proposed one-year time frame for this change is extremely ambitious, and we hope that the government will acknowledge the need to carefully examine the complexities of what it is proposing and move forward with care and consideration,” added Dr. Kyle.

Public Health initiatives show a return on investment. Much of the success of our locally-based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

We look forward to receiving more details of this plan from the Ministry so that we can work with them to ensure that Ontario’s public health system continues to draw strength from dedicated local voices and effective partnerships and maintains the capacity to deliver essential front-line health protection and promotion services while working to meet the Government’s stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

- 30 -

For more information regarding this news release, please contact

Loretta Ryan
Executive Director
(647) 325-9594
(416) 595-0006 ext. 22

About aPHa

The Association of Local Public Health Agencies (aPHa) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians. Further details on the functions and value of Ontario's public health system are available in aPHa's [2019 Public Health Resource Paper \(https://bit.ly/2G8F3Ov\)](https://bit.ly/2G8F3Ov)



Public Health
Santé publique
SUDBURY & DISTRICTS

April 10, 2019

All Ontario Senators
The Senate of Canada
Ottawa, ON K1A 0A4

Dear Honourable Ontario Senators:

Re: Support for Bill S-228, Child Health Protection Act

On behalf of the Board of Health for Public Health Sudbury & Districts, please accept this correspondence reaffirming our full support for Bill S-228, Child Health Protection Act, which, when passed, would ban food and beverage marketing to children under 13 years of age.

Food and beverage advertisements directed at children can negatively influence lifelong eating attitudes and behaviours (including food preferences, purchase requests, and consumption patterns). Regulation of food and beverage marketing to children is considered an effective and cost saving population-based intervention to improve health and prevent disease.

In 2016, the Board of Health supported a motion in support of Bill S-228 and urged the federal government to implement a legislative framework to protect child health by ensuring protection from aggressive marketing of unhealthy food and beverages. Additionally, the Association of Local Public Health Agencies and the Ontario Dietitians in Public Health have submitted letters expressing their full support for Bill S-228.

The Board of Health for Public Health Sudbury & Districts commends you for your leadership in the development of this landmark piece of legislation. Bill S-228 has passed its third reading in the House of Commons and is awaiting royal assent. As a critical step to improving the health of Canadians, we respectfully request that you pass Bill S-228 without further delay.

Sincerely,

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

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

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phsd.ca



April 17, 2019

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

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario's local public health system is an essential part of keeping communities safe and healthy. Public health delivers excellent return on investment and works on the front line to protect our communities from illness and promote health and wellbeing. The services provided by public health, centred on Ontario's Public Health Standards, ensure that our population stays out of the health care system and remain well for as long as possible.

As the Chair of the Board of KFL&A Public Health, I unequivocally support KFL&A Public Health and its staff in the work that they do. The needs of Ontarians are variable and preserving partnerships locally is essential. Local knowledge and expertise to ensure the health of our communities is not something that our region can afford to lose.

Our Board of Health was surprised and disappointed to learn of the Government of Ontario's plans to restructure Ontario's public health system. The proposed \$200 million per year reduction in funding for local public health services represents a significant strain on the ability of local public health agencies like KFL&A Public Health to continue to deliver on their mandate. A reduction in funding that represents 26% of the budget cannot happen without cutting services. These cuts will impact our ability to deliver the front-line public health services that keep people out of hospitals and doctors' offices and will ultimately mean a greater downstream cost to the health care system. KFL&A Public Health's Board is requesting the Province of Ontario maintain and augment the health protection, promotion, and prevention mandate of KFL&A Public health. Furthermore, we request the Province of Ontario maintain the current 75 percent provincial, 25 percent municipal funding formula for KFL&A Public Health and public health programs in Ontario. We request that the Province of Ontario stop the planned reduction of Ontario public health units from 35 to 10 and the planned reduction by \$200 million from public health and instead initiate consultations with municipalities and

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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

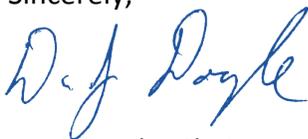
public health agencies on the public health system in Ontario. Finally, we have directed the Medical Officer of Health and the staff of KFL&A Public Health to work with the Association of Local Public Health Agencies to coordinate and support their efforts to respond to cuts to public health in Ontario. We called upon the municipalities that fund KFL&A Public Health to do the same.

Money invested into public health is money well spent; prevention is the fiscally responsible investment for our communities. There is strong evidence to support the excellent return on investment that public health offers, with an average of \$14 of upstream savings for every \$1 investment in public health services.

It has been fifteen years since the last major public health crisis in this province, and we have learned well from those lessons. We do not wish to repeat the mistakes of the past; the cuts proposed by this government have the potential to jeopardize our ability to protect the health of the people of Ontario.

Ontario has an integrated, cost-effective, and accountable public health system. Boards of health provide programs and services tailored to address local needs across the province. The public health system works upstream to reduce demands and costs to the acute care sector while providing essential front-line services to local communities. Modest investments in public health generate significant returns. In short, public health plays an important role in our work, our families, and our communities. Divestment from it would be a loss for all.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: *Hon. D. Ford, Premier of Ontario*
Hon. H. Angus, Deputy Minister of Health and Long-Term Care
Ian Arthur, MPP Kingston and the Islands
Daryl Kramp, MPP Hastings-Lennox and Addington
Dr. David William, Chief Medical Officer of Health
Loretta Ryan, Association of Local Health Agencies
Ontario Boards of Health
Board of Health members
Kelly Pender, CAO, County of Frontenac
Brenda Orchard, CAO, County of Lennox and Addington
Mayor B. Paterson and City Councillors
Monica Turner, Director of Policy, Association of Municipalities of Ontario

April 17, 2019

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

Dear Minister Elliott:

Re: Urgent provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to urge the Government of Ontario to develop a comprehensive provincial alcohol strategy to mitigate harms and monitor the health impacts of increasing access and availability of alcohol in Ontario.

Alcohol costs to the individual and society are significant. In 2014, Ontario spent \$5.34 billion on alcohol-related harms, including \$1.5 billion for healthcare and \$1.3 billion for criminal justice.¹ Since 2015, alcohol use has contributed to more than 43,000 emergency room visits and 66 hospitalizations per day, a significant and avoidable burden on Ontario's healthcare system.²

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the potential harms of alcohol use as the government liberalizes access. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- An improved monitoring system to track alcohol-related harms;
- Rigorous enforcement of alcohol marketing regulations, and;
- Public education and awareness campaigns aimed at changing attitudes and social norms around consumption.

The Ontario Government has committed to ensure the health and safety of our communities as it increases the availability of alcohol; however, recent changes in the way alcohol is sold and the 2019 Ontario Budget 'Protecting What Matters Most' ³ released on April 11, 2019 suggest that economic interests are superseding the health and well-being of Ontarians and further diminishes the likelihood of meeting the goal of ending hallway medicine. Recent changes that raise the potential for increased alcohol-related harms include reducing the minimum retail price of beer to \$1.00, halting the annual inflation-indexed increase in the beer tax, and extending the hours of sale for alcohol retail outlets. This is in conjunction with the anticipated changes of legislation permitting municipalities to designate public areas for consumption of alcohol, advertising happy hour and creating a tailgating permit for eligible sporting events including post-secondary events.

The SMDHU Board of Health has on numerous occasions sent advocacy letters to the provincial government to support healthy alcohol policy, most recently in 2017, calling on the government to

□ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

□ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ **Midland:**
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

prioritize the health and well-being of Ontarians by enacting a comprehensive, evidence-based alcohol strategy.

We believe it is possible to create a healthy alcohol culture in Ontario that balances interests in public health, government revenue, economic development, and consumer preferences without sacrificing the health of Ontarians. We support both the Council of Ontario Medical Officers of Health and Association of Local Public Health Agencies' request to ensure such a balance, and we thereby encourage the government to develop a provincial alcohol strategy that incorporates health goals.^{4,5} This would include a monitoring and evaluation plan to measure intended and unintended impacts of policy change. Now is the time for Ontario to take leadership and address the harms of alcohol use in our province.

Thank you for your consideration.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

cc. Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
Doug Downey, MPP Barrie-Springwater-Oro-Medonte
Jill Dunlop, MPP Simcoe North
Andrea Khanjin, MPP Barrie-Innisfil
Norman Miller, MPP Parry Sound-Muskoka
Hon. Caroline Mulroney, MPP York-Simcoe
Jim Wilson, MPP Simcoe-Grey
Dr. David Williams, Chief Medical Officer of Health for Ontario
Loretta Ryan, alPHa Executive Director
Ontario Boards of Health

References

1. The Canadian Centre on Substance Use and Addiction. (2018) [Canadian Substance Use Costs and Harms in the Provinces and Territories \(2007–2014\)](#)
2. Ontario Public Health Association. (2018) [The Facts: Alcohol Harms and Costs in Ontario](#).
3. Ministry of Finance of the Ontario Government, [2019 Ontario Budget Protecting What Matters Most](#), April 11, 2019 , Honourable Victor Fedeli
4. Council of Ontario Medical Officers of Health, [Re: Alcohol Choice & Convenience Roundtable Discussions](#) [Letter written March 14, 2019 to Honorable Vic Fedeli].
5. Association of Local Public Health Agencies, [Re: Alcohol Choice & Convenience Roundtable Discussions](#) [Letter written March 8, 2019 to Honorable Vic Fedeli].



Board of Health Resolution

MOVED BY: K. O’Gorman

SECONDED BY: D. Smith

SOURCE: TBDHU Board of Health

DATE: April 17, 2019

Page 1 of 1

RESOLUTION NO.: 54b-2019

CARRIED

AMENDED

LOST

DEFERRED/
REFERRED

ITEM NO.: 8.10

J. McPherson

CHAIR

RE: Public Health Restructuring

THAT with respect to Public Health Restructuring, the Board of Health:

1. Affirms its support for the Thunder Bay District Health Unit;
2. Requests the Province of Ontario to maintain the health protection and health promotion mandate of the Thunder Bay District Health Unit;
3. Requests the Province of Ontario to maintain the current 75 percent provincial, 25 percent municipal funding for the Thunder Bay District Health Unit;
4. Requests the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million from public health, and instead initiate consultation with municipalities and public health agencies on the public health system in Ontario;
5. Directs the Medical of Health of the Thunder Bay District Health Unit to work with the Association of Local Public Health Agencies to support their efforts on responding to the provincial cuts to public health in Ontario;
6. Requests the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario, north of the French River.

Accordingly, the Province should ensure that distances are manageable and that public health units are not overwhelmed because they are providing service to areas that are too large and vast.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	<i>To:</i>	<i>INSTRUCTIONS:</i>	<i>To:</i>	<i>INSTRUCTIONS:</i>
1	Dr. DeMille		S. Stevens	
2	L. Dyll		S. Oleksuk	
3	L. Roberts		T. Royer	
4	T. Rabachuk			
5				
6				File Copy



April 18, 2019

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

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

Dear Premier Ford and Minister Elliott

During its regular board meeting on April 17, 2019, the Board of Health for the Perth District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019 with regard to proposed changes to local public health, specifically:

- Changes to municipal-provincial cost-sharing (2019-2020)
- 35 local agencies to become 10 regional (2020-21)
- \$200M reduction (2021-2022) (Current provincial funding is ~\$750M)

Background considerations included:

- the aPHa letter to Dr. Devlin (regarding the First Report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine: *Hallway Health Care: A System Under Strain*) outlining the important role of Public Health in keeping communities strong and healthy and preventing people from becoming patients, and the excellent return on investment delivered by public health programs and services
- previous reports on the organization of public health in Ontario including the 2006 Report of the Capacity Review Committee, *Revitalizing Ontario's Public Health Capacity* and the 2017 Report of the Ministers Expert Panel *Public Health within an Integrated Health System*
- current work being taken to amalgamate Perth District Health Unit with Huron County Health Unit.

.../2

Given the significant changes being proposed, the board moved to:

- Request the Province of Ontario to maintain the health protection and health promotion and prevention mandate of the Perth District Health Unit;
- Request the continued support of the Province of Ontario for the merger of the Perth District Health Unit and Huron County Health Unit;
- Request the Province of Ontario to maintain the current 75% provincial, 25% municipal funding formula for the Perth District Health and public health programs in Ontario;
- Request the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million (2021-2022) from public health and instead initiate consultations with municipalities and public health agencies on the public health system in Ontario;
- Direct the Medical Officer of Health and the Perth District Health Unit to work with the Association of Local Health Agencies to coordinate and support their efforts on responding to the Provincial cuts to public health in Ontario.

Sincerely,



Kathy Vassilakos,
Chair, Perth District Health Unit

cc: Mr. Randy Pettapiece, MPP Perth Wellington
Mayor Dan Mathieson, City of Stratford
Mayor Todd Kasenburg, North Perth
Mayor Robert Wilhelm, Perth South
Mayor Rhonda Ehgoetz, Perth East
Mayor Al Strathdee, Town of St. Marys
Mayor Walter McKenzie, West Perth
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
All Boards of Health
All Health Units
Association of Local Public Health Units

From: "Bob Leahy" <baxter@accel.net>

Date: Thu, Apr 18, 2019 at 3:19 PM -0400

Subject: RE: U=U Community Sign-On Submission

To: "Christopher Mackie" <Christopher.Mackie@mlhu.on.ca>

Cc: "Bruce Richman" <bruce@preventionaccess.org>, "Cameron Kinker" <cameron@preventionaccess.org>

Hello Christopher

Thank you so much for signing up to show your support for U=U. We're honoured Middlesex-London Health Unit has joined with 850 other leading organizations from nearly 100 countries. We're proudly adding Middlesex-London Health Unit to the Community Partner's page. Thank you so much for your partnership. Middlesex-London Health Unit is now in the U=U network and will be kept up to date with the latest resources including social marketing campaigns, research, media coverage, position statements, and training opportunities to support you as you share the life changing U=U message with your communities.

Next steps

As a next step, we hope you'll join us in continuing to build a critical mass of accurate online messaging and use every platform to communicate the message. Feel free to check out our Resources page for materials as well as +series, a new customizable, downloadable campaign with posters, videos & GIFs based on authentic stories to inform about #UequalsU & encourage engagement in care. Below are communications strategies that our Community Partners have taken to raise awareness about U=U.

Social media

Announcing the Community Partnership with the hashtag #UequalsU which is connecting folks from all over the world. Sample tweets/Facebook post:

- @ Middlesex-London Health Unit is proud to join @PreventionAC #UequalsU movement to declare people on effective HIV treatment can't pass it on through sex
- @ Middlesex-London Health Unit joins leading researchers and organizations in the field to declare #HIV #undetectable is untransmittable #UequalsU #cantpassiton
- It's time to communicate loud and clear to all people living w/HIV, providers, policymakers, and the public that people living w/HIV on effective treatment can't pass it on! We support #UequalsU #cantpassiton
- #UequalsU is a public health argument for universal access to treatment & care to improve lives and prevent new transmissions. Spreading awareness about the U=U science is essential for ending the epidemic. It's a fact: #HIV #Undetectable = Untransmittable #LeaveNoOneBehind
- We must treat #HIV stigma like a public health emergency & #UequalsU as an effective response. It's time for everyone to take action and share the great news! #ScienceNotStigma

Suggested accounts to follow and retweet/share to stay in the social media loop:

- PAC Twitter account: @PreventionAC
- PAC Instagram: @PreventionAC
- BR Twitter account: @BR999
- Matthew Hodson from @aidsmap: @Matthew_Hodson
- Terrence Higgins Trust: @THTorguk
- CATIE: @CATIEinfo
- U=U Facebook: <https://www.facebook.com/groups/UequalsU/>

Other Partner hashtags:

#CantPassItOn
#DCTakesonHIV

Statements / Press releases

Issuing statements and/or press releases endorsing the U=U message:

NIH Office of AIDS Research: <http://bit.ly/UUnihoar>
SHM, Australia: <http://bit.ly/UUashm>
NAM aidsmap, UK - <http://bit.ly/UUaidsmap>
AIDS United, USA - <http://bit.ly/UUAUnited>
CATIE, Canada - <http://bit.ly/UUCATIE>
END AIDS NY 2020 Community Coalition, USA <http://bit.ly/UUNYVLS>
NASTAD, USA - <http://bit.ly/UUNastad2>
British HIV Association, UK <http://bit.ly/UUBHIVA>
ICASO / INA, Canada/New Zealand - <http://bit.ly/UUICASO>
The Well Project, USA - <http://bit.ly/UUWellProj>
Ryan White HIV/AIDS Program: <http://bit.ly/rwcolleagueletter2018>
NIAID Blogpost: <http://bit.ly/niaidsciencevalidatesuu>

Updated websites

We encourage all Community Partners to update their online communications. We recognize that for some organizations, updating websites may be a complicated process. We're here to help review sites and suggest ideas.

Live events

Partners have organized forums, conferences and U=U dance-parties, marched in Pride events, and staged rallies to celebrate and inspire action!

Thank you so much for joining the message and the movement. Please feel free to reach out to me with any questions or more information. We look forward to staying in touch as the U=U community continues to share this life-changing, stigma-busting, transmission-stopping news!

All the best,

Bob

Bob Leahy

Managing Director (Canada) and Global Outreach Director, Prevention Access Campaign www.preventionaccess.org

From: U=U Community Partners [mailto:noreply@123formbuilder.io]

Sent: Tuesday, April 16, 2019 3:51 PM

To: baxter@accel.net

Subject: U=U Community Sign-On Submission

Name	Christopher Mackie
Organization	Middlesex-London Health Unit
Email	Christopher.Mackie@mlhu.on.ca
City	London
State	Ontario
Country	Canada
Website	www.healthunit.com
Facebook	www.facebook.com/middlesex.london.health.unit/
Twitter	@MLHealthUnit
Phone	519-663-5317x2444
Message	At its March 21, 2019 meeting, under Correspondence item p), the Middlesex-London Board of Health voted to endorse the Council of Ontario Medical Officers of Health (COMOH) resolution on HIV case management which affirms the understanding that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health. COMOH further acknowledges the importance of communicating the Undetectable = Untransmittable (U = U) message as part of a comprehensive public health approach to sexual health.

The Middlesex-London Board of Health understands the importance of ensuring that science drives policy rather than an enforcement approach. The U=U message provides an opportunity to improve access to treatment and care, increase testing rates and decrease transmission rates.

I am authorized to endorse on behalf of this organization.

The message has been sent from 72.142.104.34 (Canada) at 2019-04-16 15:51:05 on Chrome 73.0.3683.103
Entry ID: 800

DRAFT MINUTES
Board of Health Chairs Teleconference Regarding 2019 Ontario Budget
Thursday, April 18, 2019 – 12:30 to 1:30 PM
Chair: Trudy Sachowski, alPHa Chair BOH Section

PRESENT:

Trudy Sachowski alPHA BOH Section Chair	Northwestern	Paul Ryan, Chair	Northwestern
Lee Mason, Chair	Algoma	Keith Egli, Chair	Ottawa
Joe Faas, Chair	Brant	Nando Iannicca, Chair	Peel
Carmen McGregor alPHA Past-President	Chatham-Kent	Kathy Vassilakos	Perth
John Henry, Member		Kathryn Wilson, Chair	Peterborough
Kirsten Gardner, Member	Durham	Kerri Davies, Vice Chair	Peterborough
Mitch Twolan, Chair	Eastern Ontario	Sue Perras, Chair	Porcupine
Cammie Jaquays, Chair	Grey Bruce	Janice Visneckie Moore, Chair	Renfrew
John Logel, Vice Chair	HKPR	Anita Dubeau, Chair	Simcoe
Fred Eisenberger, Chair	HKPR	Larry Martin, Chair	Southwestern
Jo-Anne Albert	Hamilton	Rene Lapierre, Chair	Sudbury
Denis Doyle, Chair	Hastings P. E.	James McPherson, Chair	Thunder Bay
Wess Garrod alPHA Vice President	KFL&A	Carman Kidd, Chair	Timiskaming
Bill Weber, Chair	KFL&A	Joe Cressy, Chair	Toronto
Doug Malanka, Chair	Lambton	Elizabeth Clarke, Chair	Waterloo
Anita Deviet, Mbr	Leeds Grenville	Chris White, Chair	Wellington-Dufferin
Barb Greenwood, Mbr	Middlesex-London	Kenneth Blanchette	Windsor-Essex
Nancy Jacko, Mbr	Niagara	Loretta Ryan, Executive Director	alPHA
	North Bay	Susan Lee	alPHA

1.0 CALL TO ORDER / APPROVAL OF AGENDA

The Chair called the meeting to order at 12:30 PM EDT. The purpose the meeting was to discuss the 2019 provincial budget announcement of April 11th and its impacts on public health. Attendees included Board of Health Chairs and/or their designates, BOH Section members on the alPHA Executive Committee, Loretta Ryan, Executive Director, and Susan Lee, Manager, Administrative and Association Services. It was noted that other constituent bodies of the association such as the Executive Committee of the alPHA Board and the Medical Officers of Health (COMOH) had recently met via teleconference on this topic. A roll call of attendees took place.

2.0 PROVINCIAL BUDGET 2019 / ONTARIO HEALTH SYSTEM RESTRUCTURING

alPHA Executive Director L. Ryan summarized the recent 2019 Ontario Budget announcements regarding public health restructuring, governance and funding. The number of health units will be reduced from the current 35 to 10 which will be governed by regional boards and there will be a \$200 million reduction in public health funding by 2021-22. A new dental program for low-income seniors was also announced.

In response, alPHA has issued a summary of budget highlights with regards to public health and a news release outlining its concerns. The association has also been active in a media outreach. Updates on these activities can be found on the alPHA website (www.alphaweb.org) and twitter (@PHAgencies).

Comments from the floor centred on the actions that boards of health have taken to date since the announcement. Many have written to the province with their concerns. A number of boards asked others on the call to share their correspondences and news releases. Toronto City Council for example, has endorsed a motion by its board of health to oppose the changes. Ottawa's board is focusing on ensuring public health has an opportunity to influence and provide input into the implementation phase. Boards of health were encouraged to reach out to their local MPPs and local councils to share concerns with them. alPHA's Executive Director offered to collate board of health correspondence and news releases for distribution/sharing on the alPHA website and asked health units to email their correspondences and resources to loretta@alphaweb.org

In addition to concerns over the budget, several participants expressed frustration with the lack of information and detail. Concern was also expressed regarding the province's lack of transparency and consultation with health units and boards of health. The issue of the potential for further downloading onto municipalities was raised. At least one health unit is discussing business continuity plans to address health unit staff loss.

Next steps were suggested as follows:

- develop messaging to preserve the local element in the new structure
- engage First Nations communities, Indigenous organizations and community partners
- be ready to provide input on implementation process (line up our expertise)
- several courses of action were discussed including a summit, additional teleconferences, meetings with MPPs and mayors, sharing information, and alPHA mobilizing public health units to undertake a public relations campaign aimed at the general public to help support public health's concerns over potential negative impacts and losses that would result. The idea of using unique and local stories reflecting the diversity of communities and highlighting public health's value as part of the messaging was raised.

There was consensus for alPHA to:

- continue to work with the Association of Municipalities of Ontario
- share board of health correspondence and news releases with the broader membership (list to be posted on alPHA website)
- act as the voice of all boards of health on this matter and facilitate public health unit messaging that reflects the local diversity of Ontario's communities and the value of public health
- hold a second teleconference with BOH Chairs next week for further discussion (tentatively scheduled for Thursday)

- these issues be brought to the attention of alpha's Executive Committee/Board for discussion (Executive Committee of alpha's board is holding a teleconference on Tuesday, April 23rd and there is an alpha Board meeting on Friday, April 26th.)

4.0 OTHER BUSINESS

None.

5.0 NEXT TELECONFERENCE / ADJOURNMENT

- Next teleconference TBA. The meeting adjourned at 1:25 PM.

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 the 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

NEWS RELEASE

April 12th, 2019

For Immediate Release

Ontario Budget 2019 – Reducing Investments in Public Health

The Association of Local Public Health Agencies (alPHa), which represents Ontario’s Medical Officers of Health, Boards of Health members and front-line public health professionals throughout the province, is surprised and deeply concerned to learn of the Government’s plans to restructure Ontario’s public health system and reduce its funding by \$200M per year.

“Investments in keeping people healthy are a cornerstone of a sustainable health care system. We have spent considerable time since the election of the new Government communicating the importance of Ontario’s locally-based public health system to ending hallway medicine,” said alPHa President Dr. Robert Kyle. “The reality is that this \$200M savings is a 26% reduction in the already-lean annual provincial investment in local public health. This will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors’ offices.”

In order to achieve this reduction, the Government is proposing to replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size. As alPHa pointed out in its response to the previous Government’s Expert Panel on Public Health Report (which proposed a similar reduction), the magnitude of such a change is significant and will cause major disruptions in every facet of the system. “The proposed one-year time frame for this change is extremely ambitious, and we hope that the government will acknowledge the need to carefully examine the complexities of what it is proposing and move forward with care and consideration,” added Dr. Kyle.

Public Health initiatives show a return on investment. Much of the success of our locally-based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

We look forward to receiving more details of this plan from the Ministry so that we can work with them to ensure that Ontario’s public health system continues to draw strength from dedicated local voices and effective partnerships and maintains the capacity to deliver essential front-line health protection and promotion services while working to meet the Government’s stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

- 30 -

For more information regarding this news release, please contact

Loretta Ryan
Executive Director
(647) 325-9594
(416) 595-0006 ext. 22

About aPHa

The Association of Local Public Health Agencies (aPHa) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians. Further details on the functions and value of Ontario's public health system are available in aPHa's [2019 Public Health Resource Paper \(https://bit.ly/2G8F3Ov\)](https://bit.ly/2G8F3Ov)

Impact of Reducing Investments in Public Health

alPHa Position Statement

April 24, 2019

The Association of Local Public Health Agencies (alPHa), which represents Ontario's Medical Officers of Health, Boards of Health and frontline public health professionals throughout the province, remains deeply concerned about the Government's plans to restructure Ontario's public health system. Following a briefing hosted by the Chief Medical Officer of Health last Thursday afternoon, we are further concerned about the recently announced changes to the provincial/municipal cost-sharing formula that funds local public health.

On April 11, in the 2019 Ontario Budget, the Government announced that it will replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size, with the exception of City of Toronto, which will be one of the Regions. The Government's significant reduction in the provincial contribution to the funding formula is of concern, especially as the first phase takes effect in this current fiscal year. Complicating matters is that further details are not known at this time and the proposed one-year timeframe for the reduction from 35 to 10 public health units is extremely ambitious given the complexities of delivering public health services. The magnitude of these changes is significant and will cause major disruptions in every facet of the system. This will result in substantial reductions in frontline public health services such as vaccination programs and outbreak investigations. We are particularly concerned about the reduction in funding to Toronto Public Health that will see the provincial contribution reduced within three years to 50% because infectious diseases do not stop at municipal borders and all areas of the province needs sufficient funding to adequately protect the public. Given all of this, alPHa is calling upon the Ontario Government to re-consider the cuts and the timelines.

Key public health responsibilities are mandated by the Ontario Public Health Standards and local delivery of these contributes to ensuring that Ontarians have safe and healthy communities:

- Chronic Disease Prevention and Well-Being
- Emergency Management
- Food Safety
- Health Equity
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Population Health Assessment
- Safe Water
- School Health, including Oral Health
- Substance Use and Injury Prevention

Much of the success of our locally based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

Public health works as a system that is greater than the sum of its parts. By leveraging the skills and experience of boards of health, nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more, the health of Ontarians is supported and protected. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government which has the responsibility for the health of the people of Ontario.

One of the ways to end hallway medicine is to prevent illness. Local public health agencies reduce the demand for hospital and primary care services by keeping people healthy. Building healthy communities through an efficient, proactive and locally managed public health system--one that is mandated to lead on preventative measures to protect and promote the health of Ontarians--can go a long way to reducing that demand. 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.

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.

In short, public health actions now can result in fewer emergency room and doctor's office visits today and in the future. Local public health's impact is beyond simply reducing health care dollars. Local public health ensures that healthy people can support a strong economy, providing a direct economic impact. The old adage 'an ounce of prevention is worth a pound of cure' is certainly relevant to public health.

We look forward to receiving more details of this plan from the Ministry of Health and Long-Term Care so that we can work with the government. To this end, alPha will continue to communicate with the Minister, the Hon. Christine Elliott, and Dr. David Williams, Chief Medical Officer of Health, towards ensuring that alPha members, and its partners including the Association of Municipalities of Ontario and the City of Toronto, are extensively consulted before final decisions are made with respect to the governance, management and administration of a regionalized public health system and the delivery of frontline public health programs and services.

We can help ensure that Ontario's public health system continues to draw strength from dedicated local voices and effective partnerships. It will be crucial to maintain the capacity to deliver essential frontline health protection and promotion services while working to meet the Government's stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

alPHA acknowledges, appreciates and supports the voices of all its members. We encourage you to meet with your local mayors, municipal council(s), MPs and MPPs. We also encourage you to make use of alPHA's resources:

- [Speaking Notes – Toronto Board of Health Meeting April 15th](#)
- [alPHA News Release - Budget 2019 & PH Restructure](#)
- [alPHA Memo to Members - Budget 2019](#)
- [alPHA Post-Election Flyer](#)
- [alPHA Pre-Budget Submission 2019](#)
- [Resource Paper](#)
- [Local Public Health Responses](#)
- [alPHA Submission - Expert Panel on Public Health](#)
- alPHA Promotional material including the [brochure](#) and [video](#)
- Follow alPHA on Twitter: @PHAgencies

alPHA will continue to keep our members updated and advocate on their behalf so that Ontarians continue to have a local public health system that remains on the frontlines to protect and promote the health of all Ontarians.

For more information, please contact:

Loretta Ryan
Executive Director
(647) 325-9594

About alPHA

The Association of Local Public Health Agencies (alPHA) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
(Sent via email to: premier@ontario.ca)

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

April 24, 2019

Dear Premier Ford and Minister Elliott

Re: 2019 Ontario Budget, Protecting What Matters Most - Chapter 1, A Plan for the People: Modernizing Ontario's Public Health Units

Ontario's local public health system is an efficiently run and essential part of keeping communities safe and healthy. Public health delivers excellent return on investment and works on the front line to protect our communities from illness and promote health and wellbeing. The services provided by public health, centred on Ontario's Public Health Standards, ensure that our population stays out of the health care system and remain well for as long as possible.

As the Chair of the Board for the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit, the Board and I unequivocally support HKPR District Health Unit and its staff in the work that they do. The needs of Ontarians are variable and preserving partnerships locally is essential. Local knowledge and expertise to ensure the health of our communities is not something that our region can afford to lose.

Our Board of Health was surprised and are concerned to learn of the Government of Ontario's plans to restructure Ontario's public health system. The proposed \$200 million per year reduction in funding for local public health services represents a significant strain on the ability of local public health agencies like HKPR District Health Unit to continue to deliver on their mandate. A reduction in funding that represents 26% of the budget cannot happen without cutting services. These cuts will impact our ability to deliver the front-line public health services that keep people out of hospitals and doctors' offices and will ultimately mean a greater downstream cost to the health care system.

HKPR District Health Unit's Board is requesting the Province of Ontario maintain and augment the health protection, promotion, and prevention mandate in the service of public health. We request that the Province of Ontario stop the planned reduction of Ontario public health units from 35 to 10 and the planned reduction by \$200 million from public health.

... /2

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108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

Honourable Doug Ford
Honourable Christine Elliott
April 25, 2019
Page 2

Money invested into public health is money well spent; prevention is the fiscally responsible investment for our communities. There is strong evidence to support the excellent return on investment that public health offers, with an average of \$14 of upstream savings for every \$1 investment in public health services. It has been fifteen years since the last major public health crisis in this province, and we have learned well from those lessons. We do not wish to repeat the mistakes of the past; the cuts proposed by this government have the potential to jeopardize our ability to protect the health of the people of Ontario.

Ontario has an integrated, cost-effective, accountable and transparent public health system. Boards of health oversee the provision of preventative programs and services tailored to address local needs across the province. The public health system works upstream to reduce demands and costs to the acute care sector while providing essential front-line services to local communities. Modest investments in public health generate significant returns in the long term. In short, public health plays an important role in our work, our families, and our communities. Divestment would be a loss for all.

The Board of Health for the HKPR District Health Unit implores your government to leave the current structure as it is, delivering excellent and local preventative care to our community. The information we have to date is concerning and we request a detailed timeline to allow for the planning and stability in the delivery of such well-needed public health services. How will this proposed system re-structuring 'modernize' healthcare and improve on an already well-functioning system? Please provide details of how the HKPR District Health Unit and other units across Ontario will continue to deliver services under the new model with a much leaner budget. Public Health Units currently deliver quality preventative care throughout Ontario, saving the province billions of dollars in health care delivery costs.

Sincerely

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



Cammie Jaquays
Chair, Board of Health

CJ:ed

Attached: 2019 Ontario Budget Summary, Dr Lynn Noseworthy, Medical Officer of Health at Haliburton, Kawartha, Pine Ridge District Health Unit

cc (via email): Hon. H. Angus, Deputy Minister of Health and Long-Term Care
Dave Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Dr. David William, Chief Medical Officer of Health
Municipalities within the Haliburton, Kawartha, Pine Ridge District Health Unit area
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies
Board of Health Members

April 23, 2019

VIA ELECTRONIC MAIL

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

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their people. This crucial role is played out daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and well-being. These services centred on Ontario's Public Health Standards and related Public Health Programs like Smoke Free Ontario and Healthy Smiles ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards.

As Chair of the Board of the Leeds, Grenville and Lanark District Health Unit (LGLDHU), I can confirm the Board's unconditional support of the LGLDHU and its staff in all the work that they do. The health needs of Ontarians are variable and preserving local partnerships with municipalities and others is essential to ensuring the effectiveness, efficiency and success of health programs and services. It is this Board's view that the LGLDHU is right sized and right staffed to professionally deliver health unit services for and in partnership with the municipalities served.

With this backdrop, our Board of Health was surprised, disappointed and confused by the Government of Ontario's budget announcement to restructure Ontario's Public Health system that changes the Provincial-Municipal funding formula by downloading costs to municipalities after budgets have been set. The latter will place a significant strain on the ability of local public health units like LGLDHU to continue to deliver on their mandate. Moreover, it has been reported that the Public Health budget represents approximately 2% of the Province's total health expenditures and that every dollar spent has an average of \$14 of upstream savings. With this in mind, it is difficult to comprehend how a \$200 million dollar provincial reduction in prevention services will contribute to lowering future overall health care costs.

Before the Budget's new directions for public health units are fully implemented, the LGLDHU Health Board recommends for your consideration that any change in the funding ratio should be done in consultation with AMO and the municipalities rather than unilaterally by the province. The 2019 public health municipal levy has already been established, and municipalities are already more than a quarter into their fiscal year.

As the Regional Public Health Entity to replace the LGLDHU has not yet been announced, the LGLDHU Health Board further recommends that the Ministry consult with Public Health Ontario, the Association of Local Public Health Agencies, the Council of Medical Officers of Health, and other experts in the field before the Regional Public Health Entity is implemented to ensure it will improve the effectiveness and efficiency of public health services in the community.

Additionally, the LGLDHU Board of Health recommends that the following principles in the development of the Regional Public Health Entity be adopted to ensure this change in public health governance and organization is as effective and efficient as possible while maintaining the strong public health presence and impact in our community:

- a. *No loss of service to our community* - All current employees providing programs and services under the Foundational and Program Standards as listed in the 2019 Annual Service Plan continue to be funded within the Regional Public Health Entity to provide service in Lanark, Leeds, and Grenville.
- b. *Meaningful involvement in planning* – The needs and assets of the Lanark, Leeds and Grenville communities are considered in the planning of any public health programs and services for the community.
- c. *Integrity of Health Unit* - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is split into two.
- d. *Like Health Unit Populations Be Grouped Together* – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
- e. *Equitable access to positions* - All Management and Administrative positions in the new Regional Public Health Entity must be open to all our current employees through a competition process.
- f. *Effective “back office” support* – All services included in the “back office” support provided by the Regional Public Health Entity be at the same quality or better than currently exist in the Health Unit.
- g. *Appropriate municipal role in governance* – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health.

The Leeds, Grenville and Lanark District Health Unit provides high quality public health programs and services in collaboration with local partners, including municipalities, to promote and protect health of the population. The LGLDHU Board of Health includes all obligated municipalities who provide funding to the Health Unit, and this relationship extends to working with municipalities on important public health concerns. The current grant from the provincial government is insufficient to respond to all the requirements in the Ontario Public Health Standards and Accountability Framework, therefore, any reduction in provincial funding will cause a reduction in programs and services that will impact the population's health.

I look forward to working collaboratively with you to continue to provide exemplary public health programs and services to the people of Leeds, Grenville and Lanark.

Sincerely



Doug Malanka
Board Chair

cc: Leeds, Grenville and Lanark District Board of Health
Hon. Doug Ford, Premier of Ontario
Hon. Helen Angus, Deputy Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Randy Hillier, MPP – Lanark, Frontenac, Kingston
Monica Turner, Director of Policy, Association of Municipalities of Ontario
Leeds, Grenville and Lanark Municipalities
Loretta Ryan, Association of Local Public Health Units
Ontario Boards of Health

April 18, 2019

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

Dear Premier Ford:

Re: Support for Bill 60, Establishing a Social Assistance Research Commission

At its meeting held on April 18, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence from the North Bay Parry Sound District Health Unit regarding the establishment of a Social Assistance Research Commission under the *Ministry of Community and Social Services Act, R.S.O. 1990, c.M.20* (Bill 60).

Inadequate income and food insecurity result in poor health outcomes and higher health care costs. Current social assistance rates do not meet the minimum basic needs of shelter and food, putting recipients of social assistance programs at greater risk for poor health outcomes and mortality. The Board of Health agrees with the recommendations provided in North Bay Parry Sound's resolution (attached) and supports Bill 60, an Act to amend the *Ministry of Community and Social Services Act* to establish the Social Assistance Research Commission.

We appreciate your consideration of this important public health issue.

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



Cammie Jaquays, Chair, Board of Health

Cc (via email) : The Hon. Christine Elliott, Minister of Health and Long-Term Care
The Hon. Lisa MacLeod, Minister Responsible for Women's Issues, Minister of Children, Community & Social Services
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Ontario Chief Medical Officer of Health
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

Attachment

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Fax · 705-457-1336



LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · (705) 324-0455

February 27, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

The Board of Health for the North Bay Parry Sound District Health Unit (Board) would like to share with you the resolutions passed at our recent meeting on February 27, 2019. The resolutions highlight our continued support of staff and community stakeholders to reduce health inequities, and our support for Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. A copy of the motion passed is included as Appendix A.

One in seven households in our Health Unit region experience food insecurity. Included is a copy of our [2018 Food Insecurity poster](#), highlighting this important statistic, as Appendix B. Our goal with this key messaging is to emphasize the magnitude of this issue in our area. The [full report](#) is available on our website.

While our community has a broad gamete of important social service and food charity programs in place to assist those experiencing food insecurity, this complex issue cannot be adequately or sustainably addressed at the local level. Food insecurity is defined as inadequate or insecure access to food due to financial constraints, which highlights low income as the root of the problem. Our Health Unit continues to raise awareness about the importance of income security for low income Ontarians, in an effort to reduce food insecurity rates. Food insecurity is a significant public health problem because of its great impact on health and well-being. In light of the release of the new Canada's Food Guide, it is important to note that these dietary recommendations are out of reach for many low-income Canadians.

While there are a number of risk factors for being food insecure, social assistance recipients are at particularly high risk. Research has shown that 64% of households in Ontario receiving social assistance

experience food insecurity, demonstrating that social assistance rates are too low to protect recipients from being food insecure. For this reason, our Board supports Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. This group will make recommendations on social assistance policy, including social assistance rates based on the real costs of living in regions across Ontario, taking into account the cost of healthy eating. Our Health Unit, community partners and households receiving social assistance are eagerly awaiting the release of more details about the changes that will be made to Ontario's social assistance system following Minister MacLeod's announcement on November 22, 2018. Please consider the establishment of the Social Assistance Research Commission as part of the changes that will ensue by prioritizing Bill 60.

Last year, we expressed our [support and feedback](#) to the previous government on the [Income Security: A Roadmap for Change](#) report. This report was prepared in collaboration with many experts, including Indigenous representatives, and has already undergone a public consultation process. Please take into account the elements outlined in this report when implementing changes to the current social assistance system. We emphasized this last August, when we [expressed our concern](#) about the cancellation of the basic income pilot project and the reduction to the scheduled increase to social assistance rates in 2018.

Thank you for taking the time to review this information and we will look forward to hearing next steps in strengthening income security in Ontario.

Sincerely,



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



Don Brisbane
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:

Victor Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Robert Bailey, MPP, Sarnia-Lambton
Paul Miller, MPP, Hamilton East-Stoney Creek
North Bay Parry Sound District Health Unit Member Municipalities
Joseph Bradbury, Chief Administrative Officer, DNSSAB
Janet Patterson, Chief Administrative Officer, PSDSSAB
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

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North Bay Parry Sound District
Health Unit

Bureau de santé
du district de North Bay Parry Sound

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1-800-563-2808

Appendix A

**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH**

RESOLUTION

DATE: February 27, 2019

MOVED BY: Mike Poeta

RESOLUTION: #BOH/2019/02/04

SECONDED BY: Dan Roveda

Whereas, The Nutritious Food Basket Survey results show that many low income individuals and families do not have enough money for nutritious food after paying for housing and other basic living expenses; and

Whereas, The Board of Health for the North Bay Parry Sound District Health Unit recognizes the impact of adequate income on food security and other social determinants of health; and

Whereas, Food insecurity rates are very high among social assistance recipients; and

Whereas, Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission) would help ensure social assistance rates are indexed to inflation, reviewed on an annual basis, and reflect regional costs of living including the cost of a Nutritious Food Basket; and

Whereas, the Ontario Public Health Standards require public health units to assess and report on the health of local populations, describing the existence and impact of health inequities;

Therefore Be It Resolved, That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of employees and community stakeholders to reduce health inequities, including food insecurity; and

Furthermore Be It Resolved, That the Board of Health support Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission); and

Furthermore Be It Resolved, That the Board of Health provide correspondence of these resolutions to district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Norm Miller, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Lisa MacLeod (Minister of Community and Social Services), the Honourable Christine Elliott (Minister of Health and Long-Term Care) and the Association of Local Public Health Agencies (alPHA).

CARRIED: ✓ **VICE-CHAIRPERSON:** Original Signed by Don Brisbane

1 in 7

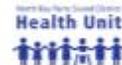
Nipissing and Parry Sound homes are **food insecure** because they don't have enough money.

This can mean:

- Worrying about running out of food
- Eating less healthy food
- Skipping meals
- Having poor health



Be informed myhealthunit.ca/foodinsecurity



April 25, 2019

VIA: Electronic Mail (lisa.macleodco@pc.ola.org)

Honourable Lisa MacLeod
Minister of Children, Community and Social Services
80 Grosvenor Street
Hepburn Block 6th Floor
Toronto, ON M7A 2C4

Dear Minister MacLeod:

RE: Endorsement of The Ontario Dietitians in Public Health letter on Bill 60

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health endorse the letter by The Ontario Dietitians in Public Health, regarding support for Bill 60, establishing a Social Assistance Research Commission, and send correspondence to the Honourable Lisa MacLeod, Minister of Children, Community and Social Services.

FURTHER THAT a copy of this letter be forwarded to:

- 1) Honourable Doug Ford, Premier of Ontario**
- 2) Honourable Christine Elliot, Deputy Premier and Minister of Health and Long-Term Care**
- 3) Paul Miller, MPP Hamilton East-Stoney Creek (co-Sponsor of Bill 60)**
- 4) Robert Bailey, MPP Sarnia-Lambton (co-Sponsor of Bill 60)**
- 5) Ian Arthur, MPP Kingston and the Islands**
- 6) Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 7) Daryl Kramp, MPP Hastings-Lennox and Addington**
- 8) Monica Turner, Director of Policy, Association of Municipalities of Ontario**
- 9) Loretta Ryan, Association of Local Public Health Agencies**
- 10) Ontario Boards of Health**
- 11) The Ontario Dietitians in Public Health, Carolyn Doris and Mary Ellen Prange**

One in 10 households in KFL&A area experience food insecurity. Income is the root cause of food insecurity and is a key determinant of health. As such, responses are needed to address food insecurity. Bill 60 has the potential to improve income security for social assistance recipients, and hence, food security. The Ontario Dietitians in Public Health's support of Bill 60 aligns with KFL&A Public Health's commitment to addressing health disparities, such as food insecurity.

The KFL&A Board of Health urges the Government of Ontario to support Bill 60 and create a Social Assistance Research Commission to recommend rates of provincial social assistance that is grounded in an analysis of the cost for basic and other necessities.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. D. Ford, Premier of Ontario
Hon. C. Elliot, Deputy Premier and Minister of Health and Long-Term Care
P. Miller, MPP Hamilton East-Stoney Creek (co-Sponsor of Bill 60)
R. Bailey, MPP Sarnia-Lambton (co-Sponsor of Bill 60)
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
M. Turner, Director of Policy, Association of Municipalities of Ontario
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
The Ontario Dietitians in Public Health, C. Doris and M.E. Prange

April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

Honourable Doug Ford
Premier of Ontario
Premier's Office
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

RE: Minimizing harms associated with the announced expansion of the sale of beverage alcohol in Ontario

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health ask the Government of Ontario to outline the actions that they will take to implement their commitment to the safe and responsible sale and consumption of alcohol in Ontario as noted in the 2019 provincial budget; and

THAT the KFL&A Board of Health strongly urge the provincial government to ensure that any plan to address the safe and responsible sale and consumption of beverage alcohol include a wide range of evidence-based policies including: implementing alcohol pricing policies, controlling physical and legal availability, curtailing alcohol marketing, regulating and monitoring alcohol control systems, countering drinking and driving, educating and promoting behaviour change, increasing access to screening and brief interventions, and surveillance, research and knowledge exchange, and that this plan be funded, and monitored for effectiveness; and

THAT the KFL&A Board of Health ask the Government of Ontario to indicate how much alcohol consumption will increase with the proposed expansion over the next five years, how much this increased consumption will cost the justice, social and health care systems over the next five years, and the fiscal plan to pay for these anticipated costs;

AND FURTHER THAT correspondence be sent to:

- 1) Honourable Doug Ford, Premier of Ontario
- 2) Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet
- 3) Honourable Christine Elliot, Provincial Minister of Health and Long-term Care, Deputy Premier
- 4) Ian Arthur, MPP Kingston and the Islands
- 5) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 6) Daryl Kramp, MPP Hastings-Lennox and Addington

- 7) **Loretta Ryan, Association of Local Public Health Agencies**
- 8) **Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-term Care**
- 9) **Ontario Boards of Health**

The recent release of the 2019 Ontario budget includes a number of changes to increase the choice and convenience of beverage alcohol for consumers. However, this same document, while assuring Ontarians that safe and responsible sale and consumption of alcohol in Ontario is, and will continue to be, a top priority, the document does not include any specific action by the Government of Ontario to realize this goal. The KFL&A Board of Health would be pleased to hear the government's plans for safe and responsible sale and consumption of alcohol. Furthermore, there are many evidence-based strategies that protect and promote health that KFL&A Public Health would encourage the government to include in this plan.

In addition, evidence from other provinces have demonstrated that increases to the availability of alcohol had negative social and health outcomes, including increased alcohol-related traffic incidents and suicides. These are the short-term impacts of the over-consumption of alcohol. Longer term effects will result in increased chronic diseases such as cancers and heart disease both of which are costly to manage and treat. There is no reason to believe that the expansion of beverage alcohol sales in Ontario will not have the same result – an increase in alcohol consumption with the concomitant increase in health, social and justice services use, and hence, costs. The KFL&A Board of Health would also be pleased to hear from the provincial government regarding how much the increase in alcohol availability is anticipated to impact consumption and the use of health, social and justice services. Furthermore, the KFL&A Board of Health would ask that the government provide a plan for how these anticipated expenses will be funded.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

Honourable Doug Ford
Premier of Ontario
Premier's Office
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

That the KFL&A Board of Health endorse the Children Count Task Force Recommendations and send correspondence to:

- 1) **The Honourable Doug Ford, Premier of Ontario**
- 2) **The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier**
- 3) **The Honourable Lisa Thompson, Minister of Education**
- 4) **The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues**
- 5) **Ian Arthur, MPP Kingston and the Islands**
- 6) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 7) **Daryl Kramp, MPP Hastings-Lennox and Addington**
- 8) **Loretta Ryan, Association of Local Public Health Agencies**
- 9) **Ontario Boards of Health**

At present, there are approximately 50 federal programs collecting health data on the Canadian population, many of which include school age children and youth. Notwithstanding the number of sources, data collected from these surveys are not always collected in a way that provides representative results at the regional and local levels. As such, Ontario needs a coordinated and cost-effective system for measuring the health and well-being of children and youth to inform local, regional and provincial programming. Such a system will enable stakeholders at all levels (local, regional and provincial) to effectively measure the health and well-being of our kids, and in turn, the return on investment in relevant programs.

To address this gap, the Children Count Task Force has made one overarching recommendation, which is to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario. To further support this secretariat, the task force made an additional five recommendations:

Kingston, Frontenac and Lennox & Addington Public Health

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

The KFL&A Board of Health urges the Government of Ontario to act on the recommendations from the Children Count Task Force.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and
Minister Responsible for Women's Issues
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Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

**Ministry of Health
and Long-Term Care**

Office of Chief Medical Officer of Health,
Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

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**Ministère de la Santé
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April 29, 2019

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: Public Health Modernization

As you are aware, the Ontario government released its Budget on April 11, 2019. The government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsible to the province's evolving health needs and priorities.

While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities. Modernizing and streamlining the role of public health units across the province will better coordinate access to health promotion and disease prevention programs at the local level, ensuring that Ontario's families stay safe and healthy.

As you know well, public health is a uniquely placed sector that must evolve to better meet ever-changing community needs. To that end, the Ministry of Health and Long-Term Care (the "ministry") has been working to define what a more resilient, modernized public health sector will look like, and also how it can contribute to the patient experience and better align to the new Ontario Health Agency, local Ontario Health teams, and the health system at large.

Notably, with respect to the public health sector, the ministry is proposing the following:

- Changing the cost-sharing arrangement with municipalities that would reflect an increased role for municipalities within a modernized public health system beginning 2019-20. The ministry will graduate the cost-sharing changes slowly over the next 3 years and will vary the final ratios by population size of the new Regional Public Health Entities. This is being done to recognize the variation across the province (i.e., geography, disbursement of populations, etc.). The cost-sharing changes, which will also apply to all 100% provincial programs funded by MOHLTC (except for the unorganized territories grant provided to northern public health units, and the new seniors dental program) are planned as follows:

- **2019-20 (April 1, 2019):** 60% (provincial) / 40% (municipal) for Toronto; and, 70% (provincial) / 30% (municipal) for all other public health units.
 - **2020-21 (April 1, 2020):** 60% (provincial) / 40% (municipal) for the Toronto Regional Public Health Entity; and, 70% (provincial) / 30% (municipal) for all other Regional Public Health Entities.
 - **End State 2021-22 (April 1, 2021):** 50% (provincial) / 50% (municipal) for the Toronto Regional Public Health Entity; 60% (provincial) / 40% (municipal) for 6 larger Regional Public Health Entities with populations over 1 million; and, 70% (provincial) / 30% (municipal) for 3 smaller Regional Public Health Entities with populations under 1 million.
- Creating 10 Regional Public Health Entities, governed by autonomous boards of health, with strong municipal and provincial representation. Realigning the public health sector at a regional level provides for enhanced system capacity, consistent service delivery and greater coordination to support health system planning. The role of municipalities are core aspects of public health that the ministry wants to preserve in this new model and will do so by maintaining a local public health presence in communities.
 - Modernizing Public Health Ontario to reflect changes in the health and public health landscape.
 - Introducing a comprehensive, publicly-funded dental care program for low-income seniors. The program aims to prevent chronic disease, reduce infections, and improve quality of life, while reducing burden on the health care system.

It is important to note that the \$200 million annual provincial savings target identified in the 2019 Ontario budget (by 2021-22) incorporates provincial savings related to the cost-sharing change, as well as savings from the proposed creation of 10 Regional Public Health Entities.

As mitigation, and to support boards of health experiencing challenges during transition, the Ministry of Health and Long-Term Care will consider providing one-time funding to help mitigate financial impacts on municipalities and consider exceptions or “waivers” for some aspects of the Ontario Public Health Standards on a board by board basis. Implementation of these exceptions will ensure that critical public health (health protection and health promotion) programs and services are maintained for the protection for the public’s health.

The proposed changes in both structure and cost-sharing are premised on the fact that essential public health program and service levels would be maintained and will remain local. The Ministry of Health and Long-Term Care will work with boards of health and public health units to manage any potential reductions in budgets, including encouraging public health units to look for administrative efficiencies rather than reductions to direct service delivery.

As a first step, we will be arranging calls with each of the Health Units over the next week to discuss the Annual Business Plan and Budget Submissions you have submitted, discuss the planned changes for this year and related mitigation opportunities, and ensure this next phase of planning supports your local needs and priorities.

Further details on the 2019 Ontario Budget can be found on the government's website at: <http://budget.ontario.ca/2019/contents.html>.

As previously noted, there is a significant role for public health to play within the larger health care system and it will continue to be a valued partner. I look forward to your input and collaboration as we work to modernize the public health sector.

Thank you for your ongoing support as the ministry continues to build a modern, sustainable and integrated health care system that meets the needs of Ontarians.

Sincerely,

Original signed by

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

c: Business Administrators, Public Health Units
Executive Director, Association of Municipalities of Ontario
City Manager, City of Toronto
Executive Director, Association of Local Public Health Agencies

----- Forwarded message -----

From: "Brian Lester" <BLester@hivaidconnection.ca>

Date: Fri, May 3, 2019 at 12:05 PM -0400

Subject: RHAC Position Statement - Sex Work

Dear Community Partner/Supporter;

Regional HIV/AIDS Connection (RHAC) board of directors would like to announce the release of our organization's position statement on sex work. The statement is also posted on our website at <http://www.hivaidconnection.ca/get-facts/publications> - on this page you will see the Sex Work statement document link.

Over a two year period, the board of directors consulted with a range of stakeholders, in addition to reviewing evidence-based research to inform our position. This consultation/education included; persons with lived experience, those who advocate from an abolitionist position, individuals and organizations that oppose the criminalization of sex work and those concerned about the conflation of sex work and human trafficking.

We fully acknowledge there are many perspectives and responses to this complex issue. RHAC has taken a position that aligns with our organization's harm reduction philosophy. Our position recognizes that criminalization of sex work continues to place individuals at greater risk and harm (including HIV transmission risk and STIs acquisition) and creates barriers to access health care and other supports.

RHAC is a sex positive, evidence-informed agency committed to harm reduction practices that positively impact those living with, at risk for, or affected by HIV/AIDS and Hepatitis C. It is with this foundation that we believe that sex work is real work and that we support the decriminalization of sex work. This recognition is made knowing that sex work, as with all forms of labour, is influenced by the social forces of capitalism, colonialism and patriarchy and those involved can experience violence and exploitation. However, the act of exchanging sexual services for money (or other similar transactions) is not inherently violent or oppressive.

Respectfully,

Brian Lester
Executive Director

Brian Lester
Executive Director
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www.hivaidconnection.ca @HIVAIDSConnect
Serving Perth, Huron, Oxford, Lambeth, Elgin and Middlesex counties.