BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, June 20, 2019, 7:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance, (recessed door)
MLHU Boardroom

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Mr. John Brennan
Mr. Michael Clarke
Ms. Aina DeViet
Ms. Kelly Elliott
Ms. Tino Kasi
Mr. Ian Peer
Ms. Elizabeth Peloza
Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: May 16, 2019 - Board of Health meeting
Receive: June 6, 2019 - Finance & Facilities Committee draft meeting minutes
March 21, 2019 - Governance Committee meeting minutes

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	**x**	**x**	**x**	June 6 Finance & Facilities Committee Meeting Update (Report No. 045-19)	June 6, 2019 – Agenda Draft Minutes	To provide an update on reports reviewed at the June 6, 2019 Finance & Facilities Committee meeting. Lead: Matt Reid, Chair, Finance & Facilities Committee
2	**x**	**x**	**x**	Governance Committee Verbal Update	June 20, 2019 – Agenda March 21, 2019 - Minutes	To provide an update on reports reviewed at the June 20, 2019 Governance Committee meeting. Lead: Ms. Trish Fulton, Chair, Board of Health
3	**x**		**x**	Program update: Best Beginnings	Best Beginnings Program Template	Lead: Ms. Suzanne Vandervoort and Ms. Isabel Resendes, Healthy Babies, Healthy Children Program Managers
4		**x**	**x**	Intent to Reconsider Eligibility Criteria For The Healthy Babies Healthy Children (HBHC) Program (Report No. 046-19)	Appendix A	To provide an update on and request approval to communicate with the Ministry of Children, Community and Social Services regarding the MLHU's intent to reconsider eligibility criteria for the HBHC program. Lead: Ms. Suzanne Vandervoort and Ms. Isabel Resendes, Healthy Babies, Healthy Children Program Managers
5	**x**		**x**	Program update: Reproductive Health	Reproductive Health Program Template	Lead: Ms. Debbie Shugar, Manager, Reproductive Health
6			**x**	Prenatal Health Planning Initiative: Update on Implmentation of Recommendations (Report No. 047-19)		To provide an update on prenatal health planning, outcomes and recommendations to optimize public health programming. Lead: Ms. Debbie Shugar, Manager, Reproductive Health
7	**x**		**x**	Review of Public Health Services in Middlesex County- Action Planning (Report No. 048-19)	Appendix A	To provide an update on the action plans prepared for each of the recommendations outlined in Middlesex County Public Health Services Review in order to enhance services to residents of Middlesex County. Lead: Jordan Banninga, Manager, Program Planning and Evaluation

8	**x**		**x**	Program update: Emergency Preparedness	Emergency Preparedness Program Template	Lead: Ms. Judy Green, Manager, Emergency Preparedness
9			**x**	Summary Information Report for June (Report No. 049-19)		To provide an update on Health Unit programs and services for June.
10			**x**	Medical Officer of Health/ CEO Activity Report for June (Report No. 050-19)		To provide an update on the activities of the MOH/CEO for June. Lead: Dr. Christopher Mackie
Correspondence						
11		**x**	**x**	June 2019 Correspondence		To receive correspondence items a) though x) To endorse item y) re: Return on Investment – Early Child Development To endorse item z) re: Request to Permit EMS to Distribute Naloxone Kits

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, July 4, 2019 @ 9:00 a.m.
- Next Relocation Advisory Committee Meeting: Wednesday June 26, 2019 @ 5:00 p.m.
- Special Meeting of the Board of Health: Wednesday June 26, 2019 @ 7:00 p.m.

CONFIDENTIAL

The Board of Health will move in-camera to consider confidential minutes from its May 16, 2019 meeting and the March 21, 2019 Governance Committee meeting.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, May 16, 2019, 7:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance (recessed door)
MLHU Boardroom

MEMBERS PRESENT:	Ms. Trish Fulton (Chair) Ms. Aina DeViet Mr. Ian Peer (via teleconference) Mr. Matt Reid Mr. John Brennan Ms. Kelly Elliott Mr. Michael Clarke
REGRETS:	Ms. Elizabeth Peloza Ms. Tino Kasi Ms. Maureen Cassidy
MEDIA:	Mr. Bryan Bicknell, CTV News
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder) Dr. Alexander Summers, Associate Medical Officer of Health Ms. Laura Di Cesare, Director, Healthy Organization Mr. Jordan Banninga, Manager, Program Planning and Evaluation Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention Ms. Anita Cramp, Manager, Young Adult Ms. Shaya Dhinsa, Manager, Sexual Health Ms. Sheila Densham, Health Promoter Mr. Dan Flaherty, Manager, Communications Mr. Darrell Jutzi, Manager, Child Health Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network Ms. Melissa McCann, Program Evaluator Ms. Jennifer Proulx, Manager, Nurse-Family Partnership Ms. Maureen Rowlands, Director, Healthy Living Ms. Ruth Sanderson, Epidemiologist Ms. Meena Shalu, Medical Student, Schulich School of Medicine & Dentistry Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Mr. Alex Tyml, Online Communications Coordinator Ms. Amanda Van Nynatten, Nursing Student, Nipissing University Ms. Mariana Ionescu-Iorge, Nursing Student, Nipissing University

Chair Fulton called the meeting to order at 7:01 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Fulton inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

Chair Fulton mentioned the addition of walk-on Report No. 044-19 regarding the proposed regional public health entities, and noted where it would fall in the evening's agenda.

It was moved by Ms. Elliott, seconded by Ms. De Viet, *that the **AGENDA** for the May 16, 2019 Board of Health meeting be approved as amended.*

Carried

MINUTES

It was moved by Ms. Elliott, seconded by Mr. Brennan, *that the **MINUTES** of the April 18, 2019 Board of Health meeting be approved.*

Carried

It was moved by Ms. De Viet, seconded by Mr. Reid, *that the draft **MINUTES** of the May 2, 2019 Finance & Facilities Committee meeting be received.*

Carried

DELEGATIONS AND REPORTS

May 2, 2019 Finance & Facilities Committee Meeting Update (Report No. 036-19)

Mr. Reid provided an update from the May 2, 2019 FFC meeting, reviewing the following reports for the Board's consideration:

Q1 Financial and Factual Certificate Update (Report No. 015-19FFC)

It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health approve Report No. 015-19FFC re: "Q1 Financial Update and Factual Certificate."*

Carried

Mr. Reid advised that the Finance & Facilities Committee received Report No. 016-19FFC re: "Financial Controls Checklist" for information.

Q2 Physical Assets and Facilities Update (Report No. 017-19FFC)

It was moved by Mr. Reid, seconded by Ms. De Viet, *that the Board of Health:*
1) Receive Report No. 017-19FFC re: "Q2 Physical Assets and Facilities Update" for information; and
2) Direct staff to begin negotiations with Canba Investments Limited regarding the Strathroy Office at 51 Front Street.

Carried

Chair Fulton introduced five program updates for the evening.

Program Update: Population Health Assessment and Surveillance (PHAS)

Dr. Alex Summers, Associate Medical Officer of Health, introduced the PHAS Team and discussed the Team's activities within the agency and some of the its program highlights for 2019, which include a population health assessment for the Community Health Status Resource.

Dr. Summers introduced Ms. Ruth Sanderson and provided the Community Health Status Resource Strategic Project update.

DRAFT

Community Health Status Resource Strategic Project Update (Report No. 037-19)

Discussion ensued on the following items:

- If this resource been through an evaluation process.
- How MLHU will know if its partners are using the resource.
- If any of the data is forwarded to the Ministry, and from which sources the data are retrieved.
- The proportion of primary versus secondary data sources.
- Why some of the data are so out-of-date.
- The difficulty of securing access to data to keep the resource up-to-date.

It was moved by Ms. Elliott, seconded by Mr. Reid, *that the Board of Health receive Report No. 037-19 re: "Community Health Status Resource Strategic Project Update" for information.*

Carried

Program Update: Program Planning and Evaluation

Mr. Jordan Banninga, Manager, Program Planning and Evaluation, introduced the team and its role within the organization, namely to help programs and teams deliver better services to the community.

Mr. Banninga reviewed some of the programs within Program Planning and Evaluation, which include privacy and records, quality and transparency, research and knowledge exchange, and shared library services partnership.

Saving Lives. Changing Lives. Findings from the Temporary Overdose Prevention Site (TOPS) Evaluation (Report No. 038-19)

Mr. Banninga introduced and provided context for the report, including the purpose of evaluating the TOPS site. Mr. Banninga introduced Ms. Melissa McCann, who reviewed some of the report's key evaluation findings and answered questions.

Discussion ensued on the following items:

- Recognizing the RHAC staff, who have worked to create a welcoming environment where everyone feels accepted.
- The number of lives that have been saved at the site to date.
- Testing equipment options available at TOPS to test for fentanyl in street drugs.
- The report's client-focused perspective.
- The report's methodology.
- What learning can be gleaned from the report and how it could be shared more widely with others who might benefit from it.
- The value of the lessons learned and how they could be shared more broadly.
- The Program Planning and Evaluation Team's plans to author a peer-reviewed publication to share the report's findings with the community, and that preliminary findings were shared by Ms. McCann at the Ontario Public Health Conference earlier this year.
- What London and Middlesex might look like in the absence of this service.
- The significant numbers of people who will continue to share injection gear and the length of time that people have identified as using injection drugs.
- The kinds of drugs being used at the site, as well as the proportion using stimulants versus opioids.

DRAFT

It was moved by Mr. Clarke, seconded by Ms. Elliott, *that the Board of Health receive Report No. 038-19 re: "Saving Lives. Changing Lives. Findings from the Temporary Overdose Prevention Site (TOPS) Evaluation" for information.*

Carried

Program Update: Nurse-Family Partnership

Dr. Mackie introduced Ms. Jennifer Proulx, Manager, Nurse-Family Partnership (NFP). Ms. Proulx provided an update on the Nurse-Family Partnership Program, including the program's eligibility criteria, its implementation in Canada, and an overview of the Canadian Nurse Family Partnership Education Pilot Project.

Completion of the Canadian Nurse-Family Partnership Education Project (Report No. 039-19)

Ms. Proulx introduced and provided context for the report, including a presentation of findings from the Pilot Project and some of the key lessons learned.

Discussion ensued on the following items:

- Where referrals to the program are coming from, and whether greater awareness about the program is required.
- That those who do not meet NFP criteria are then referred to the Healthy Babies Healthy Children program.
- Base budget funding for the program versus for the pilot.
- Whether NFP qualification is recognized and whether participating nurses get accredited. All nurses that go through this program become certified as Nurse-Family Partnership nurses.
- The self-referral process and how people self-referred to the program.

It was moved by Mr. Brennan, seconded by Ms. De Viet, *that the Board of Health receive Report No. 039-19 re: "Completion of the Canadian Nurse-Family Partnership Education Project" for information.*

Carried

Program Update: Young Adult

Ms. Cramp provided an overview of the work of the Young Adult program within the Healthy Living Division. The program is comprised of three areas: situational supports; development and improvement of Healthy Schools; and curriculum supports to schools and school boards.

Discussion ensued on the following items:

- If nurses working in the schools have noticed increased interest in mental health topics and the mental wellbeing of students.
- How school nurses partner with student government in the schools.
- That French-speaking nurses provide the same services to French schools in Middlesex and London as they do to the TVDSB and LDCSB schools.

Program Update: Child Health

Mr. Jutzi provided an overview of the Child Health program within the Healthy Living Division. The program is comprised of the following areas: healthy schools; parenting; and curriculum supports to schools and school boards.

DRAFT

Discussion ensued on the Healthy Schools program and the proportion of schools serviced by MLHU that are located in the County.

Health Canada Seeking Feedback on Measures to Limit Youth Access and Appeal of Vaping Products (Report No. 040-19)

Ms. Stobo and Ms. Kosmack to provided context for this report.

Discussion ensued on the following items:

- The plain-packaging regulations, what theywill look like in practice, and the likelihood of these regulations reaching their final reading before the October federal election.
- That the letters attached to this report are very comprehensive and well researched in order to support the limiting of youth access to vaping products with convincing evidence.
- That staff will consider attaching an executive summary to the cover letters due to their length.
- That this letter is one component of a multi-component strategy.

It was moved by Ms. De Viet, seconded by Mr. Reid, *that the Board of Health receive Report No. 040-19 re: "Health Canada Seeking Feedback on Measures to Limit Youth Access and Appeal of Vaping Products" for information.*

Carried

It was moved by Mr. Clarke, seconded by Ms. Elliott, *that the Board of Health:*

1) *Submit a letter to the Tobacco Control Directorate of Health Canada, attached as Appendix A, expressing its support and recommendations for strengthened measures to limit youth access and appeal of vaping products; and*

2) *Endorse and submit a letter prepared by the Southwest Tobacco Control Area Network, attached as Appendix B, to the Tobacco Control Directorate of Health Canada on behalf of the eight public health units in southwestern Ontario.*

Carried

It was moved by Mr. Clarke, seconded by Ms. De Viet, *that the Middlesex-London Health Unit send a letter to the Tobacco Control Directorate of Health Canada to congratulate them on passing legislation for plain packaging of tobacco products.*

Carried

Harm Reduction Campaign (Report No. 041-19)

Ms. Shaya Dhinsa introduced and provided context for this report, including some of the key findings from the Harm Reduction Campaign.

Discussion ensued on the following items:

- Findings in the report that outline harm reduction strategies and supplies that the Health Unit may consider using in the future.
- Which harm reduction options are currently available on the market, and which are expected to be released in the future, in order to reduce the risk of infectious disease transmission.
- How these pending future harm reduction options will assist with treatment.

It was moved by Ms. Elliott, seconded by Mr. Brennan, *that the Board of Health receive Report No. 041-19 re: "Harm Reduction Campaign" for information.*

Carried

DRAFT

Summary Information Report for May (Report No. 042-19)

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the Board of Health receive Report No. 042-19 re: "Summary Information Report for May" for information*.

Carried

Medical Officer of Health/CEO Activity Report for April (Report No. 043-19)

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the Board of Health receive Report No. 043-19 re: "Medical Officer of Health Activity Report for May" for information.*

Carried

Provincial Announcement of Regional Public Health Entities (Report No. 044-19)

Chair Fulton introduced the report and Dr. Mackie provided context, summarizing the changes to the public health landscape announced with the 2019 Ontario Budget. Dr. Mackie discussed the proposed boundary changes and the significant changes to the Health Unit's funding for the coming years.

Discussion ensued on the following items:

- What the funding changes and cost-sharing with municipalities might look like going forward.
- Next steps from a budget perspective, and how MLHU will manage cost reductions in order to mitigate funding reductions.
- The one-time funding that the Ministry is offering for transitional support.
- The impact that funding reductions will have on municipal budgets for the remainder of 2019 and into 2020.
- The budgeting structure within the new regional public health entities.
- That MLHU will budget for the first three months of 2020, after which budgeting will be up to the new entity.
- That there will be a consultation process over the summer. Health units will have input into how the new structure will look.
- How the Board of Health might contribute to the consultations and what representation on a new regional Board of Health might look like.
- What proportion of 100%-funded programs is being reduced and how the Low-Income Seniors Dental Program will be funded.

It was moved by Mr. Reid, seconded by Mr. Clarke, *that the Board of Health receive Report No. 044-19 re: "Provincial Appointment of Regional Public Health Entities" for information.*

Carried

CORRESPONDENCE

It was moved by Mr. Reid, seconded by Ms. De Viet, *that the Board of Health receive correspondence items a) through w).*

Carried

Dr. Mackie introduced and provided context for correspondence item x).

It was moved by Mr. Clarke, seconded by Mr. Brennan, *that the Board of Health refer correspondence item x) to staff re: the Regional HIV/AIDS Connection Position Statement on Sex Work.*

Carried

OTHER BUSINESS

DRAFT

Chair Fulton provided a summary of the recent, April 29 Association of Local Public Health Agencies teleconference on the Ontario budget, in which she participated for the Ontario Board of Health Chairs. She added that there was no consensus or uniformity among boards of health regarding what a response to these changes should look like.

Chair Fulton reviewed the next meeting dates:

- Next Finance & Facilities Committee meeting: Thursday, June 6, 2019 @ 9:00 a.m.
- Next Board of Health meeting: Thursday, June 20 @ 7:00 p.m.
- Next Governance Committee meeting: Thursday, June 20, 2019 @ 6:00 p.m.
- Next Relocation Advisory Committee meeting: Wednesday June 26 @ 5:00 p.m.
- Special Board of Health meeting: Wednesday, June 26

CONFIDENTIAL

At 9:09 p.m., it was moved by Mr. Clarke, seconded by Mr. Reid *that the Board of Health move in-camera to consider matters regarding identifiable individuals, information (e.g., a trade secret or scientific, technical, commercial, or financial) that belongs to the Middlesex-London Health Unit and has monetary value and to consider confidential minutes from the May 2, 2019 Finance & Facilities Committee meeting and the April 18, 2019 Board of Health meeting.*

Carried

At 9:17 p.m., it was moved by Mr. Reid, seconded by Mr. Brennan, *that the Board of Health rise and return to public session.*

Carried

At 9:17 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 9:18 p.m., it was moved by Mr. Brennan, seconded by Mr. Reid, *that the meeting be adjourned.*

Carried

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, June 7, 2019 9:00 a.m.

MEMBERS PRESENT:	**Mr. Matt Reid (Chair)** Ms. Maureen Cassidy Ms. Kelly Elliott Ms. Trish Fulton
REGRETS:	Ms. Tino Kasi
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder) Mr. Brian Glasspoole, Manager, Finance Mr. Joe Belancic, Manager, Procurement and Operations Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance Ms. Deanna Baldwin, Manager, KPMG Ms. Katie denBok, Partner, KPMG

At 9:01 a.m., Chair Reid called the meeting to order.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Reid inquired if there were any disclosures of conflict of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the **AGENDA** for the June 7, 2019 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the **MINUTES** of the May 2, 2018 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 2018 Audited Financial Statements for Middlesex-London Health Unit (Report No. 019-19FFC)

Mr. Glasspoole introduced the representatives from KPMG, Ms. Deanna Baldwin and Ms. Katie denBok. He noted that the financial statements produced are the responsibility of MLHU management and are audited by KPMG. Mr. Glasspoole then walked Committee members through the Financial Statements document.

Ms. denBok noted that the Audit Findings Report is KMPG's primary means of communicating with the Health Unit. Now that the audit is complete, the management representation letter will need to be signed once the Board of Health has approved the financial statements. Ms. denBok advised that there were no causes for concern as a result of the Health Unit's audit. Ms. Baldwin provided an update of the Audit Risks and Results document.

DRAFT

Mr. Glasspoole noted that because of the new Annual Service Plan reporting requirements, there was a delay in getting completed final draft financial statements to KPMG before they began their audit. This caused some delay and was noted in the findings document.

At 9:20 a.m., Chair Reid asked all staff to leave, per standard FFC practice, so that the Committee might speak confidentially with KPMG representatives.

At 9:25 a.m. Chair Reid asked staff to return. KPMG representatives departed and the meeting resumed.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee review and approve Report No. 019-19FFC re: "2018 Audited Financial Statements for Middlesex-London Health Unit."*

Carried

4.2 2018 Revised Budget – Ministry of Health and Long-Term Care (MOHLTC) Approved Grants (Report No. 020-19FFC)

Mr. Glasspoole provided context for this report. He noted that the Health Unit had received a letter from the MOHLTC in regard to additional one-time funding of $97,700 to be used to support cannabis enforcement and vision-screening requirements. Due to the approval coming after the funds were due to be spent, some of the funding will need to be returned to the Ministry.

Mr. Glasspoole noted that he had a conversation with the Ministry in regard to the timeline and they advised him that it had been set up this way because of their own year-end requirements.

It was moved by Ms. Elliott, seconded by Ms. Cassidy, *that the Finance & Facilities Committee:*

1) *Approve Report No. 020-19FFC re: "Funding and Service Level Agreements Review"; and*
2) *Recommend the Board of Health Chair write a letter to the Minister of Health identifying issues with the one-time approval process.*

Carried

4.3 By-Law and Policy Review (Report No. 021-19FFC)

Mr. Glasspoole and Ms. Gauthier provided context for this report. The report will go to the Governance Committee's June meeting.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee:*

1) *Receive Report No. 021-19FFC re: "By-law and Policy Review" for information; and*
2) *Refer the governance by-laws and policies reviewed in this report to the Governance Committee for final review prior to consideration by the Board of Health.*

Carried

4.4 Contract Award – Medical Supplies (Report No. 022-19FFC)

Mr. Belancic advised that it has been recommended to award three contracts for medical supplies. He noted that the consolidations of clinic space and having a central supply will result in savings.

It was moved by Ms. Elliott, seconded by Ms. Cassidy, *that the Finance & Facilities Committee receive Report No. 022-19FFC re: "Contract Award – Medical Supplies" for information.*

Carried

4.4 Contract Award – Oral Contraceptives (Report No. 0023-19FFC)

Mr. Belancic briefly provided some background and an update. He advised that at the time of writing this report, 17 health units had responded to the invitation to join the joint bid for contraceptives. Since then, 6 more have opted in, bringing the total number participating to 23. Effective June 1, the two-year contracts will take effect.

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the Finance & Facilities Committee receive Report No. 023-19FFC re: "Contract Award – Oral Contraceptives Information for Participating Health Units" for information.*

Carried

4.4 Contract Award – Oral Health Supplies (Report No. 024-19FFC)

Mr. Belancic advised that seven bids had been received. It is recommended that four contracts be awarded for supplies. The contracts will be for two years, with an option to renew for one additional year. A cost decrease of approximately 20% below the previous year is projected.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee receive Report No. 024-19FFC re: "Contract Award – Oral Health Supplies" for information.*

Carried

OTHER BUSINESS

Next meeting: July 4, 2019.

CONFIDENTIAL

Chair Reid advised that if there was no discussion of the confidential minutes, then there would be no need to go *in camera*.

It was moved by Ms. Fulton, seconded by Ms. Cassidy, *that the Finance & Facilities Committee move in-camera to consider confidential minutes of the May 2, 2019 Finance & Facilities Committee meeting.*

Carried

ADJOURNMENT

At 9:46 a.m., it was moved by Ms. Cassidy, seconded by Ms. Fulton, *that the meeting be adjourned*.

Carried

At 9:46 a.m., Chair Reid *adjourned the meeting*.

MATTHEW REID
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
GOVERNANCE COMMITTEE

Thursday, March 21, 2019, 6:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance, (recessed door)
MLHU Boardroom

MEMBERS PRESENT: Ms. Aina DeViet (Chair)
Ms. Maureen Cassidy
Ms. Trish Fulton
Mr. Ian Peer
Ms. Elizabeth Peloza

OTHERS PRESENT: Mr. John Brennan (Board member)
Mr. Matt Reid (Board member)
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Mr. Jordan Banninga, Manager, Program, Planning and Evaluation
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Cynthia Bos, HR Manager
Ms. Laura Di Cesare, Director, Healthy Organization
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance

ELECTION OF CHAIR, GOVERNANCE COMMITTEE

At 6:00 p.m., Dr. Mackie called the meeting to order and opened the floor to nominations for Chair of the Governance Committee for 2019.

It was moved by Mr. Peer seconded by Ms. Cassidy, *that Ms. DeViet be nominated for Chair of the Governance Committee for 2019.*

Carried

Ms. DeViet accepted the nomination.

Dr. Mackie invited further nominations three more times. None were forthcoming.

Therefore, it was moved by Mr. Peer, seconded by Ms. Cassidy, *that Ms. DeViet be acclaimed as Chair of the Governance Committee for 2019.*

Carried

DISCLOSURE OF CONFLICT OF INTEREST

Chair DeViet inquired if there were any disclosures of conflicts of interest to be declared.

APPROVAL OF AGENDA

It was moved by Ms. Cassidy, seconded by Ms. Peloza, *that the **AGENDA** for the March 21, 2019 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the **MINUTES** of the November 15, 2018 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Q1 2019 Activity Report – Strategic Projects (Report No. 001-19GC)

Dr. Mackie introduced and provided context to this report.

Discussion ensued about the following items:

- Projects behind schedule and reasons for the delay.
- The relocation project; how it has been received by staff and if it has impacted work in other areas.
- The issues and risks identified thought the Project Management Office and how it exists in relation to other frameworks at MLHU such as the Planning and Evaluation Framework.

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the Governance Committee recommend that the Board of Health receive Report No. 001-19GC re: "Q1 2019 Activity Report – Strategic Projects" for information.*

Carried

2017 Year-end Performance on Accountability Indicators (Report No. 002-19GC)

Dr. Mackie introduced and provided context to this report.

Discussion ensued about the following items:

- The vaccination rates among school-aged children (grade 7 or 8) and the potential stigma associated with Hepatitis B and HPV vaccines for this population group.
- Clarification of reporting requirements associated with the Immunization of School Pupils Act indicator.
- How Cannabis retail will be monitored and enforced after April 1, 2019.
- The strict requirements placed on Cannabis vendors.

It was moved by Ms. Cassidy, seconded by Ms. Peloza, *that the Governance Committee receive Report No. 002-19GC re: "2017 Year-end Performance on Accountability Indicators" for information.*

Carried

Governance Policy Review and Development (Report No. 003-19GC)

Dr. Mackie thanked and recognized Ms. Gauthier for her work in modernizing the policies before the Committee this evening.

Discussion ensued about the following items:

- The summary of changes to policies outlined within Appendix A and Appendix B.
- The timeline for the policy review cycle, which is currently set at every two years, based on the Ontario Public Health Standards.
- That staff are currently working to streamline the review schedule to have a more calibrated approach to policy review going forward.

It was moved by Ms. Peloza, seconded by Ms. Cassidy, *that the Governance Committee:*

1) *Receive Report No. 003-19GC for information;*
2) *Recommend that the Board of Health approve the governance by-laws and policies appended to this report; and*
3) *Recommend that the Board of Health approve development of the new governance policies outlined within this report.*

Carried

DRAFT

Governance Committee Reporting Calendar (Report No. 004-19GC)

It was moved by Ms. Fulton, seconded by Ms. Cassidy, *that the Governance Committee:*

1) *Receive Report No. 004-19GC re: "Governance Committee Reporting Calendar" for information; and*
2) *Recommend that the Board of Health approve the 2019 Governance Committee Reporting Calendar.*

Carried

2019 Board Development (Report No. 005-19GC)

Ms. Fulton noted the timeline for this development activity and inquired about polling members for a date that will work for both the Board and the facilitator.

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Governance Committee:*

1) *Receive Report No. 005-19GC re: "2019 Board Development" for information; and*
2) *Recommend that the Board of Health approve the "Leading Through Transition/Change Management" session delivered by Your Latitude as a 2019 Board development opportunity.*

Carried

Board of Health Self-Assessment (Report No. 006-19GC)

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the Governance Committee:*

1) *Receive Report No. 006-19GC re: "Board of Health Self-Assessment" for information;*
2) *Recommend that the Board of Health approve the Board of Health Self-Assessment Tool appended to this report; and*
3) *Approve initiation of the Board of Health self-assessment process for 2019.*

Carried

OTHER BUSINESS

Next meeting: June 20, 2019.

CONFIDENTIAL

At 6:32 p.m. it was moved by Ms. Fulton, seconded by Ms. Peloza *that the Governance Committee move in-camera to consider matters regarding identifiable individuals.*

Carried

Mr. Banninga, Ms. Gauthier, Mr. Belancic and Ms. Ramer left the meeting at 6:32 p.m.

At 6:46 p.m., it was moved by Ms. Peloza, seconded by Ms. Cassidy *that the Governance Committee rise and return to public session.*

Carried

At 6:46 p.m., the Governance Committee returned to public session.

ADJOURNMENT

At 6:46 p.m., it was moved by Mr. Peer, seconded by Ms. Fulton, *that the meeting be adjourned.*

Carried

_____
AINA DEVIET
Committee Chair

_____
CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 045-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 June 20

FINANCE & FACILITIES COMMITTEE MEETING – June 6, 2019

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, June 6, 2019. A summary of the discussion can be found in the draft minutes.

Reports	Recommendations for Information and the Board of Health's Consideration
2018 Audited Financial Statements for Middlesex-London Health Unit **(Report No. 019-19FFC)**	*That the Finance & Facilities Committee recommend that the Board of Health approve the audited financial statements for the Middlesex-London Health Unit as of December 31, 2018, as appended to Report No. 019-19FFC re: "2018 Draft Financial Statements."* Carried
2018 Revised Budget – MOHLTC Approved Grants **(Report No. 020-19FFC)**	*That the Finance & Facilities Committee:* *1) Approve Report No. 020-19FFC re: "Funding and Service Level Agreements Review"; and* *2) Recommend the Board of Health Chair write a letter to the Minister of Health identifying issues with the one-time approval process.* Carried
By-Law and Policy Review **(Report No. 021-19FFC)**	*That the Finance & Facilities Committee:* *1) Receive Report No. 021-19FFC re: "By-law and Policy Review" for information; and* *2) Refer the governance by-laws and policies reviewed in this report to the Governance Committee for final review prior to consideration by the Board of Health.* Carried
Contract Award – Medical Supplies **(Report No. 022-19FFC)**	*That the Finance & Facilities Committee receive Report No. 022-19FFC re: "Contract Award – Medical Supplies" for information.* Carried
Contract Award – Oral Contraceptives Information for Participating Health Units **(Report No. 023-19FFC)**	*That the Finance & Facilities Committee receive Report No. 023-19FFC re: "Contract Award – Oral Contraceptives Information for Participating Health Units" for information.* Carried
Contract Award – Oral Health Supplies **(Report No. 024-19FFC)**	*That the Finance & Facilities Committee receive Report No. 024-19FFC re: "Contract Award – Oral Health Supplies" for information.* Carried

The FFC's next meeting will be on Thursday, July 4, at 9:00 a.m., at the Middlesex-London Health Unit, 50 King Street, Room 3A.

This report was prepared by the Office of the Medical Officer of Health.

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

Healthy Start
Best Beginnings

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Total FTEs – 30.80 FTEs

Total Budget – $3,105,295

2019-06-20 Board of Health Program Update

Suzanne Vandervoort
Manager, HBHC East

Isabel Resendes
Manager, HBHC West

Jenn Proulx
Manager, HBHC/NFP

- **Healthy Babies Healthy Children (HBHC)**
- **Outreach to Vulnerable Families**
- **Nurse-Family Partnership (NFP)**

Program Highlights:

- Populations served: pregnant women, and families with children from birth to school entry
- HBHC program screening, assessment, blended home visiting, and service coordination for those identified with risk
- Lead agency for NFP in Ontario (intensive PHN support program for young, first-time, socially disadvantaged mothers)
- Public Health Nurse outreach provided to family shelters in Middlesex-London
- Address preconception health, healthy pregnancies, breastfeeding / infant feeding, healthy growth and development, mental health promotion , and healthy sexuality

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO.046-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 June 20

INTENT TO RECONSIDER ELIGIBILITY CRITERIA FOR THE HEALTHY BABIES HEALTHY CHILDREN (HBHC) PROGRAM

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 046-19 re: "Intent to Reconsider Eligibility Criteria for the Healthy Babies Healthy Children (HBHC) Program" for information; and***
2) ***Endorse staff communicating with the Ministry of Children, Community and Social Services regarding MLHU's intent to reconsider eligibility criteria for the Healthy Babies Healthy Children (HBHC) program.***

Key Points

- The HBHC Screen is a 36-item validated tool used to identify families who would benefit from the blended home visiting program.
- In order to optimize capacity to support those families experiencing the most significant challenges in a timely manner, MLHU aims to explore the feasibility of revising HBHC eligibility criteria.
- Should MLHU proceed with reconsidering the HBHC eligibility criteria, communication of this intent to the Ministry of Children, Community and Social Services is advisable.

Background

Healthy Babies Healthy Children (HBHC) is a provincial program funded 100% by the Ministry of Children, Community and Social Services (MCCSS). Public Health Nurses and Family Home Visitors provide targeted program approaches to support families in this blended home visiting program. Services within HBHC are available to eligible families who are pregnant and/or have children from birth up to school age. Program components include service and system integration, access to information and resources, early identification and intervention screening, assessment, blended home visiting services, service coordination, referral to/from community services, and research and evaluation. The program intends to optimize newborn and child healthy growth and development and reduce health inequities for families receiving services. The HBHC program significantly supports the achievement of requirements under the OPHS Healthy Growth and Development Standard.

HBHC Screen

Screening using the Ministry-provided HBHC screening tool is the first step in identifying families and children who may be experiencing challenges that increase the risk of compromised healthy child development, and who would benefit from a more in-depth assessment. The screening process focuses on risk identification for families who might benefit from HBHC Program home visiting services and enabling efficient and timely access to support. Currently, "with risk" is indicated by a score of two or more on the HBHC Screen. The HBHC Screen (Appendix A) is a validated tool that may be used universally during three stages: prenatal screening occurs before a baby is born; postpartum screening occurs prior to discharge from the hospital; and early childhood screening can occur at any time from six weeks until school entry.

- In 2018, 56.9% of infants screened in Middlesex-London were identified with risk (score ≥2).
- In 2018, 56.9% of infants screened in the postpartum period in Middlesex-London were identified with risk (score ≥2). The percentage has decreased slightly over time between 2015 and 2018.
- From 2013 to 2018, 17.6% of infants screened during the postpartum period received a score of 0 and 22.8% received a score of 1.
- Among the 56.9% of infants identified with risk:
    - 72.5% had a score between 2 and 4;
    - 23.4% had a score between 5 and 9; and
    - 4.1% had a score of 10 or more.

The five screening questions most often yielding "with risk" assessments during the postpartum period were:

- Experienced a previous loss (pregnancy or baby)? (31.8%)
- Complications during labour and delivery? (28.6%)
- Client or parenting partner has a history of depression, anxiety, or other mental illness? (27.3%)
- Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy? (24.6%)
- Health conditions/medical complications during pregnancy that impact infant (e.g., diabetes)? (16.1%)

HBHC Program Challenges and Potential Solutions

Since February 2018, the HBHC program has had a waitlist (see the March 2018 BOH Report), with clients waiting anywhere from one to four weeks for services. The impact on timely access to service is a concern, particularly for families experiencing significant challenges.

Several mitigation strategies have been implemented since initiation of the waitlist, with limited success. The MLHU Board of Health co-submitted a resolution for consideration at the alPHa Annual General Meeting requesting alPHa to approach MCCSS for additional HBHC funding (see March 2019 BOH Report No. 023-19). Recently a detailed process-mapping exercise was completed, which identified a number of possible process change solutions that are expected to have a positive impact once implemented over the next few months.

In addition to process changes, the Healthy Start Division is interested in exploring the possibility of revising eligibility criteria for the program. Several other health units are engaging in a process to review their screening data, and additional evidence related to risk (e.g., research related to Adverse Childhood Experiences, or ACES), for the purpose of determining whether revising the HBHC eligibility criteria is warranted. Some health units have already completed this process and implemented eligibility criteria changes. If eligibility criteria are changed from what is outlined in the HBHC Protocol, communication to MCCSS would be required.

Next Steps

With Board of Health approval, the Healthy Start Division will inform MCCSS of its intent to actively explore the feasibility of revising eligibility criteria for the HBHC program, based on local context, literature, and the analysis already underway or completed by several other health units. Once this exploration is completed, ensuing recommendations will be brought forward to the Board.

This report was submitted by the Healthy Start Division and the Population Health Assessment and Surveillance Team.

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

Healthy Babies Healthy Children Referral

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com
FAX: 519-663-8243

Ontario

Appendix A to Report No. 046-19

Name (Parent or Mother): _____

Address: _____

_____ Postal Code: _____

Telephone No.: ( ) _____ - _____

D.O.B (Mother or Parent) _____

Health Connection use only:
Self-Referral ☐ NOC discussed ☐
PHN Initials _____

Referred by:

Name: _____ Agency: _____

Phone: _____ - _____ - _____

TO BE SIGNED BY PARENT:

Healthy Babies Healthy Children (HBHC) is a voluntary program to support all expectant mothers and families from childbirth to the transition to school. I will ask you a series of questions about your pregnancy, birth, parenting, and your family history. This information will be sent to your local health unit so that a Public Health Nurse can contact you.

I want to participate in the Healthy Babies Healthy Children Program and I understand that a copy of the personal information on this form will be shared with my local health unit.

Client Signature _____ Date: _____

CHILD:

DOB: _____ Name: _____

Gestation: wks _____ **Birth Wt:** _____gms **Sex:** M☐ F☐ Delivery: Vaginal ☐ C-Section ☐

MOTHER:

Marital Status: S ☐ M ☐ Common-law ☐ GTPAL: _____ EDB: _____

Mother's Maiden Name: _____ *Partner's name:* _____

Family Physician: _____ Language: English ☐ Other: _____

REASON FOR REFERRAL:

☐ Prenatal Support ☐ Infant Feeding ☐ Child Behaviour

☐ Growth & Development ☐ Nutrition ☐ Safety

☐ Perinatal Mood Disorder (PPD) ☐ Infant / Child Health ☐ Other_____

Notes:

_____

_____

_____

_____

_____

Cont'd on Page 2

Healthy Babies Healthy Children Screen

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com
FAX: 519-663-8243

Ontario

Name (Parent or Mother): _____

Reason for no response:

A requires further assessment, B client declined to answer, C unable to assess

Section A: *Pregnancy & Birth*

	Yes/No	Reason for no response
1) Multiple birth?	YO NO	AO BO CO
*2) Premature? *(born at less than 37 weeks gestation)*	YO NO	AO BO CO
*3) Was the birth weight less than 1500g?	YO NO	AO BO CO
*4) Was the birth weight more than 4000g?	YO NO	AO BO CO
*5) Apgar score of less than 5 at five minutes?	YO NO	AO BO CO
6) Health conditions/medical complications during pregnancy that impact infant? *eg. diabetes*	YO NO *Please List :*	AO BO CO
*7) Complications during labour and delivery? *(e.g. scheduled caesarean, emergency caesarean, infant trauma or illness such as respiratory distress syndrome, difficult vaginal birth including forceps or vacuum*	YO NO *Please List :*	AO BO CO
8) Maternal smoking of cigarettes during pregnancy?	YO NO	AO BO CO
9) Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy?	YO NO	AO BO CO
10) Maternal alcohol use during pregnancy?	YO NO	AO BO CO
11) Maternal drug use during pregnancy? *(Include information on illegal drug use and prescription drugs that impact on activities of daily living or are teratogenic)*	YO NO *Please List :*	AO BO CO
12) No prenatal care before sixth month?	YO NO	AO BO CO

Section B: *Family*

Mother		
13) Is less than 18 years old?	YO NO	AO BO CO
14) Was less than 18 years old when first child was born?	YO NO	AO BO CO
15) Experienced a previous loss? (pregnancy or baby)	YO NO	AO BO CO
16) Is a single parent?	YO NO	AO BO CO
17) Mother and child do **NOT** have a designated primary care provider?	YO NO	AO BO CO
18) Does **NOT** have an OHIP number?	YO NO	AO BO CO
19) Did **NOT** complete high school?	YO NO	AO BO CO
Infant/Child		
20) Congenital or Acquired Health Challenge? Please *List:*	YO NO	AO BO CO
*21)Maternal separation from infant greater than 5 days? *Please specify reason:*	YO NO	AO BO CO
Partner/Father/Support Person		
22) Father/partner/support person is **NOT** involved with care of baby?	YO NO	AO BO CO

Section C: *Parenting*

	Yes/No	Reason for no response
23) Client cannot identify support person to assist with parenting of the baby/child?	YO NO	AO BO CO
24) Client cannot identify support person to assist with care of the baby/child?	YO NO	AO BO CO
25) Client or family in need of newcomer support?	YO NO	AO BO CO
26) Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities?	YO NO	AO BO CO
27) Client or parenting partner has a history of depression, anxiety, or other mental illness?	YO NO	AO BO CO
28) Client or parenting partner has a disability that may impact parenting?	YO NO	AO BO CO
29) Client expresses concern about their ability to parent child/baby?	YO NO	AO BO CO
30) Client expresses concern about their ability to care for baby/child?	YO NO	AO BO CO
31) Client's relationship with parenting partner is strained? (evidence of relationship stress observed)	YO NO	AO BO CO
32) Client or parenting partner has been involved with Child Protection Services as a parent?	YO NO	AO BO CO
*33) Client expresses that his/her child is difficult to manage?	YO NO	AO BO CO
*34) Client's response patterns are inconsistent or inappropriate to the baby's child's cues? *(evidence of inappropriate responses observed)*	YO NO	AO BO CO

Section D: *Infant/Child Development*

*35) Parent(s) identified a risk factor? *(e.g., hearing, speech and language, communication skills, social development, emotional development behaviour, motor skills, vision, cognitive development, self help skills)*	YO NO	AO BO CO

Section E: *Health Care Professional Observations*

36) Health care professional has concerns about the wellbeing of client and/or baby?	YO NO	AO BO CO

Additional Comments:

***Signature(s)* of health care professional(s) completing Screen with client:**

_____ Date: _____

Please print name: _____

Professional Title: ☐RN ☐RPN ☐NP ☐Midwife ☐MD Other_____

The Personal Information on this Healthy Babies, Healthy Children Screen is being collected under the authority of the *Health Protection and Promotion Act* and the Ontario Public Health Standards, 2008 (Reproductive Health). This information will be used to identify families and children with risks to healthy child development and to determine eligibility for participation in the HBHC Program. Any questions about the collection of this information should be directed to the HBHC Manager, 519-663-5317 ext. 2280.

HEALTHY BABIES HEALTHY CHILDREN SCREENING TOOL

Instructions, Definitions, Additional Information for Care Providers

MIDDLESEX LONDON HEALTH UNIT
www.healthunit.com

Ontario

Regular Screening of Families

Health care providers are in a unique position to have an impact on positive childhood development outcomes by virtue of their ongoing contact with patients and families over time. Completed screens need to be sent to your local public health department's Healthy Babies Healthy Children Program so that families can receive the supports and services needed. This screen is intended to identify with risk families who may benefit from the Healthy Babies Healthy Children home-visiting program during the prenatal, postnatal or early childhood periods.

Instructions for Completion

Please provide ONE response for each question: If a yes/no response cannot be provided, please indicate the reason for no response in the right-hand column. Reason for no response: ***A.*** individual completing the screen may have concerns or suspect a risk but needs more information in order to confidently identify this item as a risk. ***B.*** indicates that the client declined to answer the question. ***C.*** unable to assess or unable to ask the client (for example, client was in distress, there was no opportunity for a private discussion about the risk, etc.).

For all questions, a "Yes" indicates a risk. Some items have been reversed, questions 17, 18, 19 and 22, so that a "yes" indicates a risk. For example, "Mother does NOT have an OHIP number". The more "yes" responses, the more likely a family is at risk.

This HBHC Screen should be used for prenatal, postnatal and early childhood clients:

Screening of prenatal clients:

- Conception to birth of infant.
- Answer all questions except for questions 2, 3, 4, 5, 7, 21, 33, 34, 35 (marked with an asterisk). These questions DO NOT apply when screening prenatal clients and should be left BLANK.

Screening of postnatal clients:

- Birth up to 6 weeks of age. In the case of multiple births, one screen is completed for each infant.
- Answer all questions.

Screening of early childhood clients

- From 6 weeks of age. One screen is completed for each infant/child.
- Answer all questions.

Suggested Introduction to Screening for Health Care Professionals

"As part of the Healthy Babies Healthy Children program, all families in Ontario are offered the chance to speak to someone about how they are doing (during their pregnancy, after the birth of a baby, or when their children are in early childhood).

I would like to spend some time talking to you about your family, the supports you have, and any challenges that you may face. We gather the same kind of information from all families at this stage (pregnancy, after birth, early childhood of children) and use the information to support families in getting services that they may find helpful.

If you find there are some things you don't feel comfortable talking to me about, just let me know and we will move to another topic. If you have an
y questions or concerns throughout our discussion today, please let me know. If you and your family might need some extra support. A Public Health Nurse will contact you to talk about services that may be available to you."

Additional Information for Selected Questions

All questions are grounded in evidence and are reflective of the identification of potential risk. References are available upon request.

The following provides additional tips for completing specific questions.

Section A: Pregnancy and Birth (Questions 1-12)

5) Please complete even if scores are provided.

6) Health conditions/medical complications during pregnancy that ***impact*** infant.
Include: diabetes, eclampsia, congenital herpes, rubella, HIV, Hepatitis B, abruption placenta.

7) Complications during labour and delivery.
Include: labour that required mid forceps, including breech delivery or emergency caesarean due to complications. Infant trauma or distress including respiratory distress syndrome and convulsions.

9) Evidence demonstrates that 100 cigarettes is the threshold for establishing Nicotine addiction.

10) Ask every mother about her alcohol use throughout her pregnancy. Discussing alcohol use and fetal development with all women normalizes discussion of this issue and introduces a harm reduction approach to prevention.

11) Maternal drug use during pregnancy
Include: illegal drug use during pregnancy and prescription drugs that impact on activities of daily living or are teratogenic. Exclude: non-teratogenic prescription drugs and small amounts of over-the-counter drugs.

Section B: Family (Questions 13-22)

15) Include previous loss at any stage of pregnancy and at any age, includes loss of a twin, stillbirth, miscarriage, and abortion due to complications.

16) Include if mother identifies herself as sole primary caregiver for child (include unmarried, separated, widowed, divorced and common-law relationship less than one year).

20) Include confirmed congenital or acquired health challenge with probability of permanent disability (e.g. vision or hearing impairment, Down's Syndrome, birth asphyxia, etc.). If a suspected health challenge exists then "A" should be checked off.

21) Include mothers sent home from hospital while baby is still hospitalized (applies to postnatal period).

22) Question refers to the person that the mother identifies as the secondary caregiver to her current child and can include biological father, boyfriend, her mother, friend.

Section C: Parenting (questions 23-34)

23 & 24) Parenting refers to meeting the baby/child's emotional and social needs (e.g. providing comfort, responding to needs with warmth and sensitivity, being emotionally and physically available, and appropriate communication). Care refers to meeting the baby/child's basic physical needs (e.g. feeding, diapering, and washing).

25) A mother who is new to Canada, less than 5 years living in Canada, who lacks social supports, or is experiencing social isolation (newcomer is defined as someone new to Canada).

27) Include present or past depression, anxiety or emotional problems. Include if either mother OR father/parenting partner indicates a history of mental illness.

28) Include mental or physical challenge for mother OR father/parenting partner.

29 & 30) Parenting refers to meeting the baby/child's emotional and social needs (e.g. providing comfort, responding to needs with warmth and sensitivity, being emotionally and physically available, and appropriate communication). Care refers to meeting the baby/child's basic physical needs (e.g. feeding, diapering, and washing).

31) Include distress or conflict between parenting partners (e.g. separation, frequent arguments, presence of physical, verbal, emotional or sexual abuse in the home). This could be broadly defined as either by direct observation or expressed by the client.

Note: Screening questions related to partner violence should not be asked with partner present with client.

32) Include family's past or present involvement with Child Protection Services. Exclude involvement of client or parenting partner with Child Protection Services when they were a child.

33) Consider client's perception of difficulty managing the baby/child's behavior *(eg. Temper tantrums, excessive crying, biting, etc.)*

34) Include inappropriate or lack of response when baby/child is in need of comfort, lack of eye contact or physical contact. This could be broadly defined as either by direct observation or expressed by the client.

Section D: Infant/Child Development (Question 35)

35) This question should be answered in direct response to a developmental concern specifically raised by the parent and should not include parent concerns or questions about the normal care of a newborn or child. Areas of development include vision, hearing and communication, gross and fine motor, cognitive, social/emotional, and self-help. Parental concerns may be identified through the Nipissing Developmental District Screening TM (NDDS) tool that assists parents and caregivers to monitor child development. More information on the NDDS can be found at www.ndds.ca

Section E: Health Care Professional Observations (Question 36)

36) Health care professional's concern(s) includes professional observations of the client and family.

Consent:

The check box for consent refers to verification by the health care provider that the necessary consent has been obtained (as described in PHIPA). Client consent refers to both consent to disclose personal information and personal health information, and consent to participate in the HBHC Program. If client declines further participation in the HBHC Program, cross out participation only.

Signature:

The screen should be signed by the individual who obtains consent from the mother and completes the Screen. If additional information is completed by another practitioner, this individual should provide their initial and signature with designation on the Screen, and initial the responses collected.

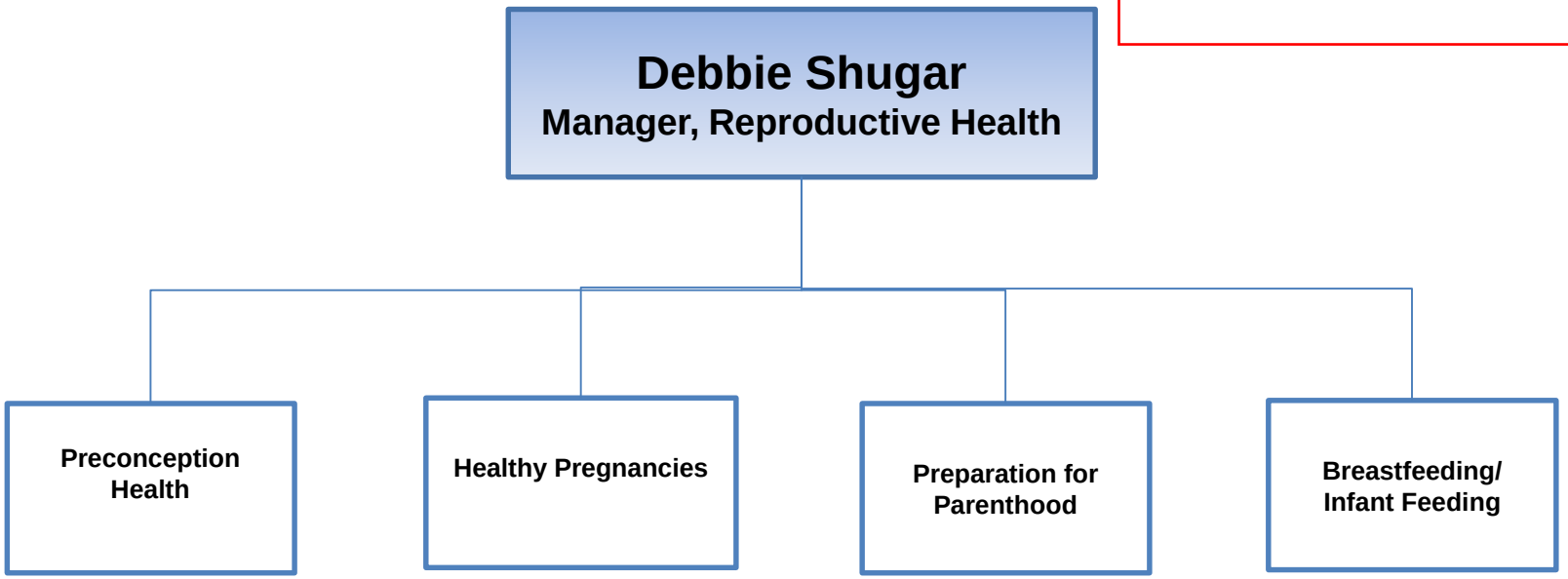
Healthy Start
Reproductive Health

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Total FTEs – 12.5 FTE

Total Budget – $1,368,189

2019-06-20 Board of Health Program Update



Program Highlights:

- Free online prenatal education program for all pregnant women and their supports
- In-person prenatal education and skill-building groups for priority populations (SSFB, PIP, WPG)
- 'Got A Plan? Day' for secondary school students to promote preconception health
- Preconception Health planner
- Up-to-date, credible information on MLHU's website
- Baby-Friendly Initiative designation maintenance
- 20 Hour Breastfeeding Course offered for community professionals
- Preparation for Parenthood session

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 047-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 June 20

PRENATAL HEALTH PLANNING INITIATIVE: UPDATE ON IMPLEMENTATION OF RECOMMENDATIONS

Recommendation

It is recommended that the Board of Health receive Report No. 047-19 re: "Prenatal Health Planning Initiative: Update on Implementation of Recommendations" for information.

Key Points

- Universal access to evidence-informed, local prenatal information is provided through a new online prenatal program, the MLHU website, the Preparation for Parenthood session, and Health Connection.
- Access to in-class group education for identified priority populations is increasing due to community partnerships, resulting in the addition of two to three new sites. Targeted home visiting support has increased with a Public Health Nurse shifted to the Nurse-Family Partnership Team.
- A full implementation plan for the recommendations related to prenatal mental health and wellness will be completed, with implementation underway before the end of the year.

Background

Healthy Start engaged in an evidence-informed planning process to optimize resource allocation related to prenatal health, enhance cohesion in prenatal health programming, and ensure compliance with the 2018 Healthy Growth and Development Standard. Prioritized prenatal health outcomes and priority populations were identified. At the conclusion of the planning process, the Board of Health was informed of the resulting recommendations to optimize public health programming (see Report No. 065-18 re: "Prenatal Health Planning Initiative: Process, Recommendations, and Implications").

Updates on Implementation of Program Recommendations

Universal Prenatal Support and Education

In-person prenatal classes for universal populations were completed on March 31, 2019. The existing online prenatal e-learning program was retired and a new prenatal health e-learning program called InJoy, which includes local content and commences with early pregnancy, was launched in February 2019 after finalizing an annual licensing agreement. Average registration for e-learning from February through May was 40 pregnant women and their support persons per month. A social media advertising campaign is planned for June to increase awareness of the online program. One group prenatal education class on preparing for parenthood continues to be offered monthly to all pregnant women in London and Middlesex County, with approximately 12 couples registering each month. Information about healthy pregnancies has been enhanced and updated on the MLHU website and in all program curricula. The Health Connection telephone service continues to be available for pregnant women to access prenatal health information and support from a Public Health Nurse.

Targeted Prenatal Education and Support

In follow-up to the recommendation to enhance group education and support for pregnant women within priority populations, and as a result of community partnerships, two new sites have been added to the Smart Start for Babies/Prenatal Immigrant Program: one in partnership with the London Intercommunity Health Centre (located in northeast London) and another in collaboration with the South London Neighbourhood Resource Centre (in northwest London). With these two new sites, there are currently eight in total, with another pending in the fall of 2019 (also located in northeast London). Group prenatal health education and support sessions are run weekly; currently 110 women are registered. In addition to increasing the group prenatal sessions for priority populations, early in 2019 one full-time equivalent Public Health Nurse was shifted from the Reproductive Health Team to the Nurse-Family Partnership Team to enhance resource allocation for targeted home visiting.

Prenatal Mental Health

An internal Healthy Start workgroup is following up on the recommendations related to prenatal mental health, including prenatal mental health screening, use of a prenatal mental health self-assessment tool, provision of mental wellness resources on the MLHU website, and needs and opportunities for staff capacity building. A full plan is expected by the fall of 2019, with implementation of recommendations expected to commence this year.

Conclusion

Implementation of the recommendations, resulting from the Prenatal Health Planning Initiative, to optimize public health programming is well underway—in particular, the recommendations related to universal information and support, and targeted programs and services. A full implementation plan for the recommendations related to prenatal mental wellness will soon be in place, with implementation beginning before the end of the year. The evidence-informed planning process will ensure that MLHU meets the OPHS Healthy Growth and Development Standard and Guidelines on healthy pregnancies.

This report was prepared by the Healthy Start Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 048-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 June 20

REVIEW OF PUBLIC HEALTH SERVICES IN MIDDLESEX COUNTY – ACTION PLANNING

Recommendation

It is recommended that the Board of Health receive Report No. 048-19 re: "Review of Public Health Services in Middlesex County – Action Planning" for information.

Key Points

- The Middlesex-London Health Unit (MLHU) made a commitment to review its services in Middlesex County as part of the relocation process.
- A multi-component service review identified stakeholder priorities, current service delivery levels, best practices, and recommendations for improving service.
- Action plans have been prepared for each of the recommendations to ensure that MLHU continues to enhance services to residents of Middlesex County.

Background

A review of services delivered to Middlesex County residents was identified as part of the 2015–20 Strategic Plan. The intention of this review is to align service delivery with the Health Unit's relocation to Citi Plaza and other strategic initiatives, including Activity-Based Workspaces and Intake Lines.

The Review of Services in Middlesex County is to assess:

- The unique social determinants of health specific to Middlesex County;
- Specific public health issues of importance to Middlesex County;
- Opportunities to integrate will multiple levels of community supports;
- The most important public health challenges and assets in Middlesex County; and
- Best practices for public health program and service delivery to a non-urban population.

The comprehensive report with recommendations was presented to the Board of Health and Middlesex County in the fall of 2018.

Overview of the Findings

Overall, the population of Middlesex County is experiencing good health on a number of measures including teen pregnancy, opioid- and cannabis-related emergency department visits, and life expectancy.

Public health issues that warrant attention include chronic diseases, unintentional injuries, and associated behavioral risk factors.

Best practices that were identified for service delivery to non-urban residents included engaging with community stakeholders; collecting, monitoring, and using local data for service planning; leveraging

community assets; and providing services close to residents via outreach, home visits, physical locations, telehealth, and online.

Findings from surveys of municipal councillors and key informants indicated:

- 85% of councillors are very or somewhat familiar with MLHU programs and services;
- For the health topics that MLHU focuses on, 75% of councillors felt they were extremely important or very important;
- Opioids and drug addiction, immunization, and vector-borne disease were the issues of primary concern to the councillors and their residents; and
- 77% indicated that MLHU programs and services are very accessible or somewhat accessible to residents of Middlesex County.

Review Recommendations

MLHU staff developed recommendations that were reviewed by the Board of Health in the fall of 2018, including:

1. Establishing regular communication channels (delegations, newsletters/correspondence) with all municipal councils (upper- and lower-tier);
2. Enhancing staff and programming presence at the Strathroy office;
3. Exploring a partnership with Middlesex County to use comprehensive libraries for program and service delivery;
4. Ensuring MLHU's planning processes take into consideration the public health needs of Middlesex residents and that staff seek input from Middlesex residents;
5. Developing additional data-sharing agreements with local organizations, as required;
6. Developing a community engagement strategy that includes stakeholders identified during asset mapping;
7. Increasing opportunities to deliver services and connect with Middlesex County residents online, over the phone, and via other non-physical means; and
8. Developing mechanisms for the public to provide feedback on how to improve service delivery.

Action Planning

Specific action items, with assigned leads and expected dates of completion or implementation, were developed by the Senior Leadership Team. These can be found in Appendix A.

Next Steps

MLHU will be sharing the action plans with Middlesex County Council on June 25, and many of the identified action items have commenced or will commence shortly.

This report was prepared by the Healthy Organization Division.

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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Review of Public Health Services in Middlesex County
Action Planning

#	Recommendation	#	Action Item	Lead	Expected Date of Completion / Implementation
1	**Establish regular communication channels (delegations, newsletters / correspondence) to all municipal councils (upper and lower tier)**	1	*Develop Board of Health Governance Policy for Relationships with Other Health Service Providers and Key Stakeholders that outlines regular communication channels*	o Manager, Privacy, Risk and Governance o Manager, Program Planning and Evaluation o Manager, Communications o Manager, Health Equity and Indigenous Reconciliation	On hold pending public health restructuring
1		2	*Schedule and conduct regular delegations to all municipal councils (at least once every two years)*	o MOH / CEO o Senior Leadership Team	2020 - Q4
1		3	*Board of health updates sent as correspondence following each board meeting*	o MOH / CEO o Executive Assistant to the Board of Health	2019 - Q4
1		4	*Provide informational packages about public health to all municipal candidates running for municipal council*	o Executive Assistant to the Board of Health	2022 - Q4
2	**Enhance staff and programming presence at the Strathroy office**	5	*Ensure intake line project considers a dedicated staff person in Strathroy to provide in-person and over the phone service*	o Intake Line Project Team	2020 - Q1
2		6	*Identify programs and make changes that could enhance programming to meet community health needs*	o Program Planning and Evaluation Team o Program Teams	2019 - Q4
3	**Explore a partnership with Middlesex County to utilize comprehensive libraries for program and service delivery**	7	*Identify current leases and other spaces that are utilized across Middlesex County*	o Manager, Procurement and Operations	2020 - Q2
3		8	*Identify an MLHU lead to act as the liaison with Middlesex County Library*	o Manager, Procurement and Operations	2019 - Q3
3		9	*Identify programs that could enhance service delivery through the use of comprehensive libraries*	o Program Planning and Evaluation Team o Program Teams	2019 - Q4

#	Recommendation	#	Action Item	Lead	Expected Date of Completion / Implementation
4	**Ensure MLHU's planning processes takes into consideration the public health needs of Middlesex residents and that staff seek input from Middlesex residents**	10	*Revise the planning and evaluation framework (PEF) to consider the public health needs of county residents* *o Situational Assessment Stage Guide* *o Population Health Assessment and Surveillance Tool* *o Program Description* *o Intervention Description* *o Engage Stakeholders Concept Guide* *o Stakeholder Analysis Tool*	o Program Planning and Evaluation Team o Population Health Assessment and Surveillance Team	2019 - Q3
4		11	*Disaggregation of data to allow for identification of needs for different areas of Middlesex County*	o Population Health Assessment and Surviellance Team	Ongoing
4		12	*Seek input from Middlesex residents on programming decisions*	o Program Teams	Ongoing
5	**Develop data sharing agreements with local organizations**	13	*Catalogue existing data sharing agreements and establish a process for developing new agreements*	o Manager, Privacy, Risk and Governance	2019 - Q3
5		14	*Identify organizations with whom data sharing would enhance MLHU planning*	o Population Health Assessment and Surviellance Team	2019 - Q4
5		15	*Engage with organizations to establish data sharing agreements*	o TBD	Ongoing
5		16	*Use data in ongoing MLHU planning*	o Program Teams o Population Health Assessment and Surviellance Team o Program Planning and Evaluation Team o Health Equity Core Team	Ongoing
6	**Develop a community engagement strategy that includes stakeholders identified during asset mapping**	17	*Develop policy for Community Engagement*	o Manager, Privacy, Risk and Governance o Manager, Program Planning and Evaluation o Manager, Communications o Manager, Health Equity and Indigenous Reconciliation	2019 - Q4

#	Recommendation	#	Action Item	Lead	Expected Date of Completion / Implementation
6		18	*Develop community partner inventory to assist programs with identifying stakeholders for community engagement*	o Program Planning and Evaluation Team	2019 - Q4
7	**Increase opportunities to deliver services and connect with Middlesex County residents online, over the phone and through other non-physical means**	19	*Consider additional services available online and over the phone that are not currently offered*	o Intake Line Project Team o Program Teams	Ongoing
8	**Develop mechanisms for the public to provide feedback on how to improve service delivery**	20	*Implementation of the Client Experience Surveys*	o Client Experience and Community Partner Experience Project Team o Program Planning and Evaluation Team	2020 - Q4

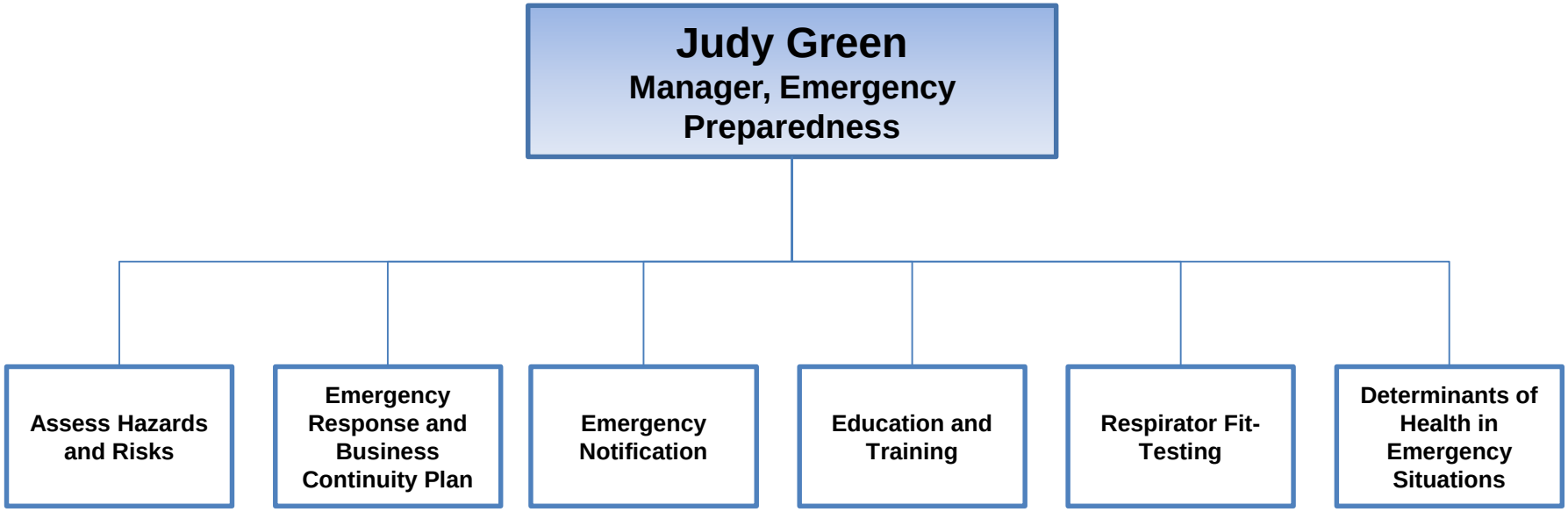
Environmental Health and Infectious Disease Emergency Management

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Total FTEs – 1.50 FTEs

Total Budget – $180,848

2019-06-20 Board of Health Program Update



Program Highlights:

- The Emergency Preparedness program is responsible for ensuring Public Health programs are able to respond quickly to emerging population health threats using Incident Management Systems (IMS) principles
- Establishes strong links with community emergency response agencies
- Maintains a team of emergency volunteers to support community health incidents (CERV)
- Supports business continuity planning
- Provides fit testing for N-95 respirators to MLHU
- Ensures compliance with MHLTC Emergency Management PHO Standards: Requirements for Programs, Services and Accountability Foundational Standards

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 049-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 June 20

SUMMARY INFORMATION REPORT – JUNE 2019

Recommendation

It is recommended that Report No. 049-19 re: "Summary Information Report – June 2019" be received for information.

Key Points

- The Middlesex London Health Unit has been invited to participate on the advisory committee for the development of the Community Safety and Well-Being (CSWB) Plan for the City of London.
- The CSWB Plan is intended to achieve the ideal state of a sustainable community where everyone is safe, has a sense of belonging and access to services, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.
- As the single health care organization designated to support this initiative, MLHU plays an important role in engaging the broader health care sector in developing and implementing the Plan.

The City of London CSWB Plan

On January 1, 2019, the Ontario government mandated that municipalities prepare and adopt a Council-approved plan for Community Safety and Well-Being (CSWB) by January 1, 2021. Each plan must be led by an advisory committee comprising of representatives from local government, police services, health/mental health, education, social services, and community and custodial services for children and youth. The City of London has asked the Health Unit to represent the health sector on the advisory committee for this initiative.

A CSWB Plan is intended to encourage an integrated approach to service delivery by working with a variety of organizations across various sectors, agencies, and institutions. The plan will be developed proactively and will implement evidence-based strategies and programs that will address local priorities related to crime and complex social issues on a sustainable basis and in an effort to ensure that London is prepared for the ever-changing demands for resources in our community. The primary role of the advisory committee will be to bring various sectors' perspectives together to provide strategic advice and direction to the municipality on developing and implementing its plan. The City of London will lead the advisory committee through a collaborative process to develop and implement the CSWB Plan. The advisory committee will engage the broader community in efforts to support the Plan's development and implementation.

Further information can be found on the Ministry of the Solicitor General's website.

This report was prepared by the Emergency Preparedness Team, Environmental Health and Infectious Diseases Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 050-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 June 20

MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR JUNE

Recommendation

It is recommended that the Board of Health receive Report No. 050-19 re: "Medical Officer of Health Activity Report for June" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of May 6, 2019, to June 6, 2019.

May 6	Monthly phone meeting with Brian Schwartz, Vice-President, Public Health Science, Public Health Ontario (PHO) Phone meeting with Ministry of Health and Long-Term Care (MOHLTC) and Regional HIV/AIDS Connection in regard to London Consumption and Treatment Services (CTS) application Met with Michael Meagher, Chief of Staff, City of London, to discuss matters of public health interest
May 7	Board of Health agenda review with Chair Fulton Met with Dr. Sally Getgood, Director, Getgood Health Inc., to discuss computer software
May 8	Chaired meeting of the Council of Medical Officers of Health (COMOH) Executive Committee Phone meeting with MOHLTC and Regional HIV/AIDS Connection in regard to London CTS Application Participated in interview to provide input into the strategic plan for LondonCares Interviewed by Norm DeBono, *London Free Press*, in regard to CTS
May 9	Participated, with Health Unit staff, in the alPHa Fitness Challenge
May 10	Phone meeting with co-presenters to plan for an alPHa conference plenary session
May 13	Attended a meeting at City Hall to discuss budget-related items Interviewed by Daryl Newcombe, CTV News, Jen Bieman, *London Free Press*, and Amanda Margision, CBC, in regard to public health boundaries
May 14	Interviewed by Scott Kitching, FreeFM, and Craig Needles, AM980, in regard to public health boundaries Phone meeting with co-presenters of an alPHa conference plenary session for planning purposes
May 15	Attended session four of the "Leading from the Inside Out: Transforming Leadership" program delivered by Pillar Nonprofit Network Chaired COMOH meeting to discuss public health budgets and boundaries

May 16	Attended "Create Your Own Workplace Wellness" session facilitated by Tasha Shields Participated in the Board of Health Fitness Challenge Attended the Board of Health meeting
May 17	Attended a presentation of videos produced by and about the clients of London's Temporary Overdose Prevention Site (TOPS) Lunch meeting with Michelle Baldwin, Executive Director, Pillar Nonprofit Network, to discuss matters of public health interest
May 21	Interview in regard to being nominated for an International Association of Business Communicators (IABC) Jubilee Award (the 2019 Outstanding Communicator Award)
May 22	Met, at City Hall, with Adam Thompson, Government and External Relations, City of London Phone meeting with Liz Walker, MOHLTC, in regard to funding
May 23	Conference call with members of the Ontario Fall Prevention Collaborative Attended the quarterly meeting of South West Medical Officers of Health and CEOs at the Huron County Health Unit
May 24	Attended a meeting of the Public Health Technical Table group in Toronto
May 27	Attended a tour of the Citi Plaza location with Board of Health members and staff
May 30	Attended the Youth Opportunities Unlimited (YOU) board meeting Met with Jesse Rodger, Executive Director, Anova Lunch meeting with Abe Oudshoorn, Assistant Professor, Arthur Labatt School of Nursing, Western University Attended meeting regarding a YMCA outdoor play initiative funded by Lawson Foundation and Trillium Foundation and evaluated by Western University Phone meeting with Craig Mitton to discuss the Prioritize software used in the Program Budgeting and Marginal Analysis (PBMA) process
May 31	Met with Sandra Datars Bere, Managing Director, Housing, Social Services and Dearness Home, City of London
June 3	Met with Lore Wainwright, Director, Pillar Nonprofit Network Met with Chair Fulton, Board of Health Met with leadership from neighbouring health units to discuss modernization issues Interviewed by several media outlets in regard to the announcement that the 446 York Street CTS will not be moving forward as anticipated
June 4	Participated in training session with Senior Leaders, facilitated by Laura Cole, Your Latitude Met with Shannon Sibbald, Assistant Professor, School of Health Studies, Faculty of Health Sciences, Western University
June 5	Teleconference regarding the "Future State of Public Health" presentation for the alPHa conference
June 6	Attended the Finance & Facilities Committee meeting

Interviewed by Megan Stacey, *London Free Press*, in regard to the Health Unit's work to advocate for a CTS in London
Met with Laura Cole, Your Latitude, to discuss the upcoming Board of Health change management session
Teleconference in regard to London's CTS application
Attended the International Association of Business Communicators (IABC) Jubilee Awards and received the IABC 2019 Outstanding Communicator Award

This report was submitted by the Office of the Medical Officer of Health.

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

CORRESPONDENCE – June 2019

a) Date: 2019 May 1, 2019
Topic: 2019 Provincial Budget
From: Hastings Prince Edward Public Health
To: The Honourable Doug Ford, The Honourable Christine Elliott

Background:

On May 1, 2019, the Board of Health for Hastings Prince Edward Public Health wrote to Premier Ford and Minister Elliott expressing concerns regarding the implications of the 2019 Provincial Budget. Hastings Prince Edward Public Health urges the provincial government to consult with existing Boards of Health and the municipalities they represent prior to implementing any changes. It is also recommended that the province postpone any changes to the funding formula until after the regional model is in place.

Recommendation: Receive.

b) Date: 2019 May 1
Topic: 2018 Annual Report and Accountability Monitoring Report
From: Public Health Sudbury & Districts
To: All Public Health Units

Background:

On May 1, 2019, Public Health Sudbury & Districts released their 2018 Annual Report: Foundations for Health as well as their 2018 Accountability Monitoring Report.

Recommendation: Receive.

c) Date: 2019 May 2
Topic: Association of Municipalities of Ontario (AMO) President's Statement
From: Association of Local Public Health Agencies (alPHa)
To: All Board of Health Members, All Medical Officers of Health

Background:

On May 2, 2019, the Association of Municipalities of Ontario (AMO) announced changes to the Heritage Act and the Ontario Building Code, intended to increase Ontario's supply of affordable housing and provide a greater range of housing types. At this time AMO shared that they did not have any additional details for public health and ambulances services following the provincial budget announcements.

Recommendation: Receive.

d) Date: 2019 May 1
Topic: Modernization of Alcohol Sales in Ontario
From: Peterborough Public Health

To: The Honourable Doug Ford

Background:

On May 1, 2019, the Board of Health for Peterborough Public Health wrote to Premier Ford to call upon the provincial government to develop a comprehensive, province-wide strategy to minimize alcohol-related harm and support safer consumption of alcohol in the province. Refer to correspondence item k) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

e) Date: 2019 May 3
Topic: Managed Opioid Programs
From: Peterborough Public Health
To: The Honourable Christine Elliott

Background:

On May 3, 2019, the Board of Health for Peterborough Public Health wrote to Minister Elliott to call upon the provincial government to enhance its current response to the opioid poisoning crisis and provide operational and capital funding to support the implementation of Managed Opioid Programs (MOPs) in Peterborough. MOPs have demonstrated effectiveness in other Canadian regions as a treatment option and have the potential to be an impactful tool for communities such as Peterborough.

Recommendation: Receive.

f) Date: 2019 April 29
Topic: 2019 Provincial Budget
From: Renfrew County and District Health Unit
To: The Honourable Doug Ford, The Honourable Christine Elliott

Background:

On April 29, 2019, Renfrew County and District Health Unit's Board of Health wrote to Premier Ford and Minister Elliott expressing the views of the board members regarding the implications to the public health system following the provincial budget announcement on April 11, 2019. The Board asks the provincial government to reconsider the funding reduction and ensure that distances are manageable with respect to public health restructuring.

Recommendation: Receive.

g) Date: 2019 May 7
Topic: alPHa Resolutions for Consideration at June 2019 Annual General Meeting
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health

Background:

On May 7, 2019, The Association of Local Public Health Agencies (alPHa) released the alPHa resolutions for consideration at the June 2019 Annual General Meeting taking place on June 10, 2019 in Kingston, Ontario.

Recommendation: Receive.

h) Date: 2019 May 7
Topic: alPHa Activities – Public Health System Modernization
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health, All Medical Officers of Health

Background:

On May 7, 2019, Association of Local Public Health Agencies (alPHa) provided an update on responses to the provincial government's plan to modernize Ontario's health units, which were announced in the 2019 Ontario Budget. The foundation of alPHa's messages has been to emphasize the value of public health and demonstrable return on investment. A dedicated 2019 Public Health Modernization resource page has been set up.

Recommendation: Receive.

i) Date: 2019 May 6
Topic: Support for Bill 60
From: Grey Bruce Health Unit
To: The Honourable Doug Ford, The Honourable Christine Elliott, The Honourable Lisa MacLeod

Background:

On May 6, 2019, the Board of Health for Grey Bruce Health Unit passed a motion in support of Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. Refer to correspondence item l) in the March 21, 2019 Board of Health agenda.

Recommendation: Receive.

j) Date: 2019 May 6
Topic: Support for alPHa Report: Improving and Maintaining the Health of the People
From: Grey Bruce Health Unit
To: The Honourable Christine Elliott

Background:

On May 6, 2019, Grey Bruce Health Unit's Board of Health passed a motion to support correspondence from Simcoe Muskoka District Health Unit supporting the alPHa report, *Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine*. Refer to correspondence item d) in the April 18, 2019 Board of Health agenda.

Recommendation: Receive.

k) Date: 2019 May 6
Topic: Support for Bill 60
From: Grey Bruce Health Unit
To: The Honourable Christine Elliott, The Honourable Lisa MacLeod

Background:

On May 6, 2019, Grey Bruce Health Unit's Board of Health passed a motion supporting the correspondence from Peterborough Public Health urging the passing of Bill 60. Refer to correspondence item b) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

l) Date: 2019 May 10
Topic: Update to Board of Health Members
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health

Background:

On May 10, 2019, the Association of Local Public Health Agencies (alPHa) provided an updated to Board of Health members regarding the 2019 Ontario Budget and the public health system restructuring. Following the budget announcements alPHa issued a position statement and a news release. The Executive Committee, the Council of Medical Officers of Health (COMOH) and Board of Health Chairs have held several emergency meetings to strategize on next steps.

Recommendation: Receive.

m) Date: 2019 May 9
Topic: Bill S-228, the Child Health Protection Act
From: Peterborough Public Health
To: Senate of Canada

Background:

On May 9, 2019, the Board of Health for Peterborough Public Health wrote to the Senate of Canada urging the expedited passing of Bill S-228, the Child Health Protection Act, which bans food and beverage marketing to children under 13. Refer correspondence item i) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

n) Date: 2019 May 15
Topic: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott

Background:

On May 15, 2019, the Windsor-Essex County Health Unit's Board of Health wrote to Minister Elliott in support of Peterborough Public Health's call to action regarding the strengthening of the Smoke-Free Ontario Act, 2017 to address the promotion of vaping. Refer to correspondence item n) in the March 21, 2019 Board of Health agenda.

Recommendation: Receive.

o) Date: 2019 May 21
Topic: Association of Municipalities of Ontario (AMO) Budget Bulletin #3
From: Association of Municipalities of Ontario (AMO)
To: Al Health Units

Background:

On May 21, 2019, the Association of Municipalities of Ontario (AMO) provided an update on the Ontario Budget impacts, including changes and impacts to public health. The Ministry of Health and Long-Term Care (MOHLTC) completed its one-on-one confidential discussions with each health board and committed to consulting on the specific boundaries of the ten (10) proposed new regional health entities. The MOHLTC has committed to involving AMO in the discussion on the restructuring of public health.

Recommendation: Receive.

p) Date: 2019 May 21
Topic: Smoke-Free Multi-Unit Dwellings
From: Windsor-Essex County Health Unit
To: The Honourable Justin Trudeau

Background:

On May 21, 2019, the Board of Health for Windsor-Essex County Health Unit advised Prime Minister Trudeau that a Resolution was passed regarding Smoke-Free Mulit-Unit Dwellings. The Windsor-Essex County Health Unit endorses actions and policies that reduce exposure of second-hand smoke in multi-unit housing, including cannabis smoke and vaping of any substance in the definition of smoking.

Recommendation: Receive.

q) Date: 2019 May 21
Topic: Modernization of Alcohol Retail Sales in Ontario
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott

Background:

On May 21, 2019, Windsor-Essex County Health Unit's Board of Health wrote to Minister Elliott in support of Simcoe Muskoka District Health Unit's request to the Government of Ontario to develop a comprehensive provincial alcohol strategy to mitigate harms and monitor the health impacts of the

increasing access and availability of alcohol in Ontario. Refer to correspondence item k) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

r) Date: 2019 May 23
Topic: Health Promotion as a Core Function of Public Health
From: Kingston, Frontenac and Lennox & Addington Public Health
To: The Honourable Christine Elliott

Background:

On May 23, 2019 the Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed a motion to strongly urge the Government of Ontario to maintain the current health promotion mandate of local public health units and consult with Medical Officers of Health should changes to the health promotion mandate, functions of local public health units or entities be considered.

Recommendation: Receive.

s) Date: 2019 May 27
Topic: AMO Policy Update – Welcome Fiscal Relief for This Year
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health, All Medical Officers of Health

Background:

On May 27, 2019, the Association of Municipalities of Ontario (AMO) released an update regarding the announcement that the Province is reversing the in-year cuts (including those to public health) announced following the 2019 Provincial Budget.

Recommendation: Receive.

t) Date: 2019 May 28
Topic: Public Health Modernization: Getting it Right!
From: Peterborough Public Health
To: All Health Units

Background:

The Board of Health for Peterborough Public Health passed a motion that the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished to achieve budget reduction targets. Peterborough Public Health calls upon the Ontario government to delay implementation of any organizational and financial changes to local public health until April 1, 2021 with a commitment to engage in meaningful consultation over the next eighteen (18) months.

Recommendation: Receive.

u) Date: 2019 May 27
Topic: 2019 Provincial Budget
From: Brant County Health Unit

To: The Honourable Doug Ford, The Honourable Christine Elliott

Background:

On May 27, 2019, Brant County Health Unit's Board of Health wrote to Premier Ford and Minister Elliott expressing concerns regarding implications of the 2019 budget. The proposed reduction in funding for public health services represents a significant strain on the ability of local public health units to continue to deliver on its mandate.

Recommendation: Receive.

v) Date: 2019 May 17
Topic: Protecting York Region's School Children through Immunization
From: York Region
To: Ms. Trish Fulton, Middlesex-London Health Unit, Board of Health Chair

Background:

On May 17, 2019, York Region wrote to the Board Chair of the Middlesex-London Health Unit advising that the Regional Council adopted recommendations to endorse the position of the Council of Ontario Medical Officers of Health (COMOH) in support of a seamless immunization registry. This registry would allow healthcare providers to input immunization information at the time of vaccine administration. The Immunization Act would be enhanced if the provincial government were to create a provincial electronic medical record to be merged with the existing Digital Health Immunization Repository.

Recommendation: Receive.

w) Date: 2019 May 28
Topic: North East Public Health Regional Boundaries – Modernization of the Ontario Public Health System
From: Public Health Sudbury & Districts
To: The Honourable Doug Ford

Background:

On May 28, 2019 the Board of Health for Public Health Sudbury & Districts carried a resolution to endorse the position of the Board of Health for Simcoe Muskoka District Health Unit that the organization of their public health services remains intact as they transition to the new regional public health entity. It is argued that the demographics, socioeconomic status, health status and referral patterns of the Muskoka District are distinct from existing public health units in the region that would form the proposed new public health entity for northeastern Ontario.

Recommendation: Receive.

x) Date: 2019 May 31
Topic: alPHa Update to Members: Public Health Modernization
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health, All Medical Officers of Health

Background:

On May 31, 2019, the Association of Local Public Health Agencies (alPHa) provided an update on the province's plan for Public Health Modernization. These updates include: 1) the Ministry of Health and Long-Term Care is consulting with the public health sector on aspects of the new regional public health approach to form legislation 2) alPHa Executive is representing the Association on a Public Health Technical Table to serve as a point of contact for members during consultation 3) alPHa is working to ensure it provides expertise and advice to the government on a legal approach 4) Dr. David Williams, Chief Medical Officer of Health for Ontario will be speaking at the 2019 Annual General Meeting and Conference on June 11th 5) Through the Public Health Technical Table, a process for broader consultation with membership will be discussed.

Recommendation: Receive.

y) Date: 2019 June 3
Topic: Return on Investment – Early Child Development
From: Niagara Region Public Health
To: Council of Medical Officers of Health (COMOH)

Background:

On June 3, 2019, the Associate Medical Officer of Health for Niagara Region shared a briefing note related to Early Child Development – Return on Investment (ROI) as presented by the Public Health Early Years Group (PHEY). The PHEY serves as an advisory and workgroup that includes senior management from across Ontario Public Health Units and Public Health organizations. The findings from a rapid review of the literature conducted by PHEY found that investing in quality early childhood services and programs, especially for those most disadvantaged, results in long term health and socioeconomic benefits to the individual and society. ROI translates into lower costs to government and better outcomes for the population.

Recommendation: Endorse.

z) Date: 2019 May 15
Topic: Request to Permit Emergency Medical Service (EMS) to Distribute Naloxone Kits
From: Wellington Dufferin Guelph Public Health
To: The Honourable Christine Elliott

Background:

Guelph-Wellington Paramedic Services is exploring using paramedics to distribute naloxone kits to patients at the point of contact during responses to 911 calls. Currently, paramedics are able to administer naloxone but cannot provide naloxone kits and education for patients or their close contacts for future emergency use. The Board of Wellington-Dufferin-Guelph Public Health has supported writing to the Minister of Health and Long-Term Care requesting that the list of agencies that can distribute and provide training for naloxone kits be expanded to include Paramedic Services. MLHU has had informal conversations with Middlesex-London Paramedic Services to explore a similar initiative but has encountered the same barrier. This expansion of the agency list would provide for a further, more targeted approach to the distribution of naloxone.

Recommendation: Endorse.

HASTINGS PRINCE EDWARD
Public Health

Main Office – Belleville
179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 |1-800-267-2803 | **F:** 613-966-9418
TTY: 711 or 1-800-267-6511
www.hpepublichealth.ca

May 01, 2019

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)

Dear Premier Ford and Minister Elliott,

On behalf of Hastings Prince Edward Board of Health we are writing you today to express our concerns regarding the implications of the 2019 Provincial Budget, as well as to affirm our ability to contribute to Ontario's plans to modernize public health.

While we recognize the need to implement a sustainable public health system in Ontario, we are urging you to implement any changes in a manner that does not jeopardize the health and safety of our communities and is based on consultation with existing Boards of Health and the municipalities that they represent. We acknowledge that there is potential for administrative and program efficiencies by moving to 10 regional public health entities, however, we have concerns regarding the timing and method of implementation. We are seeking additional information as soon as possible to determine how to address proposed changes effectively and ensure continuity of services in our communities. Until we have details regarding the regional boundaries, service expectations, and funding, it is impossible for us to plan in a meaningful way. We urge you to engage in comprehensive consultation with public health to clarify plans and expectations. With this information, we will be able to work collaboratively and proactively to develop a vision for the future of public health.

We are strongly recommending that the province postpone any changes to the funding formula, to ensure that public health services are not put at risk. As municipal budgets have already been set for 2019, increasing tax levies to accommodate for retroactive and unexpected changes to the funding formula is not an option. We recommend that any changes to the cost sharing formula be postponed until after the regional model is in place, which will allow us to be proactive in identifying efficiencies and opportunities within the new structure. The stability and security of provincial funding is critical to ensure the health and safety of our communities is maintained while we adapt to any structural changes.

We will adjust the way we deliver our programs and services to adapt to a new structure and funding model. We are critically reviewing the way we deliver our programs and services

to determine how we can adapt to a new model. We will work with the Ministry and our municipal partners to prioritize the delivery of core functions as changes in funding and structure are implemented. However, we need information as soon as possible regarding the new regional boundaries and the parameters that will guide decisions to grant exemptions to the provincial standards in order to proceed with planning.

The work of Public Health continues to be essential to the long-term sustainability of the health care system, by protecting the health of the population and preventing disease and injury before it occurs. The Hastings Prince Edward Board of Health looks forward to working with the Ministry to determine how we can effectively modernize public health in Ontario, while concurrently maintaining a strong investment in programs and services that will help reduce cost and strain on the health care system in the future.

Sincerely,

Jo-Anne Albert, Chair
Hastings Prince Edward Board of Health
Mayor, Municipality of Tweed,

Piotr Oglaza MD, CPHI (C), MPH, CCFP, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health

2018

FOUNDATIONS FOR HEALTH

Annual Report

Public Health
Santé publique
SUDBURY & DISTRICTS

CONTENTS

VISION

Healthier communities for all.

MISSION

Working with our communities to promote and protect health and to prevent disease for everyone.

MESSAGE FROM DR. PENNY SUTCLIFFE

Medical Officer of Health and Chief Executive Officer

2018 was a foundational year for Public Health Sudbury & Districts. We worked hard to connect with local partners and create collective opportunities for health, and we implemented fundamental changes to public health at both the local and provincial levels.

Thanks to the contributions and input from many stakeholders, clients, staff, and members of the Board of Health, we developed and launched our *2018–2022 Strategic Plan*. Our values—humility, trust, and respect—resonate as we continue to work to improve opportunities for health for all. The work of Public Health is foundational to community well-being and prosperity. Our new name and visual identity help draw attention to our efforts and possibly encourage others to connect with Public Health.

Provincially, the release of the *Ontario Public Health Standards* introduced new requirements, which created opportunities for us to reinforce our programing and enhance our services. Specifically, our deliberate efforts on mental health promotion and the prevention and early identification of mental illness reflect how public health adapts and responds to community needs. The *Indigenous Engagement Strategy*, developed in strong collaboration with local Indigenous community partners and stakeholders, highlights our commitment to working with others to find our path together toward health.

Several evolving public health priorities present unique and growing challenges for the people of our region and our province. These include for example, responding to the opioid crisis, ending poverty, and addressing climate change. To do this work, we ground ourselves in evidence and effective public health practice. Most importantly, we help surface and understand the needs of people who are most vulnerable and value the perspectives of people with lived experience to inform and improve our service delivery.

I am proud to present the work of Public Health Sudbury & Districts and extend my thanks to our staff for their dedication to promote and protect health in our communities and my gratitude to the Board of Health Chair and members for their steadfast leadership.

Dr. Penny Sutcliffe

MESSAGE FROM RENÉ LAPIERRE

Chair, Board of Health for Public Health Sudbury & Districts

Last year truly highlighted the collaborative nature of Public Health Sudbury & Districts as being essential in fulfilling our role of keeping individuals and our communities healthy and safe. Our people are our greatest strength—providing vital professional client-centred services, oftentimes behind the scenes.

Together, we can be proud of launching our new Strategic Plan, which will guide our work over the next five years. Public Health consulted with a broad audience, and the plan is crafted to ensure diverse perspectives from staff, clients, and community partners are reflected. Our values of trust, respect, and humility continue to resonate. By working collaboratively with partner agencies from various sectors, our community can trust Public Health to accomplish the mandate approved by the Board of Health and guided by the Strategic Plan.

Comprehensive plans like the new *Indigenous Engagement Strategy*, result from widespread external partnerships. It's also important to recognize the collaboration and dynamism that exists internally within Public Health. Our teams work together to respond to the health needs of our community and continually develop opportunities to improve health for everyone.

Our people set us apart, and I would like to take this opportunity to recognize and thank Dr. Penny Sutcliffe for her strong leadership. Under her guidance, Public Health Sudbury & Districts never fails to deliver healthy solutions and will continue to rise to the challenges that face us.

I am proud to serve as Board Chair and am pleased to present the 2018 Annual Report.

René Lapierre

Board of Health

LEFT TO RIGHT: Nicole Sykes, Robert Kirwan, Thoma Miedema, James Crispo, Carolyn Thain, Rachel Quesnel (Secretary to the Board of Health), Dr. Penny Sutcliffe (Medical Officer of Health and Chief Executive Officer), Paul Vincent Myre, René Lapierre (Chair), Ken Noland, Jeffery Paul Huska (Vice-Chair), Mark Signoretti, Maigan Bailey, Rita Pilon, Janet Bradley
ABSENT: Monica Loftus

ONLINE IMMUNIZATION REPORTING

News stories about outbreaks of diseases that are prevented by vaccines reinforce the value of immunizations and the importance of being up-to-date with the immunization schedule. The online reporting and tracking tool—*Immunization Connect Ontario*—allows users to easily access and update their immunization records. The tool is accessible from anywhere. Six hundred and twenty-six (626) people in our service area used the system to submit 2 877 online entries for immunizations they received through their health care providers, and they accessed 2 072 digital records. Through our own immunization clinics, we provided 17 017 vaccines.

626 clients submitted **2 877** immunization records.

We supported **1 193** women who came to our breastfeeding clinics in Sudbury and Val Caron.

BREASTFEEDING

Our free in-person and telephone breastfeeding services are offered to women throughout the Sudbury and Manitoulin districts. For our telephone support program, we train mothers who have experience breastfeeding and match them with clients who are in need. Trained mothers provide convenient support over the phone. Public health nurses also provide a wealth of knowledge and compassion to mothers who call our Health Information Line for breastfeeding support. The line fielded 1 864 calls, and 50% of those were about breastfeeding.

Through our in-person breastfeeding clinics, certified breastfeeding consultants or specially trained nurses help mothers reach their breastfeeding goals. Our clinics in Sudbury and Val Caron helped 1 193 women. We also offer home visits to clients in other parts of our service area.

FAMILY HEALTH: BUILDING HEALTHY BRAINS

In collaboration with the City of Greater Sudbury, we co-sponsored two workshops on *How Early Relationships Build Healthy Brains for Life* with guest speaker Dr. Chaya Kulkarni, Director of Infant Mental Health Promotion at the Hospital for Sick Children.

The first workshop was geared to and attended by 177 community partners who work with children. The second was for parents and caregivers. The workshops provided participants information about babies' brain development, the formation of mental health in the first few years of life and how early mental health affects future outcomes, and the importance of relationships in overall development.
In addition, 265 child care sector stakeholders learned about brain development and how risk and protective factors influence long-term health outcomes.

- **177 community partners and 26 parents attended co-sponsored workshops on How to Build a Healthy Brain, and 265 child care sector stakeholders learned about brain development and how risk and protective factors influence health outcomes.**

COMMUNITY DRUG STRATEGY

We have worked closely with our community partners in Sudbury, Espanola, Manitoulin, and Sudbury East to develop and put into action community drug strategies. These efforts bring together partners to improve the health, safety, and well-being of individuals and communities by working to reduce the range of harms associated with substance misuse and to motivate action to improve health for everyone.

Collectively, our efforts seek to prevent overdoses in the community, promote safe needle disposal, and reduce stigma across the areas we serve. In 2018, the Community Drug Strategy for the City of Greater Sudbury developed awareness-raising videos to ask people to challenge their assumptions when it comes to drug misuse and to learn how to safely dispose of needles. Three drug alerts were issued over the year to help prevent overdoses and raise awareness. These alerts were triggered by reports about street drugs potentially containing deadly substances such as fentanyl or carfentanil.

- **We launched videos about safe needle disposal and reducing stigma around drug use (9 325 combined views), and distributed 998 naloxone kits and 222 refills.**

LOUISE PICARD PUBLIC HEALTH RESEARCH GRANT

Since its launch, the Louise Picard Public Health Research Grant has supported 51 projects and provided over $232,000 in funding. In 2018, six research projects received grants.

The grants encourage partnerships between academic and public health researchers to explore topics of mutual interest. Funded by Laurentian University and Public Health Sudbury & Districts, the Grant was established in 2003 as the Public Health Research Initiative and then renamed in 2006 in honour of Dr. Louise Picard's contributions to innovative partnerships.

Each grant, valued at up to $5,000, is awarded to partnering researchers from Public Health Sudbury & Districts and Laurentian University who are working to address public health issues relevant to local communities. The collaborations provide an opportunity for partners to learn from one another: Public Health staff gain experience to build their research skills, and Laurentian University faculty learn from practitioners and conduct grounded research.

The Louise Picard Public Health Research Grant, a collaboration between Public Health and Laurentian University, funded 6 research projects.

Left to right:
Dr. Céline Larivière (Interim Dean, Faculty of Health, Laurentian University), Dr. Louise Picard, Dr. Penny Sutcliffe

RAPID RISK FACTOR SURVEILLANCE SYSTEM

Measuring and understanding the health of our local populations is one of the first steps toward improving it. The Rapid Risk Factor Surveillance System is an ongoing telephone survey run by a group of public health units in Ontario. The survey collects information from our residents about smoking, physical activity, alcohol use, sun safety, injuries, immunization, and more. Collecting this information helps us to better understand the health and health behaviours of our residents. We reached 1 750 area residents in 2018. The data was used to inform 22 reports across 83 indicators of health to help plan our public health programs and services.

The Rapid Risk Factor Surveillance System surveyed 1 750 area residents, providing data that informs public health programming.

BLUE-GREEN ALGAE

To alert and help keep the public safe, we issued eight water body notifications and two swimming advisories related to blue-green algae blooms. These are also opportunities for us to educate the public about what to do when a bloom is present in a water body.

Blue-green algae (cyanobacteria) are microscopic organisms that can grow in large quantities and form blooms. These organisms are naturally present in our lakes and streams. Some algae produce toxins, and if people or animals are exposed to the toxins in large amounts, there is a potential health risk. Health can be impacted when surface scum or water containing high levels of blue-green algal toxins are swallowed, come into contact with the skin, or when airborne drops (mist) containing toxins are inhaled while swimming, bathing, or showering.

- **We issued 8 blue-green algae advisories to encourage the public to take precautions.**

Blue-green Algae Advisory

Avis : Algues bleu-vert

HEALTH HAZARDS

Healthy environments are critical to the health of individuals and populations. A variety of health hazards in the environment can negatively affect a person's health. Health hazard examples include those related to mould, insects, rodents, housing, spills, or air quality.

Our public health inspectors investigated 534 health hazard complaints, 32 of which resulted in us supporting marginalized populations in collaboration with partner agencies. Inspectors also conducted 301 consultations and issued 6 orders to address health hazards in our communities.

- **We investigated 534 health hazard complaints, 32 of which involved marginalized populations whom we supported in collaboration with partner agencies.**

NORTHERN FRUIT AND VEGETABLE PROGRAM

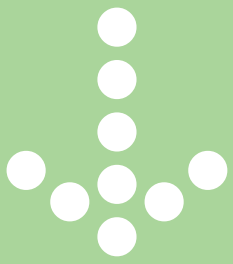
Fruits and vegetables were delivered weekly for **20** weeks to **18 660** students from **86** elementary schools across our service area. Program expansion to **7** First Nation schools meant reaching an additional **901** students.

HEALTHY EATING AND HEALTHY WEIGHTS

We worked with **3** recreation centres to offer healthy canteen menus and trained **159** summer camp staff on *Reach For Your Best (R4YB)* and weight-bias.

SCHOOL HEALTH

We reached **500** students in Greater Sudbury as part of the *Know More Tour* about opioids and engaged with **200** students in the Grade 7 and 8 Mindfulness in Schools Pilot Project.



INDIGENOUS ENGAGEMENT

We launched the *Indigenous Engagement Strategy* for Public Health Sudbury & Districts, *Finding our Path Together – Maamowi Mkamang Gdoo-miikaansminaa – Kahkinaw e mikskamahk ki meskanaw*. Developing the strategy involved **10** manager and director key informant interviews, surveys completed by **135** staff, **4** public health planning roundtables, feedback from **16** managers, and **4** Indigenous Engagement Strategy Advisory Committee meetings held with representation from **11** Indigenous community voices and perspectives.

FALLS PREVENTION

27 new *Stand-Up* facilitators were trained, and **34** *Stand-Up* exercise programs were supported and delivered by community partners reaching a total of **438** older adults.

FOOD PREMISES INSPECTIONS

We conducted **3 844** inspections to ensure food safety and compliance with the *Ontario Food Premises Regulation*.

HIGHLIGHTS

RECREATIONAL WATER INSPECTIONS

We conducted **411** beach inspections on **35** public beaches (weekly), which resulted in **2 220** bacteriological samples being collected and **3** swimming advisories being issued.

ENTERIC OUTBREAKS

We investigated **62** enteric outbreaks.

SEXUAL HEALTH

We offered **6 025** client visits for services related to sexually transmitted infections, bloodborne infections, birth control, and pregnancy counselling.

DENTAL SCREENING AND CLEANING

We screened **8 103** children in school as part of our dental screening programs, of whom **802** received dental cleaning and fluoride treatments.

SOCIAL MEDIA ENGAGEMENT

We reached **946 636** Facebook users and generated **298 341** Twitter impressions.

ONGOING LEARNING

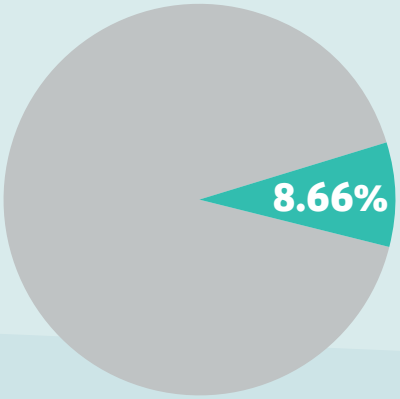
We offered learning opportunities to **93** students from **8** post-secondary institutions, representing **8** disciplines.

POVERTY REDUCTION

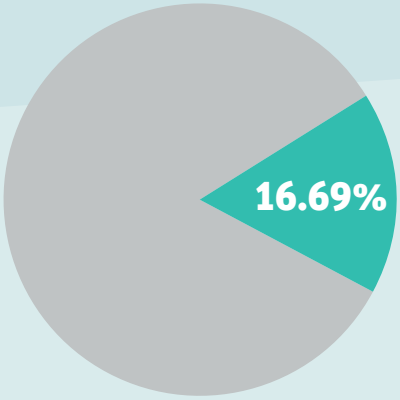
We welcomed **14** partner agencies who committed to the *Partners to End Poverty Steering Committee*.

FINANCIALS

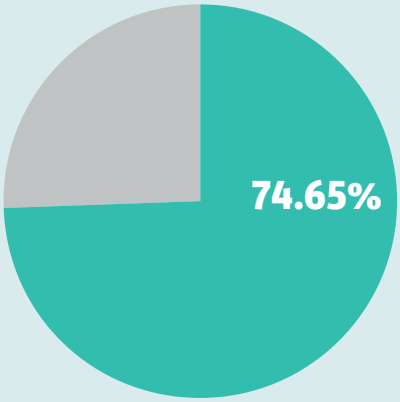
2018 approved budget: **$27 481 482**



operating and occupancy
(cost-shared programs)



provincially funded
programs (100%)



provincially and municipally funded
(cost-shared) programs

Strategic Plan

2018—2022

Values

- Humility
- Trust
- Respect

Strategic Priorities

- Equitable Opportunities
- Practice Excellence
- Meaningful Relationships
- Organizational Commitment

705.522.9200
1.866.522.9200 (toll-free)

phsd.ca

@PublicHealthSD

Public Health
Santé publique
SUDBURY & DISTRICTS

From: Susan Lee <susan@alphaweb.org>
Sent: Thursday, May 2, 2019 3:47 PM
To: All Health Units
Subject: FW: AMO President's Statement

PLEASE ROUTE TO:

All Board of Health Members
All Medical Officers of Health

****

Please see the message below from the Association of Municipalities of Ontario your information.

Regards,

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel. (416) 595-0006 ext. 25
Fax. (416) 595-0030
Please visit us at http://www.alphaweb.org

May 2, 2019

AMO President's Statement

This morning the Ontario Government outlined a range of changes that are intended to quickly increase Ontario's supply of affordable housing. It seeks to provide a greater range of housing types, faster. To do that, the legislation they introduce this afternoon will make changes to existing Acts, regulations, authorities and planning processes.

At a high level we share these goals and there are some positives for municipal governments. For example, it protects development charges for hard services and proposes a new approach to supporting community benefits, like community centres and recreational facilities. It recognizes that vibrant communities require infrastructure and facilities, and it recognizes the principle that growth should pay for growth.

There are changes to the *Heritage Act*, the Ontario Building Code, the Growth Plan for the GTHA, and more. It will take time to sift through the whole Bill and see where

municipal consultation has been reflected, and where it hasn't. AMO policy staff will be reviewing the details carefully and sharing updates over the coming days and weeks.

Across Ontario, in big cities and rural places, there are housing challenges that do need to be met by the Ontario government, municipal governments, developers and others. Here is the link to the "More Homes: More Choice" plan that the Province has released: www.Ontario.ca/morehomes.

Generally, I know our members are trying to cope with the level and pace of change that a new government brings. When changes are made on this scale, there will be some that we like and others that will be major challenges, such as public health. Capping or reducing promised grant funding affects our services, infrastructure investments and asset management plans. Municipal governments are not alone. Others in the broader public sector are managing their own challenges – and municipal governments may be asked to help them.

We do not have any additional details for public health and ambulance services as of today. The absence of information can generate fear, rumours and impatience. At times like this, we all need to do our best to separate fact from fiction and make the most of what information is available. We need to take a comprehensive look at everything, and we will.

Given the pace of announcements and consultations that are happening now, please keep an eye on our website, our Twitter feed (@AMOPolicy), and our free weekly e-newsletter, the AMO Watch File.

This afternoon, we expect to hear more about the Province's transit and transportation plans.

Tomorrow, I'll be addressing delegates at the 2019 Ontario Small Urban Municipalities Conference in Pembroke. The Minister of Municipal Affairs and Housing will address the Conference right after me.

In the meantime, rest assured that AMO is doing its part to ensure our two orders of government work together. AMO's long history of serving municipal governments has taught us the value of open doors and a mutual respect. Ontario's provincial government, and its many municipal governments, can achieve more for our communities by making sure that we work together, with good information in hand, to ensure that changes serve the people of Ontario well.

Jamie McGarvey
AMO President

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

May 1, 2019

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

Dear Premier Ford:

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 Peterborough Public Health (PPH) Board of Health, I am writing to call on the Government of Ontario to develop a comprehensive, province-wide strategy to minimize alcohol-related harm and support safer consumption of alcohol in the province.

Alcohol is a legal psychoactive substance, not a regular commodity. As with other psychoactive substances, alcohol causes changes in perception and behaviour and its use exists on a spectrum from beneficial, to problematic, to chronic dependence. Recent statistics show that approximately 21% of Ontarians who drink exceed the low-risk alcohol drinking guidelines[1], a key modifiable risk factor of chronic diseases and injuries and their associated health care costs.

The costs of alcohol are significant. In 2014, Ontario spent $5.3 billion on alcohol-related harms; more than any other substance including tobacco, cannabis and opioids.[2] In the same year net revenue from alcohol amounted to only $3.9 billion, representing a net annual loss of over $1.4 billion.[3] 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.[4]

It is well established that increasing access to alcohol is related to a subsequent increase in alcohol use[5], which in turn increases the potential for rising harms and costs. A comprehensive provincial alcohol strategy can help support a culture of moderation and mitigate the potential harms and costs of alcohol use. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- Strategies to enhance alcohol treatment and harm-reduction programs;
- 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 putting more money in people's pockets, and cutting hospital wait times and ending hallway healthcare as part of the 2019 Ontario Budget.[6] Given the significant costs associated with alcohol consumption, which are shouldered by both individual taxpayers and government systems, these commitments risk being undermined by recent and anticipated changes to provincial alcohol policy, including: reducing the minimum retail price of beer to $1.00, halting the annual inflation-indexed increase in the beer tax, extending the hours of sale for alcohol retail outlets, 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.

We echo the call from the Canadian Centre for Substance Use Research which, in the 2019 review of alcohol policies across Canada, identified that "in light of the on-going expansion of alcohol availability in Ontario the development and implementation of an alcohol-specific government-endorsed strategy should be given high priority".[7] In doing so, Ontario would join Alberta, Nova Scotia, and Nunavut as leaders in this important domain of alcohol policy.[8]

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. 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

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Hon. Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
Dr. David Williams, Chief Medical Officer of Health for Ontario
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

---

[1] Canadian Tobacco, Alcohol and Drugs Survey. (2017). Table 18 Alcohol Indicators by province 2017. Accessed from: https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t18
[2] Canadian Centre for Substance Use and Addiction. (2019). Canadian substance Use Costs and Harms. Accessed from: https://csuch.ca/
[3] Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.
[4] Ontario Public Health Association. (2018) The Facts: Alcohol Harms and Costs in Ontario.

[5] Popova, S., Giesbrecht, N., Bekmuradov, D. & Petra, J. (2009) Hours and days of sale and density of alcohol outlets: Impacts of alcohol consumption and damage: A systematic review. Alcohol and Alcoholism, 44(5), 500-516.
[6] Province of Ontario. (2019). 2019 Ontario Budget: Protecting What Matters Most. Accessed from: http://budget.ontario.ca/2019/foreword.html#section-0
[7] Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.
[8] Canadian Institute for Substance Use Research. (2019). Canadian Alcohol Policy Evaluation (CAPE). Accessed from: https://www.uvic.ca/research/centres/cisur/projects/active/projects/canadian-alcohol-policy-evaluation.php

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

May 3, 2019

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

Dear Minister Elliott:

Re: Urgent provincial action needed to expand opioid substitution treatment with Managed Opioid Programs (MOPs) to address the increased and immense number of opioid-related preventable deaths in Ontario

On behalf of the Board of Health for Peterborough Public Health, I am writing to call on the Government of Ontario to enhance its current response to the opioid poisoning crisis by providing operational and capital funding to support the implementation of Managed Opioid Programs (MOPs) in Peterborough.

Canada's current crisis with opioids continues to devastate communities nationwide and is affecting people from all demographics, age groups, and socio-economic backgrounds. The Peterborough community, including the City, the County, and both Curve Lake and Hiawatha First Nations, is no exception. Between 2013- 2016, Peterborough had the fourth highest rate of opioid-related deaths in Ontario.[1] In 2017, Peterborough ranked among the top 3 cities in Ontario per census metropolitan area for opioid poisoning emergency department visits.[2] Since January 2019, there have already been 17 suspected opioid poisoning fatalities in Peterborough, almost a three-fold increase over the same time period last year (preliminary findings, yet to be confirmed with Coroner data). The introduction of fentanyl and other toxic substances into the illicit drug supply has contributed considerably to the number of opioid poisoning fatalities in Ontario. In the first half of 2018, 72% of accidental overdose deaths involved fentanyl-related substances.[3]

To save lives and improve health outcomes for people who use drugs, we believe that there is a critical need to rapidly expand treatment options to include MOPs. MOPs provide patients with oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin), along with methadone or slow release oral morphine for overnight relief. Used as a second line treatment option, managed opioid medications are prescribed by a physician in a clinic setting. Clients take the prescribed medications under medical supervision reducing the risk of drug-related harms from toxic street use. Through the provision of a clean, non-toxic drug supply, MOPs are cost-saving, provide a gateway for clients to access health and social support services, and is an effective form of treatment for people suffering chronic opioid use who have been unsuccessful with conventional forms of treatment, such as methadone.[4]

MOPs have a proven track record of increasing client participation in treatment, reducing the use of street drugs, and decreasing illegal activities associated with the drug trade.[5] MOPs reduce the prevalence of acute

opioid poisonings in the growing opioid-dependent population by providing safer alternatives to illicit drugs in a supervised and controlled environment. In Europe, six randomized control trials occurring over 15 years, demonstrated that prescribed supervised injectable heroin (SIH) treatment reduced crime and heroin use in the public.[6] Patients also led more meaningful lives with improved social functioning, such as acquiring stable housing, enhancing family functioning and increasing rates of employment.[7] The cost to deliver SIH treatment in Europe is higher than oral methadone treatment, however, this higher cost was offset by significant savings in the criminal justice system.[8]

The Province of Ontario recently announced a $102 million funding agreement with the federal government for drug treatment, and MOP's, which have demonstrated effectiveness in other Canadian regions as a treatment option, have potential to be an impactful tool under this agreement for communities such as Peterborough if appropriately resourced.

Peterborough's Board of Health is urging the Ministry of Health and Long-Term Care to:

- enhance the provincial response to the opioid poisoning crisis by immediately identifying operational and capital funding to support the implementation of managed opioid programs in communities like Peterborough, where appropriate;
- take action to add medications that could be used in a managed program to the Ontario Drug Benefit Formulary at appropriate concentrations to treat opioid use disorder (i.e. 50 mg/mL and 100 mg/mL hydromorphone), as well as ensure managed opioid medications are accessible to all Ontarians requiring treatment for opioid use disorder;
- include diacetylmorphine (pharmaceutical-grade heroin) for potential use as a managed opioid program medication in Ontario by obtaining authority from Health Canada;
- address barriers to procuring, storing, and transporting diacetylmorphine and/or mitigate its effects by collaborating with Health Canada and other necessary federal bodies to facilitate use of this managed opioid program medication; and
- ensure that the cost of managed opioid medications is not a barrier and that these medications are universally accessible to all Ontarians who could benefit from managed opioid programs.

Tragically, the majority of opioid poisoning deaths are accidental. To combat the large number of preventable deaths occurring in the province, urgent expansion of treatment options geared to reducing consumption of toxic street drugs is a public health priority. We urge you as our Minister of Health to make this the time for Ontario to take a progressive, evidence-based approach in addressing the opioid crisis through the expansion of treatment options that include MOPs.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health for Ontario
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

[1] Gomes T, Pasricha S, Martins D, et al. *Behind the prescriptions: A snapshot of opioid use across all Ontarians.* Toronto: Ontario Drug Policy Research Network; 2017

[2] Canadian Institute for Health Information. Opioid-related harms in Canada. https://secure.cihi.ca/free_products/opioid-related-harms-report-2018-en-web.pdf Published December 2018. Accessed March 12, 2019

[3] Latest data on the opioid crisis. Canadian Institute for Health Information. https://www.cihi.ca/en/latest-data-on-the-opioid-crisis. Published December 12, 2018

[4] Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf. Published June 2018. Accessed May 1, 2019

[5] Leece P, Tenenbaum M. *Effectiveness of supervised injectable opioid agonist treatment (SiOAT) for opioid use disorder.* Toronto, ON: Public Health Ontario; 2017: 1-8. https://www.publichealthontario.ca/-/media/documents/eb-effectiveness-sioat.pdf?la+en Accessed May 1, 2019

[6] Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment.* Lucembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23

[7] Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf. Published June 2018. Accessed May 1, 2019

[8] Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment.* Lucembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

April 29, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
Sent via email: 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 a special board meeting on April 24, 2019, the Board of Health for the Renfrew County and District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019, with regard to the proposed changes to local public health. We are writing to express the views of the board members regarding the implications to the public health system.

Transformation of the system is planned for the immediate future, including the consolidation of public health units from 35 down to 10. The board asks the province to stop the planned reduction from 35 Health Units to 10.

As well, the funding arrangement between the Province and the municipalities is under review. We ask that the Province maintain the current 75 percent provincial, 25 percent municipal funding for Renfrew County and District Health Unit. The recently announced provincial funding reduction will have a devastating effect on the health of the residents of Renfrew County and District.

The board understands these changes have been announced in response to achieving efficiencies while increasing responsiveness to local public health needs.

The board asks the provincial government reconsider the funding reduction, as this will challenge our ability to continue to provide these essential services within our community.

The Province will soon begin consultations with individual boards of health and health units regarding the transition details from 35 health units to 10. The board, however, requests the Province of Ontario maintain the health protection and health promotion mandate of Renfrew County and District Health Unit.

The Board asks the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario. The Province must 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.

The board in respect to public health restructuring affirms support of the Province of Ontario in implementing a common governance model for existing public health units. We request that consultations on this model begin immediately and do appreciate the opportunity to participate in this process.

Additionally, the board asks the Province 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.

The board considers these specific issues of significant importance during a potential restructuring process:

- Guarantee that service levels to our community will be maintained, with no service losses nor reduction to quality.

- Ensure meaningful involvement by the community throughout the change process.

- Improve the effectiveness of collaboration by grouping similar health unit populations together.

- Provide equitable access to lost administrative "back office" positions within the new Regional Public Health Entity for all current employees, through a fair competition process.

- Establish "back office" support services that are of equal quality or superior standards to those systems currently in place.

- Maintain appropriate municipal role in governance by obligated municipalities within the new structure.

The board commends the commitment by the Province to enhance the oral health efforts of public health with the $90 million funding for low-income seniors.

As we continue to deliver essential front line health protection and promotion services, we look forward to working with the Ministry so we may, together, achieve the efficiency goals while meeting local public health needs.

Sincerely,

Janice Visneskie Moore

Janice Visneskie Moore
Chair, Board of Health

cc: Renfrew County and District Board of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable John Yakabuski, MPP—Renfrew-Nipissing-Pembroke
Loretta Ryan, Association of Local Public Health Agencies—alPHa
Ontario Medical Association—OMA
Northern Ontario Municipal Association—NOMA
Federation of Northern Ontario Municipalities—FONOM
Monica Turner, Association of Municipalities—AMO
Rural Ontario Municipal Association—ROMA
Ontario Boards of Health
Renfrew County and District Municipalities and Townships

June 2019

RESOLUTIONS for CONSIDERATION

Resolutions Session
2019 Annual General Meeting
Monday, June 10, 2019
Ballroom, Four Points by Sheraton
285 King Street East
Kingston, Ontario

CONTENTS

DRAFT RESOLUTIONS FOR CONSIDERATION
at June 2019 alPHa Annual General Meeting

TITLE: **Climate Change and Health in Ontario: Adaptation and Mitigation**

SPONSOR: **Council of Ontario Medical Officers of Health**

WHEREAS the "*Lancet Countdown: Tracking Progress on Health and Climate Change*", a global, interdisciplinary research collaboration between 27 academic institutions and inter-governmental organizations, describes climate change as the biggest global health threat of the 21st century and tackling climate change is described as potentially the greatest health opportunity[1]; and

WHEREAS there is clear evidence that, like the rest of Canada, Ontario's climate has experienced warming, as well as more frequent events of extreme temperature, wind and precipitation[2-4]; and

WHEREAS the current environmental health harms borne by the people of Ontario are significant, and include

- Four excess deaths per day for each 5°C change in daily temperature in warm seasons[5]
- 560 cancer cases per year attributable exposure to fine particulate matter air pollution[6]
- Vector borne disease including 138 cases of West Nile virus disease and 612 cases of Lyme disease in 2018[7]
- 67 deaths, 6,600 hospitalizations, and 41,000 emergency department visits per year related to foodborne illness[8]
- 73 deaths, 2,000 hospitalizations, and 11,000 emergency department visits per year related to waterborne disease[9]
- Community evacuations as a result of flooding or forest fires, with First Nation and northern Ontario communities particularly affected[10-12]; and

WHEREAS national and provincial projections indicate that ongoing climate change will lead to increased health harms from extreme weather, floods, drought, forest fires, heat waves, air pollution, and changing patterns of infectious disease[3,13-17]; and

WHEREAS just as all sectors of the economy are facing increasing impacts and financial costs due to climate change[4], the increasing health harms to the people of Ontario may be associated with increased health care utilization and health care costs; and

WHEREAS the health harms and costs of climate change will continue to have a disproportionately worse impact on certain groups and regions of Ontario, including people who are elderly, infants and young children, people with chronic diseases, people who are socially disadvantaged, Indigenous people, and residents of northern Ontario and rural Ontario[4,13]; and

WHEREAS climate change adaptation and mitigation actions, such as increasing active transport and reducing greenhouse gas emissions, can have powerful health benefits which include improved cardiovascular and mental health, and decreasing air pollution-related deaths, respectively[1]; and

WHEREAS there is broad support among Canadian physicians and public health professionals for specific, evidence-informed actions on climate change and health, as demonstrated by the seven recommendations of the "*Lancet Countdown 2018 Report: Briefing for Canadian Policymakers*" co- developed by the Canadian Medical Association and the Canadian Public Health Association[1]

WHEREAS the Ontario Public Health Standards articulate a general goal to improve and protect the health and well-being of the population of Ontario and reduce health inequities, and a specific goal to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate[18]; and

WHEREAS as part of a made-in-Ontario environment plan, the Government of Ontario has committed to undertake a provincial impact assessment to identify where and how climate change is likely to impact Ontario's communities, critical infrastructure, economies and natural environment, as well as impact and vulnerability assessments for key sectors, such as transportation, water, agriculture and energy distribution[4];

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the provincial Minister of the Environment, Conservation and Parks and the Minister of Health and Long-Term Care to support the Ontario government's commitment to undertake provincial level climate change impact and vulnerability assessments;

AND FURTHER that the Association of Local Public Health Agencies recommend that health and health sector impacts borne by the full diversity of Ontario communities be included in provincial climate change impact and vulnerability assessments;

AND FURTHER that the Association of Local Public Health Agencies recommend that the provincial government's approaches to the health impacts of climate change be aligned with the recommendations of the *Lancet Countdown 2018 Report: Briefing for Canadian Policymakers*;

AND FURTHER that copies be sent to the Chief Medical Officer of Health of Ontario.

Supplementary information attached (1 page)

References

1. Howard C, Rose C, Rivers N. *Lancet Countdown 2018 Report: Briefing for Canadian Policymakers*: The Lancet, Canadian Medical Association, Canadian Public Health Association;2018.
2. Bush E, Lemmen DS, eds. *Canada's Changing Climate Report*. Ottawa, ON: Government of Canada; 2019.
3. Gough W, Anderson V, Herod K. *Ontario Climate Change and Health Modelling Study—Report.* Toronto, ON, Canada: Ministry of Health and Long-Term Care Public Health Policy and Programs Branch;2016.
4. Ministry of the Environment Conservation and Parks. *Preserving and Protecting our Environment for Future Generations: A Made-in-Ontario Environment Plan*: Government of Ontario;2019.
5. Chen H, Wang J, Li Q, et al. Assessment of the effect of cold and hot temperatures on mortality in Ontario, Canada: a population-based study. *CMAJ open.* 2016;4:E48.
6. Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Environmental Burden of Cancer in Ontario.* Toronto2016.
7. Public Health Ontario. *Monthly Infectious Diseases Surveillance Report January to December 2018*: Public Health Ontario; April 8, 2019 2019.
8. Drudge C, Greco S, Kim J, Copes R. Estimated Annual Deaths, Hospitalizations, and Emergency Department and Physician Office Visits from Foodborne Illness in Ontario. *Foodborne pathogens and disease.* 2019;16:173-9.
9. Drudge C, Fernandes R, Greco S, Kim J, Copes R. Estimating the Health Impact of Waterborne Disease in Ontario: A Key Role for Pathogens Inhaled from Plumbing Systems. *The Ontario Public Health Convention (TOPHC)*. Toronto2019.
10. CBC News. Worrisome flood forecast has Kashechewan preparing for annual evacuation. *CBC News.* April 9, 2019, 2019.
11. The Canadian Press. Wildfire threat prompts evacuations in northern Ontario. *CBC News.* July 21, 2018, 2018.
12. CBC News. Smoke from forest fire near Kenora, Ont., prompts evacuation of Wabaseemoong F.N. *CBC News.* July 20, 2018, 2018.
13. Berry P, Clarke K, Fleury M, Parker S. Human Health. In: Warren F, Lemmen D, eds. *Canada in a Changing Climate: Sector Perspectives on Impacts and Adaptation*. Ottawa, ON: Government of Canada; 2014:191-232.
14. Bouchard C, Dibernardo A, Koffi J, Wood H, Leighton P, Lindsay L. Increased risk of tick-borne diseases with climate and environmental changes. *Canadian Communicable Disease Report.* 2019;45:81-9.
15. Ludwig A, Zheng H, Vrbova L, Drebot M, Iranpour M, Lindsay L. Increased risk of endemic mosquito-borne diseases in Canada due to climate change. *Canadian Communicable Disease Report.* 2019;45:90-7.
16. Ogden N, Gachon P. Climate change and infectious diseases: What can we expect? *Canadian Communicable Disease Report.* 2019;45:76-80.
17. Smith B, Fazil A. How will climate change impact microbial foodborne disease in Canada? *Canadian Communicable Disease Report.* 2019;45:108-13.
18. Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Government of Ontario: Queen's Printer for Ontario; 2018.

alPHa
Association of Local PUBLIC HEALTH Agencies

DRAFT alPHa RESOLUTION A19-2

TITLE: **Affirming the Impact of Climate Change on Health**

SPONSOR: **Kingston, Frontenac, and Lennox & Addington Public Health**

WHEREAS climate change is defined as a shift in long-term worldwide climate phenomena associated with changes in the composition of the global atmosphere[1]; and

WHEREAS the World Health Organization states climate change to be the greatest global health threat of the 21st century[2]; and

WHEREAS the United Nations Intergovernmental Panel on Climate Change concludes that human influence on climate change is clear and is extremely likely that human influence is the dominant cause[3]; and

WHEREAS climate change impacts the health of all people through temperature-related morbidity and mortality, extreme weather events, poor air quality, food and water contamination, altered exposure to ultraviolet rays, increasing risk of vector-borne infectious diseases, food security and indirectly impacts people by affecting labour capacity and population migration and displacement[4–6]; and

WHEREAS climate change disproportionately affects vulnerable populations such as children, seniors, low income and homeless people, those who are chronically ill, Indigenous peoples, and rural and remote residents[7,8]; and

WHEREAS the City of Kingston, the City of Hamilton, and the City of Ottawa declared a climate emergency for the purposes of naming, framing, and deepening commitment to protecting the economy, the ecosystem, and the community from climate change; and

WHEREAS tackling climate change requires political commitment by international, federal, provincial, and municipal stakeholders in acknowledging climate change as a public health issue

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) affirm the anthropogenic cause of climate change and its adverse impact on health in all people;

AND FURTHER will call upon strategic and provincial partners including the Ontario Ministry of Health and Long-Term Care, Ministry of Environment, Conservation and Parks, Ministry of Labour, Association of Municipalities of Ontario, Ontario Public Health Association, etc. to support climate change mitigation and adaptation measures in local communities.

Supplementary information attached (1 page)

References

1. United Nations. *United Nations Framework Convention on Climate Change*. New York; 1992.
2. World Health Organization. WHO calls for urgent action to protect health from climate change – Sign the call. https://www.who.int/globalchange/global-campaign/cop21/en/. Published 2015. Accessed April 11, 2019.
3. Intergovernmental Panel on Climate Change. *Climate Change 2014: Synthesis Report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change.* Geneva; 2014.
4. Government of Canada. Climate change and health: Health effects. https://www.canada.ca/en/health-canada/services/climate-change-health.html. Published 2018. Accessed April 11, 2019.
5. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission. *Lancet (London, England)*. 2009;373(9676):1693-1733.
6. Watts N, Amann M, Ayeb-Karlsson S, et al. The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. *Lancet (London, England)*. 2018;391(10120):581-630.
7. United Nations Permanent Forum on Indigenous Issues. *Climate Change: An Overview*. New York; 2007.
8. Government of Canada. Climate change and health: Populations at risk. https://www.canada.ca/en/health-canada/services/climate-change-health/populations-risk.html. Published 2018. Accessed April 11, 2019.

DRAFT alPHa RESOLUTION A19-3

TITLE: **Public Health Approach to Drug Policy**

SPONSOR: **Toronto Public Health**

WHEREAS governments around the world are considering different approaches to drugs, including the decriminalization of drug use and possession and legal regulation, including here in Canada for non-medical cannabis; and

WHEREAS a growing number of health officials and boards of health are calling for changes to our approach to drugs, especially in the midst of the opioid poisoning crisis in which the contaminated, unregulated supply of illegal drugs is the main contributor to the crisis; and

WHEREAS decisions about the legal status of drugs in Canada, including alcohol, were not based on scientific assessments of their potential for harm, but on moral judgements and racist ideas about people and the drugs they were using; and

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs; and

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women and youth; and

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families and communities; and

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships; and

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED that the federal government be urged to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction and treatment services.

Cont'd

AND FURTHER that the federal government convene a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.

TITLE: **Asbestos-Free Canada**

SPONSOR: **Peterborough Public Health**

WHEREAS the adverse health effects associated with exposure to asbestos exposure have been well established: Epidemiological, clinical, and laboratory studies have shown that asbestos is capable of causing lung cancer, mesothelioma, and a range of asbestos-related diseases (International Agency for Research on Cancer [IARC], 1987); and

WHEREAS asbestos is one of the most important occupational carcinogens causing about half of all deaths from occupational cancer. Currently, about 125 million people in the world are exposed to asbestos in the workplace, and at least 90,000 people die each year from lung cancer, mesothelioma, and asbestosis resulting from occupational exposures (Driscoll et al., 2005); and

WHEREAS it is believed that thousands of deaths each year can be attributed to other asbestos-related diseases as well as to non-occupational exposures, and the global burden of disease is still rising (World Health Organization [WHO], 2006); and

WHEREAS Canada was the fourth largest producer of chrysotile asbestos, exporting to more than 70 countries, even after introducing strict restrictions on its use in 1985, 1999 and 2004. In 2001, the World Trade Organization ruled against Canada's challenge to national asbestos bans. Canada went on to oppose the addition of chrysotile asbestos to the Rotterdam Convention, an international treaty regulating the environmentally-sound use of hazardous materials, in 2004 and 2006. In 2008, Canada abstained; and

WHEREAS Canada reached a historic milestone on December 30, 2018. On that date, after 130 years as a leading exporter of asbestos, Canada finally banned its use, import and export; and

WHEREAS we can take inspiration from other countries' experiences in eliminating the impact of asbestos on people and the environment. The most successful efforts have taken place in countries with comprehensive strategies, coordinated by a transparent and accountable institutional framework. The European Union has a lot to teach us, but the most impressive example is the Australian Agency for Asbestos Safety and Eradication (ASEA). https://www.asbestossafety.gov.au/;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call on the federal government to make Canada "asbestos free" by establishing a federal asbestos agency based on the Australian model. The agency, in cooperation with Indigenous peoples, the provinces, territories and municipalities, would be mandated to develop a comprehensive Canadian asbestos strategy (see appendix A) and an implementation plan, while respecting the jurisdictions of each level of government.

Cont'd

AND FURTHER that the Chief Public Health Officer of Canada and the Ontario Public Health Association, be so advised.

Supplementary information attached (1 page)

BACKGROUNDER: A19-4

From April 7th to 13th, 2019, a delegation from the Italian city of Casale Monferrato visited Peterborough, Sarnia and Toronto – communities in Ontario with a legacy of occupational disease related to asbestos. Ten percent of Casale's population has died from occupational and environmental exposure to asbestos, used in a cement factory that operated there until 1986. Chrysotile asbestos, mined in Canada, was also used in the plant. Today, forty years after plant closure, there are still mesothelioma cases being diagnosed in young adults, at a rate of 50 new cases per year.

Despite the fact that asbestos was a known carcinogen and health hazard, Canada continued to export asbestos until December 30, 2018. Now that the government has taken definitive action, it is time to ensure that a comprehensive approach to reduce the harm and risk experienced by exposed and future populations be undertaken.

This alPHa resolution builds on a position paper produced in 2010 by the Public Health Physicians of Canada. The devastating tragedy of Casale Monferrato reminds us that asbestos is an ongoing threat that can persist for decades, and that Canada, as a major producer and exporter of asbestos has a health protective mandate to address this legacy.

TITLE: **Public Health Support for including Hepatitis A Vaccine in the School Immunization Program**

SPONSOR: **Peterborough Public Health**

WHEREAS hepatitis A is a viral liver disease that can cause mild to severe illness, and according to the World Health Organization (2018), epidemics that can be difficult to control and cause substantial economic loss[1]; and

WHEREAS recent hepatitis A outbreaks have been reported in Ontario and through-out North America, related to infected food handlers and to food products (strawberries, scallops, pomegranate seeds, organic berries)[2] ; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness[2]; and

WHEREAS hepatitis A is one of the most common vaccine preventable diseases in travellers. Protection against hepatitis A is recommended for all travellers to hepatitis A endemic countries[3]; and

WHEREAS recovery from hepatitis A infection may take months, with about 25% of adult cases requiring hospitalization, resulting, in Ontario (2016/2017) with potential hospital stays costing is over $5300 per person[4]; and

WHEREAS in 2018, 12 million Canadians reported travel to overseas countries[5]; and

WHEREAS studies estimate that 44% to 55% of reported HA cases in Canada are linked to travel with low-budget travellers, volunteer humanitarian workers, and Canadian-born children of new Canadians returning to their country of origin to visit friends and relatives being at highest risk[6]; and

WHEREAS immunization is a cost-effective health intervention that reduces the burden on the health care system and offsets the high costs of doctor visits, trips to the emergency room, hospitalizations, medication therapy and outbreak management[6]; and

WHEREAS pre-exposure hepatitis A immunization is at least 90% to 97% effective with protective concentrations of hepatitis A antibody likely persisting for at least 20 years, possibly for life, following immunization with 2 doses of hepatitis A-containing vaccine[7]; and

WHEREAS increasing access to publicly funded vaccinations such as those offered in school clinics improves health equity and reduces disparities in immunization coverage across communities; and

WHEREAS combined vaccines result in fewer injections, fewer office visits, more convenience for clients, simplified logistics and increased compliance[8]; and

Cont'd

WHEREAS a combined hepatitis A/B vaccine could easily be implemented in the existing school-based clinic schedule provided in conjunction with the human papillomavirus (HPV) vaccine at 0 and 6 months[9]; and

WHEREAS there is no increase in adverse events with the combined hepatitis A/B vaccine when compared with the hepatitis A vaccine given alone or concomitantly with the hepatitis B vaccine[10]; and

WHEREAS the logistics and the related costs to adding a combined vaccine would be nil or minimal for the current Ontario school-based vaccine program and would further be reduced through bulk purchasing; and

WHEREAS the process of obtaining consent for the combined hepatitis A/B vaccine may be easy to update given that information on hepatitis is already included in the current package and thus, would require minimal modification; and

WHEREAS a goal of the Ministry of Health and Long-Term Care's Immunization 2020 – Modernizing Ontario Publicly Funded Immunization Program (2015), is to improve access to immunizations by offering additional vaccines and catch-up immunizations for school-aged children and adolescents through school-based immunization clinics[9].

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) endorse the replacement of the hepatitis B vaccine in the school-based program with the combined hepatitis A/B vaccine.

AND FURTHER that alPHa request that the provincial Government include the combined hepatitis A/B vaccine in the provincially funded immunization program as a way to reduce vaccine-preventable diseases and promote the health of all Ontarians.

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health for Ontario, the Ontario Public Health Association and the Ministry of Health and Long-Term Care be so advised.

Supplementary information attached (2 pages)

BACKGROUNDER: A19-5

Peterborough Public Health is recommending the combined hepatitis A/B vaccine replace the single antigen hepatitis B vaccine in the publicly-funded school-based vaccine program.

Currently, in Ontario, the hepatitis B vaccine is offered free of charge to all Grade 7 students. In addition to the Grade 7 students, the hepatitis A vaccine in Ontario is also offered free of charge to those considered at high risk for the disease (men who have sex with men, intravenous drug users, and those with chronic liver disease (including hepatitis B and C).

Recently, the Centres for Disease Control and Prevention recommended adding homelessness as a risk factor for receiving the hepatitis A vaccine in the United States.[11] In Ontario, there were 120 outbreak cases reported from June 1, 2017 to November 30, 2018 which were linked to recent outbreaks in Europe and the United Kingdom primarily among men who have sex with men[12]. Given that it is difficult to reach these groups when exposures occur, pre-exposure vaccinating would be a more cost-effective and pro-active approach.

The cost of managing hepatitis A cases involves public health rapidly mobilizing staff to conduct product recalls, case/contact management, public and health care consultations, teleconferences and a d-hoc vaccination clinics to prevent outbreaks. In this day and age, food is distributed from many countries across Ontario and Canada. It is consumed in the home before products are recalled therefore when a foodborne outbreak occurs, many public health agencies must mobilize in an effort to protect the public. This comes at a very high cost for affected local public health agencies to manage the case and related risk of spread to susceptible exposed community members. Integrating routine hepatitis A vaccination pre-exposure into our publicly funded vaccine schedule can reduce the size of the at-risk population over time and thereby reducing the risk for large-scale outbreaks.

The combined vaccine has been available for many years. It is safe and effective. It can be easily interchanged logistically into the current school-based vaccine program as seen in Quebec. Quebec already offers both hepatitis A and hepatitis B vaccinations in a school-based program (NOTE: This program offers 1 dose of the combined vaccine and one dose of hepatitis B vaccine in Grade 4.[13])

[1] World Health Organization (2018). Available from: https://www.who.int/news-room/fact-sheets/detail/hepatitis-a

[2] Public Health Ontario (2019). Monthly Infectious Diseases Surveillance Report (February 2019). Available from: https://www.publichealthontario.ca/-/media/documents/surveillance-reports/surveillance-report-infectious-diseases-jan-dec-2018.pdf?_cldee=YXRhbm5hQHBjY2h1LmNh&recipientid=contact-4b1b4f0d4ab1e411bbf30050569e0009-e8e486622bdd4328a78300abe0c2ad02&esid=cbd675d2-bb24-e911-ab0a-0050569e0009

[3] Canadian Immunization Guide. Part 4 active vaccines: Hepatitis A vaccine https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines

[4] Canadian Institute for Health Information (2019) Available from: https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay/;mapC1;mapLevel2;provinceC5001;trend(C1,C5001);/

[5] Statistics Canada (2018). Travel between Canada and other countries, December 2018. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/190221/dq190221c-eng.htm

[6] Ministry of Health and Long Term Care. Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program (2015). Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf

[7] Centers for Disease Control and Prevention (2018): Hepatitis A Questions and Answers for Health Professionals Available from: https://www.cdc.gov/hepatitis/outbreaks/hepatitisaoutbreaks.htm

[8] Bakker, M et al. (2016) Immunogenicity, effectiveness and safety of combined hepatitis A and B vaccine: a systematic literature review, Expert Review of Vaccines, 15:7, 829-851.

[9] Ministry Health of Health and Long Term Care Publicly Funded Immunization Schedules for Ontario – December 2016. Available from: http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf

[10] Canadian Immunization Guide. Part 4 active vaccines: Hepatitis B vaccine https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#a10

[11] Centres for Disease Control and Prevention (2019). Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness. Available from: https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm

[12] Public Health Ontario (2019). Public health responses to recent hepatitis A outbreaks: Spotlight on San Diego County, California and Middlesex-London, Ontario: Introduction. Available from: https://www.publichealthontario.ca/-/media/documents/presentations/grand-rounds-january-15-2019.pdf?la=fr

[13] Quebec Immunisation Program: https://www.quebec.ca/en/health/advice-and-prevention/vaccination/hepatitis-a-and-b-vaccine/

TITLE: **No-Fault Compensation for Adverse Effects Following Immunization (AEFI)**

SPONSOR: **Kingston, Frontenac, and Lennox & Addington Public Health**

WHEREAS routine immunization programmes are a significant part of public health practice and an important tool to protect the health of the public from the incidence and severity of vaccine-preventable diseases; and

WHEREAS serious adverse events following immunizations are much less likely to occur than similar adverse events following infection with vaccine preventable diseases, but will rarely occur after approximately 1 in 1,000,000 immunizations; and

WHEREAS in Canada, few individuals will bear the burden of serious adverse events for the communal benefit of the population; and

WHEREAS serious adverse events occur in spite of best practices being followed by health care providers and vaccine manufacturers; and

WHEREAS the Canadian legal system lacks an appropriate mechanism to provide individuals with compensation and this does not meet the ethical principle of reciprocity; and

WHEREAS no-fault compensation programs are increasingly regarded as a component of a successful vaccination program as an expression of community solidarity in which members of a community do not bear the risks of vaccination alone; and

WHEREAS Canada stands alone among the G7 countries as the only jurisdiction without a national publicly administered no-fault vaccine compensation program; and

WHEREAS Quebec is the only province or territory in Canada that has no-fault compensation for AEFIs; and

WHEREAS providing access to a fair reasonable process for compensation of serious adverse events weakens the argument against vaccination; and

WHEREAS no-fault compensation programs can quickly, effectively, and consistently make awards that are proportional to the serious adverse event;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) call upon the Chief Medical Officer of Health of Ontario and the Minister of Health and Long-Term Care to institute a program of no-fault compensation for adverse outcomes following immunization.

AND FURTHER that the Association of Local Public Health Agencies (alPHa) call upon the Chief Medical Officer of Health of Ontario and the Minister of Health and Long-Term Care to call upon their counterparts across Canada as well as their Federal counterparts to institute a National system of no-fault compensation for adverse outcomes following immunization.

Cont'd

AND FURTHER that the Minister of Health and Long-Term Care, and the Chief Medical Officer of Health for Ontario, as well as the provincial, territorial, and federal Ministers of Health and Chief Medical Officers of Health be so advised.

Supplementary information attached (1 page)

References

1. Duclos, P, Okwo-Bele, JM, Gacic-Dobo, M, and Cherian, T. Global immunization: status, progress, challenges and future. BMC Int Health Hum Rights. 2009; 9: S2
2. Law, B., et al. "Canadian Adverse Events Following Immunization Surveillance System (CAEFISS): Annual report for vaccines administered in 2012." Canada communicable disease report= Releve des maladies transmissibles au Canada 40.Suppl 3 (2014): 7-23.

Appendix:

Vaccination is among public health's greatest achievements in terms of reducing morbidity and mortality worldwide. Vaccines are safe, effective, and a powerful tool of public health to protect the public from preventable disease. According to the WHO, immunization is estimated to save the lives of 2.5 million worldwide people each year.

The number of individuals who experience adverse events as a result of vaccination is exceedingly low. Unfortunately, these individuals bear the burden of adverse events following immunization in the service of a public good – the pursuit of community immunity for the population. These events occur in spite of best practices followed by both health care providers and vaccine manufacturers. As a result of the legal system requiring fault be demonstrated in order for a compensatory award to be granted, there is no means by which individuals adversely affected in the course of receiving immunizations can be appropriately compensated. Several justices presiding in our courts have remarked that the system lacks an appropriate mechanism to compensate those who experience adverse events when receiving vaccines and that this oversight should be corrected.

No-fault compensation programmes are one means by which compensation could be accomplished. The implementation of the *Immunization of School Pupils Act* behooves us as a society to compensate individuals for adverse effects that may occur. There is an ethical imperative for a no-fault approach that would bring the mechanism for compensation outside the existing legal system. In jurisdictions where these approaches have been employed, resolution is generally quick, effective, and more consistently applied than via traditional legal channels. Canada stands alone among the G7 countries as the only country without a national publicly administered compensation system for those injured in the course of receiving immunizations. Quebec is the only province or territory in Canada that has no-fault compensation for AEFIs. Lessons learned from other jurisdictions' successful implementation of no-fault AEFI compensation could be applied to create a similar system in Ontario.

TITLE: **Considering the Evidence for Recalling Long-Acting Hydromorphone**

SPONSOR: **Kingston, Frontenac, and Lennox & Addington Public Health**

WHEREAS data from 2017 estimates 1,250 Ontarians died from opioid-related causes, representing a 246% increase in mortality from 2003 (Public Health Ontario, 2019); and

WHEREAS one in three people who died from an opioid-related cause had an active prescription for an opioid (Gomes, 2018); and

WHEREAS the harms associated with long-acting and high-dose formulations of opioids are well-characterized and include accidental overdose, cognitive impairment, falls, depression, and physical dependence (Bohnert, et al., 2011) (Juurlink, 2017); and

WHEREAS there is emerging evidence that long-acting hydromorphone is able to sustain HIV infectiousness due to the microcrystalline cellulose component of the drug and can infect people who inject drugs as a result of sharing equipment (Ball, et al., 2019); and

WHEREAS there is evidence that HIV persisted in long-acting hydromorphone residuals which may be used in "serial washes", where the non-solubilized drug from an initial preparation for injection is reused; and

WHEREAS there is additional evidence that long-acting hydromorphone prescribing patterns are associated with an increased incidence of infective endocarditis among people who inject drugs (Weir, et al., 2019); and

WHEREAS the federal Minister of Health has the power under the Food and Drug Act to recall drugs that pose serious or imminent risk to health (Government of Canada, 1985); and

WHEREAS the known harms of opioids coupled with new evidence of additional risk of infectious disease uniquely associated with long-acting hydromorphone meet the threshold for action from the federal Minister of Health;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the federal Minister of Health and Health Canada to review the scientific literature and other available data regarding potential harms associated with long-acting hydromorphone, particularly with respect to the risk it poses for the spread of infectious diseases among people who inject drugs.

AND FURTHER that if evidence of serious or imminent risk to health is found, that the federal Minister of Health and Health Canada consider recalling or restricting prescribing of long-acting hydromorphone.

AND FURTHER that the Federal Minister of Health, the Minister of Health and Long-Term Care, the Chief Medical Officer of Health for Ontario, the Chief Coroner for Ontario, the CEO of Public Health Ontario, the Chief Medical Officer of Health for Canada, and all Chief Medical Officers of Health across all Provinces and Territories be so advised.

Supplementary information attached (1 page)

References

Ball, L. et al., 2019. Heating injection drug preparation equipment used for opioid injection may reduce HIV transmission associated with sharing equipment.

Bohnert, A. B., Valenstein, M. & Bair, M. J., 2011. Association between opioid prescribing patterns and opioid overdose-related deaths. *JAMA,* Volume 305, pp. 1315-21.

Gomes, T., 2018. Contributions of prescribed and non-prescribed opioids to opioid-related deaths: A population-based cohort study in Ontario, Canada. *BMJ.*

Government of Canada, 1985. *Food and Drugs Act.* s.l.:s.n.

Herder, M. & Juurlink, D., 2018. High-strength opioid formulations: the case for a ministerial recall. *CMAJ*, Volume 190, pp. 1404-5.

Juurlink, D. N., 2017. Rethinking "doing well" on chronic opioid therapy. *CMAJ,* Volume 189, pp.

1222-3. Public Health Ontario, 2019. *Interactive Opioid Tool.* [Online]
Available at: https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/dTrends

Weir, M. A. et al., 2019. The risk of infective endocarditis among people who inject drugs: a retrospective, population-based time series analysis. *CMAJ,* Volume 191, pp. 93-9.

TITLE: **Preventing Mental Illness through Early Childhood Development Programming**

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

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

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

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

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

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

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

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

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

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

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family relationships, and financial instability and addressing parental mental illness and

substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

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

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

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

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

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

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

Supplementary information attached (6 pages)

Northwestern Health Unit
www.nwhu.on.ca

Preventing Mental Illness through Early Childhood Development Programming

The Issue

The Mental Health Commission of Canada (MHCC) states that 1 in 5 Canadians are affected by a mental illness or addiction issue every year; 70% of mental health and substance use problems begin in childhood. [i]

The Cost

Mental illness and addiction-related harms are costly to Ontarians, both financially and socially. Costs are incurred at every level, including healthcare, law enforcement, the judiciary system, the social system, the workforce, and premature deaths.

- The burden of mental illness and addictions in Ontario is more than 1.5 times the burden of all cancers, and 7 times the burden of all infectious diseases. [ii]
- There is a national opioid overdose crisis with more than 9,000 deaths in Canada between January 2016 and June 2018 related to opioids; [iii] In 2017, more than 1,250 Ontarians died from opioid-related causes. [iv]
- The annual economic burden of mental illness (costs of health care utilization, absenteeism form work, and declined quality of life) is about $51 billion in Canada. [v]
- 72% rise in emergency department visits and a 79% spike in hospitalizations for children and youth seeking help for mental health and substance use problems from 2006-

What Can Be Done

Mental health and addictions are complex issues with multiple causes and contributing factors across the lifespan. A comprehensive strategy includes mental health promotion, treatment and harm reduction, healthy public policy and addressing social factors.

Mental Health Promotion includes increasing protective factors and reducing risk factors for mental illness and addictions. Improvements in these factors promote positive mental health, reduces the likelihood of mental illness and addictions and may support recovery and treatment from mental illness and addictions. There are a broad range of protective and risk factors many of which apply to the prenatal and early childhood period: Maternal education, parental employment status, parental mental illness, parental substance misuse, physical health in infancy, single parent household, parent-child attachment and relationship, parenting style, family relationships and harmony, child abuse or neglect, self-esteem and resiliency, childhood poverty, food insecurity, adequate housing, sense of safety in the neighbourhood and social support or exclusion for the family. [vi]

Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked as risks for mental illness and addiction later in

life. [vii] Substance use and substance use disorders during pregnancy are becoming more common and can lead to multiple social and health problems for both mother and child. [viii]

The Importance of Early Childhood Experiences

The prenatal and early childhood period is a critical period for neurological development with broad reaching consequences for the rest of the child's life. Brain development starts soon after conception and during early childhood, neurological development is rapid and greatly influenced by the social environment such as interactions with caregivers, nurturing engagement or neglect, and stressors created by the socioeconomic circumstances of the family. The extent to which the early childhood experience is supported by the social and family setting has a well-established effect on physical health, cognition, language, behavior, emotional and social development, and mental health. This subsequently impacts readiness to start school, school success and achievement, post-secondary educational attainment and likelihood of employment in adulthood. [ix]

Return on Investment

Programming that has focused on supporting children and families during early childhood and enhancing the early childhood experience have proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system, and reduced utilization of social services. Every $1 invested in early childhood development can save $9 in future spending on health, social and justice services. [x] Investing in the early years can save the system nearly 25% in publicly funded services per person[xi] Improving a child's mental health from moderate to high can lead to lifetime savings of $140,000. [xii]

HBHC

While there are a variety of programs that focus on the early childhood experience, this background paper focuses on a prominent program currently implemented provincially: Healthy Babies Healthy Children.

Healthy Babies Healthy Children (HBHC) is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. HBHC is a free, voluntary program funded by the Ministry of Children, Community and Social Services (MCCSS) (formerly the Ministry of Children and Youth Services (MCYS)) and is delivered through Public Health Units across Ontario. HBHC was introduced in 1998 as a mandatory program under the Health Protection and Promotion Act (HPPA).

The HBHC program was created to improve outcomes for families experiencing challenges, to help children to get a healthy start in life and be supported to achieve their full potential. Program components of the HBHC program are:

- Screening and assessment to identify strengths and risks
- Home visiting and support services to families identified with risk
- Planning and coordination of services to families
- Referrals to community programs and resources to address key issues and support families
- Integration of service within a larger system of supports

- Evaluation and research of activities of the HBHC program

The home visiting component of the HBHC program uses a strength based approach to supporting pregnant women and their families, and families with children from birth to their transition to school. Evidence-based tools are used to assess the needs and strengths of families in areas such as:

- Continued education/employment
- Independent life skills
- Effective settlement and cultural adaptation
- Financial stability
- Healthy nutrition and food security
- Safe environment
- Housing stability
- Effective breastfeeding maintenance
- Positive support network
- Optimal growth and development
- Optimal prenatal health
- Optimal parental health
- Healthy relationships
- Healthy attachment
- Effective management of addiction/dependency

Interventions are designed to improve outcomes in many areas including social and emotional development, parent child interaction, help parents learn about and respond to baby's cues, foster infant attachment, increase parenting confidence and skills and support and have a positive effect on maternal health outcomes. [xiii]

The HBHC program has a unique opportunity to provide services in the home environment where typical parent-child interactions take place in order to observe for the emergence of parent-infant dyadic challenges. The HBHC program is a relationship based program which increases parent relational competence by teaching families about the importance of serve and return type interactions that are supportive of creating a safe base and secure haven for infants and children. Home visiting provides protective therapeutic relationship opportunities by role modeling regulated, attentive, and attuned interactions with both parents and children which counteract the effects of early childhood adversities consistent with neglect, maltreatment and otherwise impoverished environments. Without foundational nurturing experiences during infancy and early childhood, children are at high risk for developmental, relational, and behavioral difficulties and are at an increased risk for mental illness. [xiv]

The HBHC Program supports the development of safe, nurturing relationships between the parent/caregiver and their children.[xv] Home visiting programs have demonstrated effectiveness in enhancing parenting skills and promoting healthy child development in ways that prevent child maltreatment. [xvi]

HBHC staff provide direct care for women with perinatal mood disorder and addictions which consists of screening, assessment, education and referrals to primary care, counselling and community supports. Supporting women suffering with mental health disorders or addictions provides protective interventions aimed at diminishing the impact of adversity on children by decreasing vulnerability to stress and creating supportive environments for families.

The period between conception and transition to school is the most critical period of a child's growth and development. Experiences during these early years can have health and social effects that last a lifetime. The HBHC program provides important and necessary services and

supports to children and families at a critical period in time to supports healthy child development, effective parenting and to help children to achieve their full potential.

BUDGETARY IMPACT

In 1997 the province committed to funding the Healthy Babies Healthy Children program at 100%. Although fixed costs for salaries, benefits and overall operational costs are ever-increasing, funding for the HBHC program has remained static. In October 2012, MCYS announced the addition of base funding for 36 new full time equivalents (FTE) public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment. This funding supported salaries, benefits and operational costs associated with the HBHC Screening Liaison role. With the exception of this new funding, MCCSS base funding for HBHC has not increased.

Costs associated with operating the HBHC program continue to increase with no consideration of an increase in base funding to offset this pressure. The capacity for public health units to continue to offer high quality home visiting in a frequency and intensity of support that will have greatest impact is compromised by the budgetary conditions. Operating the HBHC program with the existing funding shortfall has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

CONCLUSION

Poor mental health, mental illness and addictions have a substantial burden of illness in Ontario and nationally with subsequent costs to the health care system, social services. Addressing this problem must include strategic investments in mental health promotion particularly as it applies to early childhood experiences. Healthy Babies Healthy Children is a prominent program that targets high risk families and enhances protective factors and tackles risk factors to prevent mental illness and addictions. This program has been chronically underfunded for the past decade which threatens its ability to sustain service and meet the needs of families and young children.

RECOMMENDATIONS

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

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

PREVIOUS ALPHA RESOLUTIONS

There are a number of previous alPHa resolutions related to funding for Healthy Babies Healthy Children and Early Childhood development:

- 2001: Healthy Babies, Healthy Children Program Funding
- 2008: Poverty Reduction Strategy Linked to Healthy Babies Healthy Children Program Base Funding
- 2011: Public Health Supporting Early Learning and Care
- 2016: Healthy Babies Healthy Children 100% Funding

This resolution differs from previous resolutions as it positions early child development programs and Healthy Babies Healthy Children as an effective, cost-saving strategic direction for programming and services to address the pervasive health problem of mental illness and addictions.

ACKNOWLEDGEMENTS

This backgrounder was developed in consultation with the following health units:

- Thunder Bay District Health Unit
- Simcoe Muskoka District Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health
- Ottawa Public Health
- Peel Public Health

REFERENCES

[i] Children's Mental Health Ontario (2019).
[ii] Ratnasingham et al. (2012). *Opening eyes, opening minds: The Ontario burden of mental illness and addictions*. An Institute for Clinical Evaluative Sciences / Public Health Ontario report. Toronto: ICES.
[iii] https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/data-surveillance-research/harms-deaths.html
[iv] https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx
[v] Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.
[vi] CAMH (2014). Best practice guidelines for mental health promotion programs: Children (7-12) & Youth (13-19).
[vii] World Health Organization; Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva: World Health Organization; 2014. Available from: http://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/
[viii] World Health Organization. Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy. Geneva, CH: WHO; 2014.
[ix] H. Margaret Norrie McCain, J. Fraser Mustard, Dr. Stuart Shanker (2007). Early Years Study 2; Putting Science into Action.
[x] The Chief Public Health Officer's Report of the State of Public Health In Canada, 2009 – Growing up well, Priorities for a healthy future.
[xi] Mental Health Commission of Canada. (2017) Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations
[xii] Mental Health Commission of Canada. (2013) Making the Case for Investing in Mental Health in Canada.

[xiii] HBHC Protocol and Guidance Document (2012).
[xiv] (Edwards et al. 2005; Radtke et al. 2011). Taken from the book Infant and Early Childhood Mental Health: Core concepts and clinical practice (2014) p. 2.
[xv] Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect, 31*(8), 829-852.
[xvi] Fortson, Beverly L., Klevens, Joanne, Merrick, Melissa, Gilbert, Leah K., Alexander, Sandra P. (2016). Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. Division of Violence Prevention, National Centre for Injury Prevention and Control, Centers for Disease Control and Prevention; Atlanta, Georgia.

TITLE: **Public Health Support for Accessible, Affordable, Quality Licensed Child Care**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS the Ontario Public Health Standards indicate the child care sector is an important setting for Public Health interventions, related to the Standards for Health Equity, Healthy Growth and Development, Immunization, Institutional Outbreak Management, Infection Prevention, Food Safety and others; and

WHEREAS supporting families and healthy early childhood development is a core part of the mandate of public health; and

WHEREAS early childhood experiences and socioeconomic status (SES) are important social determinants of health, and are supported by affordable, accessible, quality child care; and

WHEREAS the positive effects of high quality child care and early learning programs can last a lifetime and are associated with immediate and long-term positive outcomes for children, particularly for children from lower socioeconomic backgrounds; and

WHEREAS the current number of licensed child care spaces across Ontario can accommodate less than 1 in 4 (23%) children from ages 0-4; and

WHEREAS Ontario has the highest child care costs provincially, with parents spending $750-$1700 per month for licensed child care, totalling between $9,000-$20,000+ per year for each child; and

WHEREAS public investment in child care demonstrates positive economic benefits; in Ontario, the return on investment is $2.27 for every dollar invested; and

WHEREAS the Ontario government's plan for a refundable tax credit for child care costs will not improve access to quality licensed child care spaces, requires initial out of pocket expenses by families, and may thereby increase health inequities; and

WHEREAS Ontario has the lowest rate of women's workforce participation nationally; recognizing income is a key social determinant of health for Canadian families; and

WHEREAS no provincial standard or definition for quality of child care exists; most of Ontario's municipalities have a quality assurance coordinator, however only half are using a measurement tool to assess quality of child care; and

WHEREAS there is a shortage of Registered Early Childhood Educators in Ontario, in part due to the low compensation they receive.

Cont'd

NOW THEREFORE BE IT RESOLVED that alPHa will endorse the importance of an accessible, affordable, quality child care and early learning system, for improved health equity for families and enhanced child development outcomes.

AND FURTHER that alPHa will advocate to the provincial and federal governments to maintain their commitment to ensuring a more affordable child care system, and to expand access to quality, licensed child care services for all Ontario families, including access for families with diverse needs (eg. 24 hour care, weekend care, part time care).

AND FURTHER that alPHa will advocate to the province to maintain its commitment towards creating a provincial definition of quality, including establishing an early years and child care workforce strategy, to ensure child care professionals are adequately qualified and compensated.

AND FURTHER that alPHa will support local public health agencies to:

- enhance their knowledge and transfer knowledge to decision-makers and the general public about the health impacts of the current state of the child care system and the importance of progressing towards an increasingly accessible, affordable, quality child care system; this could be initiated at an upcoming alPHa forum.
- build capacity to support the child care sector, by sharing examples of best practices for public health programming in child care environments and useful approaches for creating and enhancing partnerships with child care providers; this could be initiated through professional development opportunities in collaboration with partner organizations.

Supplementary information attached (7 pages)

BACKGROUNDER: A19-9

Public Health Support for Accessible, Affordable, Quality Licensed Child Care

ISSUE:

The 2018 Ontario Public Health Standards (OPHS) has identified child care as an important setting for public health intervention. Shortages of affordable, accessible, high quality child care contribute to child poverty and are an impediment for healthy child growth and development.

CURRENT FACTS:

The demand for child care is high given the labour market participation rates of parents. It is estimated that 89.5% of men and 81.4% of women ages 24 to 49, living in Ontario, are employed either part or full-time.[(1)] In 2015, 74% of couples who had at least one child under age six were dual-earner couples. The number of families with two parents working full year, full time, doubled between 1980 and 2005, mostly stabilizing since the early 2000s.[(1)]

As many of Ontario's young children require non-parental care, it is important that child care settings are accessible, affordable, and of high quality. The social and physical environment and the quality of care that young children receive in child care settings influences their growth and development during this critical life period. Young children who are exposed to nurturing care, a safe environment and positive social interactions in a child care setting can have improved cognitive, language, and social outcomes, are more likely to complete higher levels of education, and have improved health and wellbeing in adulthood compared to their peers who did not experience high quality child care.[(2,3,4,5)]

Access to and affordability of child care can also enable parents, especially mothers who are often the primary caregivers, to pursue educational and/or employment opportunities.[(5)] This can lead to higher income and improved socioeconomic status (SES), which are strongly associated with better health outcomes for children.[(6)]

Currently, child care is addressed through various provincial and federal policies. Federal policies that support young families include maternity/parental leave benefits, the enhanced Canada Child Benefit[(7)] and the Federal/Provincial *Multilateral Early Learning and Child Care Framework*[(8)] that includes bi-

lateral funding agreements for the provinces/territories, active until 2020. Current provincial/territorial policy approaches include funding for subsidies for low to moderate income families, capital funding to build child care locations, funding to support professional development of ECE and wage equity for ECEs working in the licensed child care sector.[8] Despite these approaches, Canada is still spending much less on early childhood education and care (ECEC) than the minimum level (i.e. 1% of annual GDP) recommended by the OECD.[9]

The 2018 Ontario Public Health Standards - Healthy Growth and Development Guideline identifies child care as an important stakeholder and setting for public health interventions. Public Health Units have a longstanding history of working with the child care sector through participation on regional advisory committees, inspections, outbreak management, monitoring immunization status and providing health promotion information, specifically related to the Standards of Health Equity, Healthy Growth and Development, Immunization, Institutional Outbreak Management, Infection Prevention, Food Safety and others.

Public Health is well positioned to further this work through supporting and collaborating with the child care sector to advance a comprehensive child care system as a strategy to reduce child poverty, address health and income inequities and enhance children's health and development.

ACCESSIBILITY

There are over 5,300 licensed child care centres in Ontario with over 406,000 spaces for children 0-12 years. Approximately 40% of these centre spaces are for infants, toddlers and preschoolers 0-4 year of age; nearly 25% of these spaces are specifically for preschool age children. There are also 124 licensed home child care agencies, which oversee 7,600 family homes and have spaces for 16,000 children.[5]

The current number of licensed spaces (in childcare centres and licenced home childcare settings) across Ontario can accommodate only one out of every 4 (23%) children from birth to age 4 years,[5,10] making many regions in Ontario "child care deserts". A "child care desert" is a postal code catchment area where there are three or more children per licensed space, resulting in inadequate access to licensed spaces, regardless of fees.[11] If spaces were available and affordable, it's estimated that 45-50% of children ages 0-4 would be using licensed child care.[10]

For families who cannot access limited licensed child care spaces, children are often placed in alternative care arrangements including family/friends or unlicensed child care arrangements, where neither quality nor safety can be guaranteed.[6,12]

In addition, when working families cannot find licensed child care, parents- most often mothers- can be forced to take time off work, reduce their working hours, work opposite shifts, seek jobs that accommodate the child care's schedule, or leave the workforce entirely to care for their children.[12,13] Therefore, it is no coincidence that Ontario has the lowest rate of women participating in the workforce in Canada.[10]

Rural access, transportation barriers, lack of part time child care opportunities, care for children with special needs, lack of parent awareness of available child care subsidies, and the limited availability of child care during non-traditional hours such as early mornings/ evenings/ weekends/ overnights are additional factors that further limit child care options for families.[5,13]

AFFORDABILITY

Ontario has the highest child care costs compared to all other provinces and territories in Canada. Ontario families with young children spend a significant portion of their household income on fees associated with child care. Provincially, the average parent with young children spends $750 -$1700 per month for licensed child care, totalling between $9,000 -$20,000+ per year for each child. These costs are estimated to rise steadily at about twice the rate of inflation.[5] Licensed childcare in Ontario remains expensive despite provincial and federal efforts such as the child care expansion investments, provincial subsidy programs, child care tax credits, and the Canada Child Benefit.

In Simcoe Muskoka, median-income families with two children age 3 and under can spend an estimated 29% of their after-tax household income on child care alone. A family with two minimum wage earners could spend upwards of 45% of their income on child care. The Ontario Child Care Subsidy program is available for low to moderate income families based on income sliding scales; subsidies are restricted to licensed home and centre based child care spaces, of which there is a shortage.[14] Currently, a family's income must be under $20,000 to qualify to receive the full subsidy; this threshold has not been updated since 2005. Therefore, licensed child care affordability may be limited to higher income families, despite the goal of the subsidy system to make licensed child care affordable for low-income families.[5]

In Ontario, families with at least one child aged 0-4 years could spend nearly one quarter (23.5%) of their after tax family income on child care, or just over two thirds (67%) of the net income of the main caregiving parent.[5] These costs are far above the 10% threshold of household spending that is used to define affordable child care.[5] According to the Family Income Affordability Measure, and Caregiving Parent Affordability Measure, fewer than 22% of families find licensed child care affordable.[5] When families are able to afford child care, they are 63% more likely to use licensed child care over informal care.[5] Public investment in child care and the early years has a multiplying or "ripple" effect in positive economic benefits. In Ontario, the multiplying effect is approximately 2.27, meaning that every dollar invested in child care results in an economic output of $2.27.[10]

In some regions, up to 80% of children attend unlicensed child care; as an estimated 35% of unlicensed caregivers provide receipts,[13] many of these families are not able to access tax return incentives.[13] While most families access the new Canada Child Benefit, low income, Indigenous, immigrant and newcomer families are less likely to access the benefit.[15] Thus, inequity of access to the licensed child care system is further exacerbated for families who are in greatest need.

QUALITY

High quality child care can enhance children's development.[5] The improvement in developmental outcomes of children enrolled in high quality licensed child care is greater for children from lower socioeconomic backgrounds.[2,3,4] Low quality child care arrangements can have the reverse effect,[16] demonstrating poorer developmental outcomes for children.[16] Thus, the social determinants of health that are directly relevant for young children, such as early childhood experiences and household economic status, can be addressed by quality child care.

In Ontario, minimum standards for quality licensed and unlicensed child care are set out in the Child Care and Early Years Act, 2014[17] including ratios of providers to children, caregiver qualifications, physical space and equipment, safety, nutrition and programming. Additional quality standards are outlined in the Government of Ontario's pedagogy for the early years, *How does learning happen?.*[18] Despite the existence of these minimum standards, there is no provincial definition or standardized quality assessment tool which makes it challenging for licensed childcare operators to create a high quality childcare environment,[15] and for parents to evaluate the quality of the child care they utilize.[15] Further, as many parents are working non-traditional hours, and as quality licensed spots are not

typically available for these hours, parents may be forced to choose *any* available child care arrangement that meets their schedule over a higher quality child care setting.[13]

Across Ontario, regional districts and municipalities operationalize "quality" for their local licensed childcare sector. Most have hired quality assurance coordinators, provide professional development and mentoring programs, and are working with the community to improve quality in their programs; about half of all regions are using a quality assessment tool to measure quality.[5]

Guided by Ontario's pedagogical framework that includes the foundations of belonging, well-being, engagement, and expression, child care providers influence and contribute to young children's social and emotional development.[18] Unfortunately, there is currently a shortage of Registered Early Childhood Educators (ECEs) in Ontario. Workforce issues such as inadequate compensation and competition with other settings interfere with staff retention[5] leading licensed centres to limit the number of available spots due to low staffing.

The current Government of Ontario has not ruled out replacing kindergarten teachers with ECEs in full-day kindergarten classrooms. Full-day kindergarten is unique to Ontario, with certified teachers and Registered ECEs working collaboratively to deliver play-based learning.[19] If this proposal was enacted and implemented, it would worsen the already critical ECE shortage that further threatens the quality of the early education provided in child care centres.[20] This could also impact the benefits of the current full day kindergarten policy. Evaluation of this policy initiative has shown full-day kindergarten increases language and cognitive development scores of junior kindergarten students, increases social competency scores (SK), and increases communication skills and general knowledge (SK) compared to children who did not attend full-day kindergarten. Students who participated in full-day kindergarten were also more likely to achieve academic success in Grade 1.[21]

For children ages 0-6 years, early experiences have profound and long-lasting influence on their development and on the kind of learner they become; thus, it is critical that child care and early learning opportunities, including full day kindergarten, be of high quality.

CONCLUSION

There is a shortage of licensed, high quality child care in Ontario. Only one of every four children ages 0-4 years has access to licensed childcare settings. Families who cannot access licensed child care must resort to unlicensed options where the safety and quality of services cannot be assured.

Licensed childcare is also unaffordable as families with young children spend a significant portion of their household income on fees associated with child care. Families with higher SES are more likely to afford and access licensed child care compared to families with lower SES, thus creating an inequity of access for Ontario parents. Public investment in child care and the early years has a multiplying effect in positive economic benefits. In Ontario, the multiplying effect is approximately 2.27, meaning that every dollar invested in child care results in an economic output of $2.27.[10]

Quality child care exposure has been associated with improved short and long term developmental and health related outcomes for young children, especially those from low social-economic status households. However, quality remains undefined provincially, and is interpreted and operationalized with variability at the local level.

There is a widespread shortage of qualified Early Childhood Educators in licensed child care settings, partly due to the low compensation they receive, despite their crucial contribution to high quality child care.

Given the critical importance of the early years of life, and that the 2018 Ontario Public Health Standards has identified child care as an important setting for intervention, it is crucial that Public Health leaders acknowledge the importance and impact of shortages of affordable, accessible, and high quality child care. Public Health practitioners are well positioned to advocate for a comprehensive, high quality, licensed early child care system as part of an approach to reduce child poverty and income inequality and improve children's health and development.

References:

1. Bernard A. Insights on Canadian society: results from the 2016 consensus: work activity of families with children in Canada. [Government report online]. Ottawa: Statistics Canada; 2018 (Cat No. 75-006-X) [Last accessed 2019 Mar 14]. Available from: https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2018001/article/54969-eng.pdf?st=SGp76Hpw

2. Weinraub M. Child care in America: research and policy directions. Social Service Review 2015; 89(4): 727-45

3. Melhuish E, Ereky-Stevens K, Petrogiannis K, Ariescu A, Penderi E, Rentzou K, Tawell A, Slot P, Broekhuizen M & Lesman P. A review of research on the effects of Early Childhood Education and Care (ECEC) upon child development: CARE project; Curriculum Quality Analysis and Impact Review of European Early Childhood Education and Care. [Report online]. Brussels: European Commission; 2015 [Last accessed 2019 Apr 4]. Available from: http://ecec-care.org/resources/publications/

4. Baker M, Gruber J, Milligan K. Non-cognitive deficits and young adult outcomes: the long-run impacts of a universal child care program [Working paper 21571]. Cambridge: National Bureau of Economic Research; 2015. [Last accessed 2019 Apr 4]. Available from: http://www.nber.org/papers/w21571

5. Cleveland G. Affordable for all: making licensed child care affordable in Ontario: executive summary. Scarborough; Cleveland Consulting; 2018. Available from: http://www.edu.gov.on.ca/childcare/affordable-for-all-en.pdf

6. Simcoe Muskoka District Health Unit. Board of Health Briefing Note: Child Care in Simcoe Muskoka. Presented on 2018 Oct 19.

7. Canada child benefit – overview [webpage online]. Canada: Government of Canada; [revised 2018 Sep 14; last accessed 2018 Oct 05]. Available from: https://www.canada.ca/en/revenue-agency/services/child-family-benefits/canada-child-benefit-overview.html

8. Government of Canada. Multilateral early learning and child care framework. Canada: Government of Canada; 2017. Available from http://www.canada.ca/publicentre-ESDC

9. Government of Ontario. Canada-Ontario early years and child care agreement annual report 2017. Ontario: Queen's Printer for Ontario; 2017. Available from: http://www.edu.gov.on.ca/eng/policyfunding/memos/oct2017/CanadaOntarioEarlyYearsAgreement2017.pdf

10. Ontario Municipal Social Services Association. Letter to Hon. Todd Smith, CC: Hon. Lisa Thompson, Shannon Fuller, Re: Bill 66, *Restoring Ontario's Competitiveness Act, 2018.* Toronto: OMSSA; Jan. 17, 2019 [Last accessed 2019 Apr 4]. Available from: https://omssa.com

11. McDonald D. Child care deserts in Canada. Ottawa: Canadian Centre for Policy Alternatives; 2018. Available from: https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2018/06/Child%20Care%20Deserts.pdf

12. Jessen-Howard S, Rasheed M, Workman S, Hamm K. Understanding infant toddler child care deserts. [Report online]. Washington, DC: Center for American Progress; 2018 [Last accessed 2019 Mar]. Available from: https://www.americanprogress.org/issues/early-childhood/reports/2018/10/31/460128/understanding-infant-toddler-child-care-deserts/

13. County of Wellington Child Care Services. The economic value of child care. [Government report online]. Guelph, ON: County of Wellington Child Care Services; 2012. [Last accessed 2019 March]. Available from https://www.wellington.ca/en/social-services/resources/The_Economic_Value_of_Child_Care_January2012_Final1.pdf

14. Paying for child care [webpage online]. Ontario: Service Ontario; [updated 2017 Feb 17; last accessed 2018 Oct 5]. Available from: http://edu.gov.on.ca/childcare/paying.html

15. Prentice S, White LA. Childcare deserts and distributional disadvantages: the legacies of split childcare policies and programmes in Canada. Journal of International and Comparative Social Policy 2018; 35(1): 59-74.

16. Phillips D, Lipsey MW, Dodge KA, Haskins R, Bassok D, Burchinal MR, Weiland C. Puzzling it out: the current state of scientific knowledge on pre-kindergarten effects — a consensus statement. Washington DC: The Brookings Institution; 2017 [Last accessed 2019 Apr 4]. Available from: https://www.brookings.edu/research/puzzling-it-out-the-current-state-of-scientific-knowledge-on-pre-kindergarten-effects/

17. Child care and early years act, 2014 [webpage online]. Ontario; Government of Ontario; 2014 [updated 2018 Nov 1; accessed 2019 Mar]. Available from: https://www.ontario.ca/laws/statute/14c11?_ga=2.85175193.1403143362.1554318796-928983956.1539107864

18. Government of Ontario. How does learning happen? Ontario's pedagogy for the early years. Ontario: Queen's Printer for Ontario; 2014. Available from: http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf

19. Ontario Ministry of Education. A meta-perspective on the evaluation of full-day kindergarten during the first two years of implementation. Toronto: Ontario Ministry of Education; October 2013 [Last accessed 2019 Mar 28]. Available from: http://www.edu.gov.on.ca/kindergarten/FDKReport2013.pdf

20. Rushowy K. Experts call Ontario's full-day kindergarten 'visionary.' the Ford government is eyeing changes. Toronto Star 2019 Feb 10 [newspaper article online]. [Last accessed 2019 Mar 28]. Available from: https://www.thestar.com/politics/provincial/2019/02/06/experts-call-ontarios-full-day-kindergarten-visionary-the-ford-government-is-eyeing-changes.html

21. Government of Ontario. Full day kindergarten leads to grade 1 success. Ontario: Queen's Printer for Ontario; 2015. Available from: http://www.edu.gov.on.ca/kindergarten/fdk_eng.pdf

DRAFT alPHa RESOLUTION A19-10

TITLE: **Children Count Task Force Recommendations**

SPONSOR: **Windsor-Essex County Board of Health**

WHEREAS boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends overtime; and

WHEREAS boards of health require local population health data for planning evidence-informed, culturally and locally appropriate health services and programs; and

WHEREAS addressing child and youth health and well-being is a priority across multiple sectors, including education and health; and

WHEREAS Ontario lacks a single coordinated system for the monitoring and assessment of child and youth health and well-being; and

WHEREAS there is insufficient data on child and youth health and well-being at the local, regional and provincial level; and

WHEREAS the Children Count Task Force recommendations build upon years of previous work and recommendations, identifying gaps and priorities for improving data on child and youth health and wellbeing;

NOW THERFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) endorse the recommendations of the Children Count Task Force.

AND FURTHER that alPHa request the provincial government establish a mechanism to oversee the implementation of the systems, tools, and resources required to improve the monitoring and assessment of child and youth health and well-being and ensure:

1. The implementation of the five recommendations of the task force.
2. A process is developed so that assessment and monitoring systems remain effective and relevant over time by addressing emerging issues and data gaps.

AND FURTHER that the Premier of Ontario, the Deputy Premier of Ontario and Minister of Health, the Minister of Children, Community and Social Services, the Minister of Education, the Chief Medical Officer of Health for Ontario, the Association of Municipalities of Ontario, the Council of Directors of Education for Ontario be so advised.

Supplementary information attached (20 pages)

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT – Children Count Task Force Recommendations

February 21st, 2019

ISSUE

The behaviours initiated in youth create a foundation for health through the life course (Toronto Public Health, 2015). Enabling Ontario's children and youth to reach their full potential and reduce the current and future burden of disease, is a vision shared across multiple sectors including health and education. Addressing the health of this age group requires a comprehensive approach, involving strategies built upon evidence that includes local population health data. Collecting, analyzing and reporting these data at the local level is essential for planning, delivering and evaluating effective and efficient services that meet the unique needs of children and youth and to ensure the responsible public stewardship of the resources allocated to these services (Windsor-Essex, 2017).

At present, there are approximately 50 federal programs collecting health data on the Canadian population, many of which include school age children and youth (Public Health Agency of Canada, 2013). Notable programs operating in Canada include the National Longitudinal Survey of Children and Youth (NLSCY) (Statistics Canada, 2010), the COMPASS study (Leatherdale et al., 2014), the McMaster University Ontario Child Health Study (OCHS) (Statistics Canada, 2015), the Ontario Student Drug Use and Health Survey (OSDUHS) (Centre for Addiction and Mental Health, 2013), the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) (University of Waterloo, 2017), and the Health Behaviour in School Age Children (HBSC) survey. 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, thus creating challenges for public health units and related stakeholders to generate meaningful information on their specific population of interest. This often results from insufficient sample sizes at the sub-provincial level, and the prohibitive cost of purchasing additional local data (i.e. oversamples) from national or provincial sources (Windsor-Essex County Health Unit, 2017). Understanding trends and differences at the local level is a necessary foundation on which to build tailored intervention strategies that improve health and well-being outcomes.

The lack of a well-coordinated system for monitoring of child and youth health in Ontario at the local and regional level contributes to disorganization, duplication of efforts and inefficiency of population health assessment initiatives created to fill these gaps (Windsor-Essex County Health Unit, 2017). These issues not only affect local public health units, but other stakeholders as well, including provincial-level government institutions, schools, researchers, and end-users of data due

to a lack of interface or forum for stakeholder to communicate and collaborate (PHO, 2013; PHO, 2015; Windsor-Essex County Health Unit, 2017).

Further coordination and improvement of Ontario's system for child and youth health monitoring would deliver:

- Greater impact and use of public funds
- Improved evidence in decision-making at all levels (local, regional, provincial)
- Better efficiency, accountability, and collaboration between sectors
- Improved health and well-being of children and youth

BACKGROUND

The Ontario Public Health Standards (OPHS) require that Boards of Health collect and analyze health data for the purpose of monitoring trends over time and informing programs and services tailored to local needs (OPHS, 2018). The results of the 2017 report, Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units, which surveyed 34 of 36 health units and over 377 professionals and key informants, found that public health units (PHU) need better local data on mental health, physical activity and healthy eating for children and youth (Windsor-Essex County Health Unit, 2017). Key stakeholders in education, academia and government validated these data needs. Additionally, the 2017 Annual Report of the Ontario Auditor General acknowledged that children and youth are a public health priority population, and that epidemiological data on children are not readily available to public health units for planning and measuring effective programming for this population (Office of the Auditor General of Ontario, 2017).

The 2017 Children Count report recommended expanding or augmenting existing monitoring efforts, and improving collaboration on child and youth health monitoring between public health, education and academic sectors (Windsor-Essex County Health Unit, 2017). This recommendation included the development of a task force, comprised of key stakeholders from across Ontario and sectors who were able to identify tangible next steps for system improvements for monitoring child and youth health and well-being in Ontario.

With modest funding from Public Health Ontario, the Children Count research team established the Children Count Task Force with leaders from public health, education, non-governmental organizations (NGOs), government agencies, academia and provincial ministries. The Children Count Task Force met four times from June 2017 to January 2018 to: 1) review and discuss the 2017 Children Count report findings and recommendations; 2) review current systems and assess opportunities to find and improve system-wide efficiencies; and 3) construct and refine recommended actions that would improve monitoring of children and youth health and well-being in Ontario.

The Children Count Task Force recommendations were released in spring 2018 to key Ministry representatives and provincial stakeholder groups, such as the Council of Directors of Education (CODE) and Council of Medical Officers of Health (COMOH). In fall 2018; following consultation with the Children Count Task Force, recommendations were re-released with further minor revisions in January 2019. The five recommendations of the Task Force are:

Overarching Recommendation: 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. The secretariat shall be enabled to:

1. Guide the implementation of the five recommendations of the task force.
2. Develop a process to ensure that assessment and surveillance systems remain effective and relevant over time by addressing emerging issues and data gaps.

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 practise 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 Children Count Task Force recommendations represent key steps to improving the system of data collection and assessment for child and youth well-being in Ontario. The recommendations will better enable public health units, boards of education and related stakeholders to improve the planning, implementation and evaluation of local programs and services that meet the diverse and unique needs of children and youth across the province.

PROPOSED MOTION

Whereas, boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends overtime, and

Whereas, boards of health require local population health data for planning evidence-informed, culturally and locally appropriate health services and programs, and

Whereas, addressing child and youth health and well-being is a priority across multiple sectors, including education and health, and

Whereas, Ontario lacks a single coordinated system for the monitoring and assessment of child and youth health and well-being, and

Whereas, there is insufficient data on child and youth health and well-being at the local, regional and provincial level, and

Whereas, the Children Count Task Force recommendations build upon years of previous work and recommendations, identifying gaps and priorities for improving data on child and youth health and wellbeing,

Now therefore be it resolved that the Windsor-Essex County Board of Health receives and endorses the recommendations of the Children Count Task Force, and

FURTHER THAT, the Windsor-Essex County Board of Health urges the provincial government to take steps to improve the ways in which population health data for children and youth is currently collected and reported in Ontario.

Leatherdale, S.T., Brown, K.S., Carson, V., Childs, R.A., Dubin, J.A., Elliott, S.J., Faulkner, G., Hammond, D., Manske, S., Sabiston, C.M., Laxer, R.E., Bredin, C., Thompson-Haile, A. (2014). The COMPASS study: a longitudinal hierarchical research platform for evaluating natural experiments related to changes in school-level programs, policies and built environment resources. BMC Public Health, 14:331.

CAMH. (2013). Centre for Addiction and Mental Health. Retrieved August 2017, from Centre for Addiction and Mental Health: http://www.camh.ca/en/research/Pages/research.aspx

Children Count Task Force. (2019). *Children Count: Task Force Recommendations.* Windsor, ON: Windsor-Essex County Health Unit.

Office of the Auditor General (2017). *Annual Report 2017*. Toronto: Queen's Printer for Ontario.

Ministry of Health and Long-Term Care. (2018). *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*. Toronto: Queen's Printer for Ontario.

PHAC. (2013). Retrieved August 2017, from Public Health Agency of Canada: https://www.canada.ca/en/public-health.html

Population Health Assessment LDCP Team (2017). *Children Count: Assessing Child and youth Surveillance Gaps for Ontario Public Health Units.* Windsor, ON: Windsor-Essex County Health Unit

Public Health Ontario. (2015). *Child and Youth Health Data Sources Project: Summary of findings.* Toronto: Queen's Printer for Ontario.

Public Health Ontario, Propel Center for Population Health Impact. (2013). *Youth Population Health Assessment Visioning: recommendations and next steps.* Toronto. Queen's Printer for Ontario.

Statistics Canada. (2010). List of Surveys in Collection. Retrieved August 2017, from Statistics Canada: http://www.statcan.gc.ca/eng/survey/list

Toronto Public Health. (2015). *Healthy Futures: 2014 Toronto Public Health Student Survey.* Toronto: Toronto Public Health.

REVISED JANUARY 2019

CHILDREN COUNT: TASK FORCE
RECOMMENDATIONS

CHILDREN COUNT

Acknowledgment

The Children Count Task Force would like to thank Public Health Ontario (PHO) funding received through the knowledge exchange grant opportunity that enabled the convening of the task force. The views expressed in this publication are the views of the Children Count Task Force and do not necessarily reflect those of PHO.

Introduction

Health seeking behaviors and risks for disease outcomes that occur later in life are often developed in youth and become harder to change over time. In order to make significant differences in chronic disease outcomes for a population, upstream approaches are needed that influence behaviours and the environment surrounding children and youth (Healthy Kids Panel, 2013). Focusing on children and youth and preventing or reducing poor health behaviours and risks before they start is the most direct way to improve overall population health and well-being (Cancer Care Ontario, Public Health Ontario, 2012).

Enabling children and youth to reach their full potential and reduce the burden of chronic diseases is a goal shared across multiple sectors including health and education. In their recent report, *Achieving Excellence* (Ministry of Education, 2014), the Ontario Ministry of Education (EDU) acknowledged the important interrelationship between health, well-being and educational outcomes. As well, the Ontario Ministry of Health and Long-Term Care (MOHLTC), in their release of the Ontario Public Health Standards (OPHS) (2018), underscored the importance of this connection with the inclusion of a School Health Standard that directly addresses health and well-being within the school environment. As such, Public Health Units in Ontario have a legislated responsibility for assessment and monitoring of child and youth health.

Addressing population health requires a comprehensive approach involving strategies built upon evidence and monitoring data. Monitoring, often referred to as 'surveillance' in the public health field, includes the systematic collection and analysis of health data for the purpose of planning, implementing and evaluating effective public health programs in local communities. In order to appropriately understand health behaviours of children and youth that influence well-being, and to properly measure health program investments over time, high quality assessment and monitoring data are needed at local levels. High quality data is accessible, reliable, accurate, consistent and comparable. In particular, it is important that sample sizes are large enough and representative enough to allow for valid analysis, ensure ethical standards for privacy and to draw solid conclusions to inform decision making.

The lack of a coordinated provincial system for the assessment and monitoring of child and youth health and well-being that meets local health assessment needs has been the focus of many reports, including: *Youth Population Health Assessment Visioning* (Public Health Ontario, Propel Centre for Population Health Impact, 2013) and *Child and Youth Health Sources Project* (Public Health Ontario, 2015). In a recent report to the Ministry of Education, *Unlocking Student Potential Through Data: Final Report (Quan, 2017),* the authors identify that improving monitoring of health and well-being for children and youth across systems would enable limited resources to be efficiently targeted to allow for the largest benefit to those most at risk of poor outcomes. Ontario's Chief Medical Officer of Health has also highlighted the importance of local data for planning and evaluating effective programs and services in the release of his report *Mapping Wellness: Ontario's Route to Healthier Communities* (The Chief Medical Officer of Health for Ontario, 2015).

Furthermore, the 2017 Annual Report of the Ontario Auditor General recognized that children are a public health priority population and that epidemiological data on children are not readily available to public health units for planning and measuring effective programming for this population (Office of the Auditor General of Ontario, 2017). Work must be done to coordinate and maximize resources that currently exists such that a cohesive approach can be developed to best capture and share information to enhance child and youth health and well-being that is accountable and fiscally responsible.

Improving Ontario's assessment and monitoring system would allow for:

- Greater impact and use of publicly funded dollars.
- Improved evidence in decision making at all levels (local, regional, provincial).
- Better efficiency, accountability, and collaboration between sectors.
- Improved health and wellbeing of children and youth.

Children Count LDCP

Building upon previous work, in the spring of 2017 the population health assessment and surveillance LDCP team released the results of its year of research in the report *Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units.* This report examined information gaps from the viewpoint of Ontario's public health units that were undocumented by earlier publications. The knowledge gained from public health units was further validated through stakeholder engagement with boards of education, federal and provincial government representatives, and child and youth health researchers in Ontario. The work of the LDCP resulted in key recommendations necessary for improving the assessment and monitoring of child and youth health and well-being in Ontario, as well as identifying priority health areas for action including physical activity, mental health and healthy eating.

This report is the outcome of the First Recommendation of the Children Count report to:

Establish a provincial task force: *The task force should include membership representing key stakeholders and leaders, with the aim to identify next steps for improving assessment and surveillance of child and youth health and well-being in Ontario.*

With continued support and funding through PHO, the Children Count LDCP team established the task force populated with leaders from public health units, non-governmental Organizations (NGO), education, government agencies, ministries, and researchers in this field. Invitations were sent in the spring of 2017 to identified stakeholders and organizations. The task force met four times (three in person and once via teleconference) from June 2017 to January 2018. Meetings of the task force included review and in-depth discussion of the Children Count reports recommendations and findings, review of current systems and their potential for monitoring in Ontario, and the crafting and refining of actions that need to be taken to improve assessment and monitoring of children and youth health and well-being.

The recommendations and action steps outlined in this report aim to improve the current state of health and well-being monitoring and assessment for children and youth in Ontario.

These recommendations are made specifically to the Ministry of Education, Ministry of Health and Long-Term Care and Ministry of Children, Community and Social Services; however, they will need to be applied with flexibility and a proper understanding of provincial and local conditions and capacities. Although the intended key stakeholders for these recommendations are the Minister of Education, Minister of Health and Minister of Children, Community and Social Services collectively, it is recognized that some recommendations may be directed to one Minister.

Children Count Provincial Task Force Members

Wajid Ahmed, MBBS, MAS, MSc, FRCPC, Acting Medical Officer of Health, Windsor-Essex County Health Unit

Heather Campbell, Director of Education, Rainy River District School Board

Michael Finkelstein, MD, MHSc, FRCPC, Acting Director Communicable Disease Control, Associate Medical Officer of Health, Toronto Public Health

Ellie Fraser, BAS Mental Health Lead, Lambton-Kent District School Board

Hayley Hamilton, PhD, Scientist, Centre for Addiction and Mental Health, Ontario Student Drug Use and Health Survey (OSDUHS)

Geoff Hynes, MSc, Manager Canadian Population Health Initiative, Canadian Institute for Health Information

Scott Leatherdale, PhD, Principal Investigator/ Associate Professor, University of Waterloo, Cannabis Use, Obesity, Mental Health, Physical Activity, Alcohol Use, Smoking, Sedentary Behaviors (COMPASS)

Andrew Mackenzie, PhD, Section Chief-Health Statistics Division, Statistics Canada

Chris Markham, Chief Executive Officer, Ontario Physical and Health Education Association

Lori McKinnon, MHSc, CHE, Manager Analytic Services, Public Health Ontario

Joseph Picard, Directeur de l'éducation , Conseil scolaire catholique Providence

William Pickett, PhD, Professor and Head, Department of Public Health Sciences, Queen's University, Health Behaviour in School-aged Children (HBSC)

Paul Roumeliotis, MD, CM, MPH, FRCP(C), Medical Officer of Health & CEO, Eastern Ontario Health Unit

Marlene Spruyt, BSc., MD, CCFP, FCFP, MSc, Medical Officer of Health & CEO, Algoma Public Health Unit

Daniel Warshafsky, MD, MPH CCFP (SEM), Dip. Sport Med, FRCPC, Senior Medical Consultant, Office of the Chief Medical Officer of Health

Ministry Observers

Dianne Alexander, Director, Ministry of Health and Long-Term Care

Suzanne Gordon, PhD, Director, Ministry of Education

Erica Van Roosmalen, PhD, Director, Ministry of Education

Children Count LDCP Task Force Support Staff

Principal Investigator: **Nicole Dupuis,** MPH, Director of Health Promotion, Windsor-Essex County Health Unit

Suzanne Biro, MPH, Foundational Standard Specialist, Kingston, Frontenac, and Lennox & Addington Public Health

Ramsey D'Souza, MPH, Manager of Epidemiology and Evaluation, Windsor-Essex County Health Unit

Jessica Deming, MSc, Epidemiologist, Region of Waterloo Public Health and Emergency Services

Paul Fleiszer, MSc, Manager of Epidemiology and Surveillance, Toronto Public Health

Po-Po Lam, PhD, Epidemiologist, Region of Peel - Public Health

Kristy McBeth, MBA, Director of Knowledge Management, Windsor-Essex County Health Unit

Heather Pimbert, MSc, Epidemiologist, York Region Public Health

Sophia Wenzel, MPH, Health Promotion Planner, Thunder Bay District Health Unit

Fangli Xie, MSc, Epidemiologist, Durham Region Health Unit

RECOMMENDATIONS & ACTION STEPS

OVERARCHING RECOMMENDATION

Create a secretariat responsible for overseeing the implementation of the systems, tools and resources required to improve the monitoring of child and youth health and well-being. The secretariat shall be so enabled to:

1. **Guide the implementation of the five recommendations of the task force that are contained in this report.**
2. **Develop a process to ensure that assessment and monitoring systems remain effective, efficient, and relevant over time by addressing emerging issues and data gaps.**

Suggested Lead Ministries: Ministry of Children, Community and Social Services, Ministry of Education, Ministry of Health and Long-Term Care

The monitoring of health and well-being for children and youth is a shared priority of these three Ministries. In order to put children and youth at the forefront and ensure that programs and services are informed by local evidence based on high quality assessment and monitoring data, a secretariat is required. The secretariat should be formally enabled to work across Ministries to implement the following five recommendations.

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.

Suggested Lead Ministries: Ministry of Education, Ministry of Health and Long-Term Care
Suggested Supporting Ministry: Ministry of Children, Community and Social Services

Rationale: There is no coordinated or centralized system for data collection on the health and well-being of children and youth in Ontario schools. Instead, child and youth health and well-being is assessed by multiple data collection systems with a variety of methods, survey content, target populations, and purposes. A provincial registry of these systems would be an important step towards better and more consistent knowledge about the existence of child and youth health and well-being data across Ontario. The registry should document the data collection systems already in existence in Ontario to identify and reduce duplications to improve efficiencies that can increase the value of the information already collected, and ease the process of identifying knowledge gaps.

1.1 Identify and assign responsibility to a lead institution for the creation and maintenance of an electronic, interactive, and searchable registry.

1.2 Establish inclusion criteria for the registry, recognizing the large variability in size and quality of the data collected over time in Ontario schools, that will help optimize its value. The inclusion criteria may be based on principles related to:

- Collecting data in publicly-funded schools in Ontario
- Focusing on data regarding student health and/or well-being
- Determining a minimum sample size of study that should be included so that the data collected yield at a minimum, regionally representative estimates of student health and well-being indicators

1.3 Determine the database characteristics and meta-data to be collected in the registry. The registry should provide a minimum set of publicly available information. The elements may include:

- Name, description, and purpose of the data collection system/survey
- The owner/administrator or principal investigator
- Methodological description (study design, sampling and data collection methods, consent process, etc.)
- Target student population description, (i.e., by age, sex, grade, school board, etc.)
- Geographic coverage, such as by school board or public health region and whether the system extends beyond Ontario (i.e., other provinces/territories or international)
- Data collection time period(s)
- Status of the database (active versus inactive)
- Survey content themes
- Detailed survey questions and response items, including socio-demographics and content relating to health and well-being
- Description of data quality, accuracy, and limitations
- Links to publicly reported results, as available
- Data release and access
- Contact information for the data

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. *CONTINUED*

1.4 Establish the necessary levels of user access and a process by which users can attain access to the registry database. As noted, there should be a minimum set of information for the registry that is publicly accessible; however, some elements (e.g., detailed survey questions) may not be appropriate for public access.

1.5 Secure agreement from the lead Ministries on the resources to establish and maintain the registry including the rules requiring monitoring activities involving Ontario publicly-funded schools to be included in the registry going forward.

Recommendation 2. Mandate the use of a standardized School Climate Survey template and a coordinated process across Ontario.

Suggested Lead Ministry: Ministry of Education

Suggested Supporting Ministries: Ministry of Children, Community and Social Services, Ministry of Health and Long-Term Care

Rationale: Monitoring of children and youth health and well-being is not well coordinated and the resulting reports/data are not or cannot always be shared, creating barriers for developing programs for children and youth. Mandating the use of a single School Climate Survey template for publicly-funded school boards would ensure that a standard set of data focused on health and well-being are collected regularly and consistently across the province. This standard template should include, at a minimum, the topics of mental health, healthy eating, and physical activity and be developed with appropriate stakeholder engagement and include space for individual school boards to ask questions on topics of local interest. Additionally, a coordinated reporting system that includes data sharing with public health units and other child service providers would improve coordination efforts with other data collection projects such as COMPASS, Health Behaviour in School-aged Children (HBSC), and the Ontario Student Drug Use and Health Survey (OSDUHS), and will increase the sharing of results with public health units, facilitated through the Ministry of Education.

2.1 Standardize frequency of School Climate Survey administration.

2.2 Consult with the Ministry of Health and Long-Term Care to coordinate concepts, terms and wording for standardized questions including, at minimum the topics of mental health, healthy eating and physical activity to ensure alignment with public health needs and definitions.

2.3 Coordinate with other large data collection projects such as COMPASS, HBSC and OSDUHS to use standardized health and well-being questions and to balance timing of all data collection systems (see 2.1) in Ontario publicly funded schools.

2.4 Require all school level data from the School Climate Surveys to be shared annually with Ministry of Education.

2.5 Coordinate the sharing of School Climate Survey data with public health agencies (e.g., via the Ministry of Health and Long-Term Care and Public Health Ontario) through appropriate data sharing mechanisms.

Recommendation 3. Develop and formalize knowledge exchange practices through the use of centrally coordinated data sharing agreements.

Suggested Lead Ministries: Ministry of Education, Ministry of Health and Long-Term Care
Suggested Supporting Ministry: Ministry of Children, Community and Social Services

Rationale: In 2015, Public Health Ontario's Child and Youth Data Sources Project Report identified over 25 data sources for Ontario. While these sources (e.g., Canadian Community Health Survey, Ontario Student Drug Use and Health Survey, and the Kindergarten Parent Survey, etc.) cover different aspects of child and youth health and well-being the results are not always readily disseminated or made available to school boards, public health units, or other organizations due to perceived privacy and legislation restrictions. The lack of coordinated data sharing practices and knowledge exchange between key stakeholders and decision-makers creates a barrier to the development of evidence-based programs and services to improve the health and well-being of children and youth in Ontario communities.

3.1 Establish a formal requirement mandating that all data collection systems (that meet the inclusion requirements of the registry) used in publicly-funded schools and school boards be registered through the central web-based data registry.

3.2 The Ministry of Education should develop and require a Memorandum of Understanding (MOU) between the Ministry and each data collection organization. These MOUs should support sharing of data between:

- Publicly-funded schools and school boards
- Publicly-funded school boards and the Ministry of Education
- Publicly-funded school boards and local public health units
- The Ministry of Education and Ministry of Health and Long-Term Care (in support of requirements for local public health units).

Recommendation 4. Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.

Suggested Lead Ministry: Ministry of Education

Suggested Supporting Ministries: Ministry of Health and Long-Term Care, Ministry of Children, Community and Social Services

Rationale: The Task Force recognizes the significant barrier that a de-centralized and non-standardized research ethics review model poses to external researchers and public health authorities attempting to collect health data on students in schools across Ontario, as described in the *Children Count Report* (Population Health Assessment LDCP Team, 2017). The Task Force supports a more streamlined approach to the current patchwork of ethical review processes and a consistent model for determining appropriate consent (active versus passive) practices. These streamlined ethical review processes should consider The OCAP principles of Ownership, Control, Access and Possession for research involving Indigenous communities. This approach can be monitored by the proposed registry in Recommendation 1. To this end, the following sub-actions are required.

4.1 Adopt definitions and interpretations of research and surveillance in compliance with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf) that are acceptable across publicly-funded school boards.

4.2 Raise awareness across Ontario publicly-funded school boards, public health units and other child service agencies about the difference between research and public health monitoring as it applies to data collection activities, such as the School Climate Survey.

4.3 Develop a streamlined approach to the current patchwork of ethical review processes. Streamlined ethics process should be considered for all surveys following criteria set out for the data registry (action 1.2).

4.4 Develop a consistent model for determining appropriate consent (active versus passive) practices that is acceptable across the publicly-funded school system that facilitates data collection across all age groups.

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.

Suggested Lead Ministries: Ministry of Education, Ministry of Health and Long-Term Care.

Suggested Supporting Ministry: Ministry of Children, Community and Social Services

Rationale: Monitoring activities in schools are important for shaping policies, programs and services to improve student health and well-being, yet monitoring generates legitimate concerns across stakeholders charged with safeguarding the information. Information collected from students can be for public health monitoring purposes or can be for strictly research purposes. In public health monitoring, health and well-being related data are regularly collected and analyzed to monitor the frequency and distribution of health outcomes in the defined population to inform health service planning. It is a subtle, and therefore confusing, nuance. Often the distinction between public health monitoring and research is not well understood and this can have implications for scope of responsibility, methods for data collection and analysis, and most importantly on where and how privacy regulations apply. There is a need to ensure all health and education stakeholders understand this difference and they acknowledge that monitoring activities may be developed to comply with Ontario privacy legislation.

5.1 Integrate specific privacy best practices and legislative requirements in the guideline to assist educators and partners legislated to conduct monitoring activities in schools.

5.2 Establish consistent, clear interpretation of privacy legislation for Ontario publicly-funded school boards and public health units in the guideline.

5.3 Address and clarify issues related to the consent process for collecting health and well-being monitoring data in the guideline.

5.4 Establish knowledge processes between stakeholders, including school boards and public health units to ensure the guideline is understood and implemented.

The findings of the Children Count report and subsequent work of the provincial task force were validated in the recently released 2017 Report of the Ontario Auditor General which recognized children as a public health priority population and that epidemiological data on children (and other populations) are not readily available to public health units for planning and measuring efficient and effective programming. This finding led to a recommendation that the Ontario Ministry of Health and Long-Term Care identify areas in which relevant data are not consistently available to all public health units, such as data on children and youth, and develop and implement a process to gather needed data. (Office of the Auditor General of Ontario, 2017). The report also contained recommendations related to:

- The coordinated, efficient and effective delivery of health promotion initiatives to children and youth through efforts by the Ministry of Health and Long-Term Care and Ministry of Education to form partnerships between school boards and public health units
- Avoiding duplication in program planning and research for effective, evidence based public health interventions by coordinating and sharing research
- Properly measuring public health unit performance in delivering health promotion programs and services by establishing indicators linked to the new Ontario Public Health Standards

The recommendations developed by this task force can help to advance action in these areas and foster inter-ministry collaboration for establishing and monitoring meaningful indicators. These indicators can be used across all three Ministries, local school boards and public health units to guide actions that sustain and promote the health and well-being of Ontario's children and youth.

References

Cancer Care Ontario, Public Health Ontario. (2012). *Taking Action to Prevent Chronic Disease: Recommendations for a healthier Ontario.* Toronto: Ontario Agency for Health Protection and Promotion and Cancer Care Ontario.

Healthy Kids Panel. (2013). *No Time to Wait: The Healthy Kids Strategy.* Toronto: Queen's Printer for Ontario.

Ministry of Education. (2014). *Achieving Excellence: A renewed Vision for Education in Ontario.* Toronto: Queen's Printer for Ontario.

Quan, D. (2017). *Unlocking student potential through data: Final report.* Toronto, Ontario, Canada: Ontario Ministry of Education.

Office of the Auditor General (2017). *Annual Report 2017.* Toronto: Queen's Printer for Ontario.

Population Health Assessment LDCP Team (2017). *Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units.* Windsor, ON: Windsor-Essex County Health Unit.

Public Health Ontario. (2015). *Child and Youth Health Data Sources Project: Summary of findings.* Toronto: Queen's Printer for Ontario.

Public Health Ontario, Propel Centre for Population Health Impact. (2013). *Youth Population Health Assessment Visioning: recommendations and next steps.* Toronto: Population Health Ontario.

The Chief Medical Officer of Health for Ontario. (2015). *Mapping Wellness: Ontario's Route to Healthier Communities, 2015 Annual Report.* Toronto: Queen's Printer for Ontario.

Suggested citation:
Children Count Task Force. (2019). *Children Count: Task Force Recommendations.* Windsor, ON: Windsor-Essex County Health Unit.

For more information please contact: ChildrenCount@wechu.org

GLOSSARY OF TERMS

Active consent - In an active consent procedure, the introductory letter explains the nature of the study and provides a method to document permission. Active consent requires parents or guardians to sign and return a consent form if they consent for their child to participate in an activity.

Assessment - The action or an instance of making a judgment about something. In relation to child and youth health data, assessment is the evaluation of health status of children and youth.

Locally-Driven Collaborative Projects (LDCP) The LDCP program brings public health units (PHUs) together to develop and run research projects on issues of shared interest related to the Ontario Public Health Standards. Working collaboratively on an LDCP helps PHUs build partnerships with each other and with students, academics, and organizations that are doing related work. As public health unit staff develop and lead projects, they strengthen their skills in research and project management, and ensure that the results of these projects are directly relevant to the work of Ontario's PHUs.

Knowledge exchange - In this report, knowledge exchange is defined as "a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to help educators understand and apply privacy legislation related to student health and well-being monitoring activities in schools". This definition is adapted from Canadian Institutes of Health Research.

Passive Consent - A passive consent procedure typically involves distributing a letter to the children's parents or guardians explaining the nature of the study and providing a method to retract permission. Passive consent procedure assumes that the parent or guardian has consented unless some action is taken.

Registry - Registry of data sources for health and well-being of children and youth in publicly-funded schools in Ontario: an official platform and catalog for registering data collection systems that collect health and well-being data among students in publicly-funded schools in Ontario.

Research - An undertaking intended to extend knowledge through a disciplined inquiry and/or systematic investigation.

Student - Children and youth attending schools in Ontario (grade 1 to 12).

Monitoring/Surveillance - According to World Health Organization (WHO) and United States Centers for Disease Control and Prevention (CDC), surveillance or as this report identifies "monitoring" is the continuous, systematic collection, analysis, interpretation, and dissemination of data needed for the purposes of program planning, implementation, and evaluation. In this report, data collected through surveillance activities are health-related among students in Ontario and the ultimate goal of monitoring/surveillance is to improve health and well-being.

Well-being - According to Ontario's Well-Being Strategy for Education, well-being is a positive sense of self, spirit and belonging that is felt when our cognitive, emotional, social and physical needs are being met. Well-being in early years and school settings is about helping children and students become resilient, so that they can make positive and healthy choices to support learning and achievement both now and in the future.


CHILDREN
COUNT

DRAFT alPHa RESOLUTION A19-11

TITLE: **Public Health Funding for Local Project Managers to Support Healthy Weights and Prevention of Childhood Obesity**

SPONSOR: **Chatham-Kent Public Health Unit**

WHEREAS almost 30% of Ontario Children are overweight or obese; and

WHEREAS children and youth who are overweight or obese are more likely to become obese adults; and

WHEREAS children who are obese also have a higher risk of chronic disease and premature death as adults; and

WHEREAS previous funding through the Healthy Kids Community Challenge provided 45 communities with the ability to hire a local project manager as part of an evidence-based EPODE model and best practice in childhood overweight and obesity prevention; and

WHEREAS local project managers can enhance community capacity to plan, implement and evaluate sustainable local health interventions; and

WHEREAS the function of local project managers works to assist in facilitating community collaboration and coordination of community programming through multi-sectoral partnerships; and

WHEREAS the Healthy Kids Community Challenge has concluded and the subsequent role and funding of local project managers no longer exists;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Ministry of Health and Long-Term Care to provide funding to Ontario Health Units for the hiring of local project managers to support childhood overweight and obesity prevention efforts in all Ontario communities.

Supplementary information attached (4 pages)

Municipality Of Chatham-Kent

Community Human Services

Public Health Unit

To: Board of Health

From: Chris Sherman, Health Educator

Date: April 3, 2019

Subject: Healthy Kids Community Challenge Funding

Recommendation

It is recommended that:

1. A resolution be submitted to the Association of Local Public Health Agencies (alPHa) Annual General Meeting in support of urging the provincial government to provide funding for local project managers to support healthy weights and the prevention of childhood obesity.

Background

The Healthy Kids Community Challenge (HKCC) was Ontario's initiative to support the health of children aged 0 to 12 years. This was a community-led program in 45 communities across Ontario, including Chatham-Kent. The HKCC involved collaboration between sectors and various local partners, with the common goal of promoting children's health through physical activity and healthy eating, and preventing childhood obesity. This program was based on the Ensemble Prévenons l'Obesité des Enfants - Together Let's Prevent Childhood Obesity (EPODE) model which has been recognized as a best practice in childhood obesity prevention by the World Health Organization.

Almost 30 percent of Ontario children and youth are overweight or obese.[1] Data on overweight and obese children aged 0 to 12 is limited at the local level, however it is estimated that 41 percent of youth between the ages of 12 and 17 in Chatham-Kent are overweight or obese.[2] Children and youth who are overweight or obese are more likely to become obese adults. In one study, overweight two to five year-olds were four times more likely to be overweight as adults.[3] Children who are obese also have a higher risk of chronic disease and premature death as adults. Obese adults are more likely to have

[1] Ministry of Health and Long-Term Care. Water Does Wonders: Fact Sheet – Background and Evidence. Ontario: Queen's Printer; ND.
[2] Chatham-Kent Public Health Unit. 2017 CK Health Status Report: Risk Factors for Chronic Disease. Chatham, ON: Chatham-Kent Public Health Unit; October 2017.

coronary artery disease, a stroke, high blood pressure, breast and colon cancer, type 2 diabetes, gall bladder disease, and osteoarthritis.[3]

In Chatham-Kent, chronic disease rates are typically higher than the provincial average. Every year, cardiovascular disease results in 1,556 hospitalizations and 364 deaths; there are 631 new cases of cancer and 300 cancer-related deaths; and 157 hospitalizations and 44 deaths occur due to diabetes.[4]

The Ministry of Health and Long-Term Care provided the Municipality of Chatham-Kent (the Municipality) $962,500 over the course of three and half years, from April 1, 2015 to October 31, 2018, to implement new and emerging projects and initiatives. The selection and development of projects and initiatives was guided by different themes of the HKCC; and was informed by knowledge on best and promising practices, consultations with community partners, and the community needs assessment (CNA) conducted at the beginning of the program. Within the funding structure of the HKCC community grants, the Ministry provided 50% of one full-time equivalent position ($50,000 annually) towards a local project manager. The responsibility of this role was to coordinate and monitor the planning and implementation of collaborative community activities at the local level.

A final report of the progress and activities undertaken through the local HKCC, referred to as Super Kids CK, was previously received by the Board of Health in December 2018.

Upon completion of the program in 2018 funding to support a local program coordinator no longer exists within the participating communities, including Chatham-Kent.

At the December, 2018 Board of Health meeting, the Board received a report on the HKCC and requested that administration prepare a resolution for the Association of Local Public Health Agencies (alPHa) Annual General Meeting.

Comments

Provincial funding to support a local project manager for the duration of the HKCC helped to increase local community capacity to plan, implement and evaluate sustainable local health interventions. It also worked to improve community collaboration and enhance coordination of programming through the development of multi-sectoral partnerships. Many opportunities were also provided for children in Chatham-Kent to access low-barrier or barrier-free program and recreation opportunities that they may otherwise have not had the opportunity to participate in. This type of approach also aligns with the EPODE model and evidence on the

[3] Ministry of Health and Long-Term Care. Water Does Wonders: Fact Sheet – Background and Evidence. Ontario: Queen's Printer; ND.
[4] Chatham-Kent Public Health Unit. Chronic Diseases in Chatham-Kent: Leading Causes of Death, Disability and Health Care Costs. Chatham, ON: Chatham-Kent Public Health Unit; May 2018.

effectiveness of centrally-coordinated, community-based interventions to improve healthy weights.

Upon completion of the HKCC, the subsequent loss of a local project manager has negatively impacted the ability of the existing partnership tables to continue their coordinated efforts and could hinder progress and gains made over the past four years to enhance community mobilization.

As part of the final project activity report for the HKCC in Chatham-Kent the local steering committee identified the role of a local project manager as an essential component to ensuring sustainability and continuing efforts to address childhood obesity and related health behaviours following the conclusion of the challenge.

Areas of Strategic Focus and Critical Success Factors

The recommendation in this report supports the following areas of strategic focus:

☐ Economic Prosperity:
Chatham-Kent is an innovative and thriving community with a diversified economy

☒ A Healthy and Safe Community:
Chatham-Kent is a healthy and safe community with sustainable population growth

☐ People and Culture:
Chatham-Kent is recognized as a culturally vibrant, dynamic, and creative community

☐ Environmental Sustainability:
Chatham-Kent is a community that is environmentally sustainable and promotes stewardship of our natural resources

The recommendation in this report supports the following critical success factors:

☐ Financial Sustainability:
The Corporation of the Municipality of Chatham-Kent is financially sustainable

☐ Open, Transparent and Effective Governance:
The Corporation of the Municipality of Chatham-Kent is open, transparent and effectively governed with efficient and bold, visionary leadership

☐ Has the potential to support all areas of strategic focus & critical success factors

☐ Neutral issues (does not support negatively or positively)

Consultation

There was no consultation required to produce this report.

Financial Implications

There are no financial implications resulting from the recommendation in this report.

Prepared by:

Chris Sherman, OCT, BHK, B.Ed
Health Educator

Reviewed by:

Carina Caryn, MPH
Program Manager

Reviewed by:

Dr. David Colby, MSc., MD, FRCP (C)
Medical Officer of Health

Reviewed by:

Teresa Bendo, MBA
Director, Public Health

Reviewed by:

April Rietdyk, RN, BScN, MHS, PhD PUBH
General Manager
Community Human Services

Attachment: Draft Resolution for alPHa Annual General Meeting

This report supports the following rights of the Chatham-Kent Children's Charter of Rights:

6. The Right to Play; 12. The Right to Equal Access

This report addresses the following requirement(s) of the Ontario Public Health Standards:

Chronic Disease Prevention and Well-Being Requirement 2.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

Providing leadership in public health management

MEMO

To: Chairs and Members of Boards of Health
Medical Officers of Health
alPHa Board of Directors
Presidents of Affiliate Organizations

From: Loretta Ryan, Executive Director

Subject: ***alPHa Resolutions for Consideration at June 2019 Annual General Meeting***

Date: May 7, 2019

Please find enclosed a package of the resolutions to be considered at the Resolutions Session taking place at the Four Points by Sheraton Hotel & Suites Kingston, 285 King Street East, Kingston, Ontario, on June 10 during the 2019 Annual General Meeting (AGM).

These resolutions were received prior to the deadline for advance circulation. They have been reviewed and recommended by the alPHa Executive Committee to go forward for discussion at the Resolutions Session. (As of this writing, late resolutions were not received and are not included in this package. Late resolutions are indicated as such and not typically reviewed by the Executive Committee.)

Sponsors of resolutions should be prepared to have a delegate in the room to speak to the resolution(s).

IMPORTANT NOTE FOR LATE RESOLUTIONS:

Late resolutions (i.e. those brought to the floor) will be accepted, but please note that any late resolution must come from a Health Unit, the Board of Health Section, the Council of Medical Officers of Health, the Board of Directors or an Affiliate Member Organization of alPHa. They may not come from an individual acting alone.

To have a late resolution considered it must be first submitted in writing to an alPHa staff member **by 7:00 AM, Monday, June 10, 2019 (i.e. one hour before the start of the Resolutions Session)** so that it may be prepared for review by the membership. This includes a review by the Resolutions Chair appointed by the Executive Committee. The Chair will quickly review the resolution to determine whether it meets the criteria of a proposed resolution as per the "Procedural Guidelines for alPHa Resolutions" found at www.alphaweb.org/resolutions.asp. If the resolution meets these guidelines, it proceeds to the membership to vote on whether there is time to consider it. A successful vote will garner a 2/3 majority support. If this is attained, it will be displayed on the screen and read aloud by its sponsor followed by a discussion and vote.

Each late resolution will go through this process. We value timely and important resolutions and want to ensure that there is a process to consider them.

Cont'd

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session. A registration form is attached. Health Units must indicate who they are sending as voting delegates and which delegates will require a proxy vote. Only one proxy vote is allowed per person.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their *health unit/board of health.*

Delegates are asked to obtain their voting card and proxy (if applicable) from the registration desk during the conference. They will be asked to sign off verifying that they did indeed receive their card(s). This is done so that we have an accurate record of who was present and voted during the meeting.

To help us keep printing costs down, **please bring your enclosed copy of the resolutions with you** to the Resolutions Session.

Attached is a list describing the number of votes for which each Health Unit qualifies. Please note that we have updated this list based on population statistics taken from the 2011 Statistics Canada Census data "Census Profile". **Please ensure that the number of votes for your health unit/board of health indicated on the attached is correct.**

If you have any questions on the above, please feel free to contact Susan Lee, Manager, Administrative and Association Services, at 416-595-0006 ext. 25 or susan@alphaweb.org

Enclosures:

- Resolutions Voting Registration Form
- Number of Resolutions Votes Eligible Per Health Unit
- June 2019 Resolutions for Consideration

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

Providing leadership in public health management

2019 alPHa Resolutions Session
June 10, 2019 – 8:00 to 10:00 AM
Four Points by Sheraton, 285 King Street East, Kingston, Ontario

REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered to attend the alPHa Annual Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Email this form to *susan@alphaweb.org* on or before June 3, 2019

* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

alPHa
Association of Local PUBLIC HEALTH Agencies

Number of Resolutions Votes Eligible Per Health Unit

HEATLH UNITS	*VOTING DELEGATES*
Toronto*	**20**
POPULATION OVER 400,000	**7**
Durham	
Halton	
Hamilton	
Middlesex-London	
Niagara	
Ottawa	
Peel	
Simcoe-Muskoka	
Waterloo	
York	
POPULATION OVER 300,000	**6**
Windsor-Essex	
POPULATION OVER 200,000	**5**
Eastern Ontario	
Kingston, Frontenac, Lennox and Addington	
Southwestern	
Wellington-Dufferin-Guelph	
POPULATION UNDER 200,000	**4**
Algoma	
Brant	
Chatham-Kent	
Grey Bruce	
Haldimand-Norfolk	
Haliburton, Kawartha, Pine-Ridge	
Hastings-Prince Edward	
Huron	
Lambton	
Leeds, Grenville and Lanark	
North Bay Parry Sound	
Northwestern	
Perth	
Peterborough	
Porcupine	
Renfrew	
Sudbury	
Thunder Bay	
Timiskaming	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

Health Unit population statistics taken from: Statistics Canada. 2011 Census. *Census Profile.*

From: Gordon Fleming <gordon@alphaweb.org>
Sent: Tuesday, May 7, 2019 2:54 PM
To: All Health Units
Subject: alPHa Activities - Public Health System Modernization

Dear alPHa Members,

Please see below for an update from the alPHa Executive Director regarding alPHa's activities related to the modernization of public health in Ontario.

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
SENIOR MANAGERS, ALL PROGRAMS
****

Dear alPHa Members,

On behalf of the alPHa Board of Directors, I am pleased to provide you with this update on responses to the Province's plans to modernize Ontario's health units, which were announced in the 2019 Ontario Budget on April 11.

Since this announcement, alPHa has transmitted a communication to members (April 11), a news release (April 12) a Position Statement (April 24) and a Letter to the Minister (May 3). alPHa President Dr. Robert Kyle has also presented twice to the Toronto Board of Health (April 15 and May 6) and participated in a number of media interviews.

We have set up a dedicated **2019 Public Health Modernization resource page** on alPHaWeb for posting alPHa responses and related background materials, statements from other stakeholders, and communications from individual Boards of Health (collected in the Local Board Resolutions – Public Health Policy library at the bottom of the page).

The foundation of alPHa's messages throughout this process has been to emphasize the value of public health and its demonstrable return on investment. We encourage members to examine the various alPHa documents collected on this page to cite, amplify and / or modulate key messages in your own communications.

We also urge you to notify us of local board of health resolutions or other communications that have not been included in our library. Please send these to: Loretta@alphaweb.org

Please note that we are not including media pieces on this page, but alPHa will draw attention to these via its Twitter account (@PHAgencies)

We hope that you find this information useful. I am happy to answer any questions that you have and can best be reached at 647-325-9594.

May 6, 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 M7A2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto ON M7A1E9

Re: Support for Bill 60

On April 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from North Bay Parry Sound District Health Unit (Board) regarding their continued support of staff and community stakeholders to reduce health inequalities and their support for Bill 60. The following motion was passed:

GBHU BOH Motion 2019-19

Moved by: Anne Eadie Seconded by: Sue Paterson

"THAT, the Board of Health support the resolution from North Bay Parry Sound District Health Unit in regards to Reducing Health Inequities and Support for Bill 60"

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Local MP’s and MPP’s
Association of Local Public Health Agencies
Ontario Health Units

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay Parry Sound
Your lifetime partner in healthy living.
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711 | 1-800-563-2808

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

.../2

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

North Bay Parry Sound District Health Unit
Your lifetime partner in healthy living.
Bureau de santé du district de North Bay Parry Sound
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711 | 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**

North Bay Parry Sound District
Health Unit

May 6, 2019

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

Dear Minister Elliott:

Re: Support for alPHa report: *Improving and Maintaining the Health of the People*

On April 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Simcoe Muskoka District Health Unit supporting the alPHa report, *Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine.* The following motion was passed:

GBHU BOH Motion 2019-20

Moved by: Anne Eadie Seconded by: Sue Paterson

"THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health Unit supporting the alPHa report, *Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine*."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health Units

simcoe muskoka
DISTRICT HEALTH UNIT

March 20, 2019

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

Dear Minister Elliott,

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

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

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

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

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

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

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

Att. (1)

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

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

Improving and Maintaining the Health of the People

The Contribution of Public Health to Reducing Hallway Medicine

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

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

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

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

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

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

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

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

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

of the people:

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

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

Together we serve the people of Ontario to ensure:

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

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

May 6, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto ON M7A2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto ON M7A1E9

Re: Support for Bill 60

On April 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health urging the passing of Bill 60 as an important step towards fiscal responsibility and to address health inequalities. The following motion was passed:

GBHU BOH Motion 2019-21

Moved by: Anne Eadie Seconded by: Sue Paterson

"THAT, the Board of Health support the correspondence from Peterborough Public Health urging the passing of Bill 60"

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Doug Ford, Premier of Ontario
Local MP's and MPP's
Association of Local Public Health Agencies
Ontario Boards of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

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

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound
Your lifetime partner in healthy living.
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711
myhealthunit.ca 1-800-563-2808

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

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

Original Signed by Don Brisbane

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
Bureau de santé du district de North Bay-Parry Sound
Your lifetime partner in healthy living.
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711 | 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

North Bay Parry Sound District Health Unit

alPHa
Association of Local PUBLIC HEALTH Agencies

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

Providing leadership in public health management

Update to Board of Health Members
May 10, 2019

2019 Ontario Budget: Public Health System Restructuring

On April 11, as part of the 2019 Ontario Budget reading, the provincial government announced plans to change the public health system as follows:

- reduce the number of public health units from the current 35 to 10 and move to a regional structure by 2020-21 (these 10 new regional public health entities will be governed by 10 regional boards of health, the size and composition of which are presently unknown);
- save $200 million annually from across the local public health system by 2021-22;
- streamline Public Health Ontario; and
- regionalize the public health laboratory system.

Since then, the Ministry of Health and Long-Term Care has informed health units that it will reduce the current provincial-municipal cost-sharing arrangement over the next three years beginning April 1, 2019 as follows:

Year	Provincial-Municipal Share for Toronto	Provincial-Municipal Share for All Other Health Units
2019-20	60/40	70/30
2020-21	60/40	70/30
2021-22	50/50	60/40 for 6 regions with population greater than 1 million; 70/30 for 3 regions with a population less than 1 million

alPHa Responses and Action

Soon after the budget announcements, alPHa and the membership worked to make Ontarians aware of public health's concerns over the potential negative impacts of these changes on community health and well-being. On April 24, a position statement was issued and a news release was sent out on April 12.

alPHa's Executive Committee, COMOH members, and Board of Health Chairs also held several emergency meetings over the past several weeks to discuss the proposals and strategize on next steps. The alPHa Board of Directors met at the end of April and sent a letter on May 3rd to the Minister of Health and Long-Term Care seeking clarification on aspects of the proposed changes. alPHa has set up a dedicated page on its website that houses all communications to date by the association, as well as those by members, on the proposed changes. These are being shared with health units and boards of health in the hopes they may be adapted for local context and use.

Quick Links to alPHa's Online Resources Regarding Public Health Restructuring:

- Speaking Notes – Toronto Board of Health Meeting May 6th
- Letter to the Minister
- alPHa Position Statement

- 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
- Public health promotional material including a brochure and video
- Media Coverage on Twitter: @PHAgencies

Next Steps

As we wait to hear further details from the Ministry in the coming weeks, alPHa encourages the membership to attend the upcoming annual conference in Kingston, Ontario. Retitled **Moving Forward with Public Health**, the program has been redrafted to reflect the recent announcements on sectoral changes. Canada's Chief Public Health Officer will kick off the event with a keynote address on building partnerships and there will be two panel discussions related to public health restructuring. The first panel will look at the cyclical nature of support for public health in this province and the second panel will examine the critical elements of Ontario's public health system as it evolves. This conference will provide many opportunities for board of health members to share their thoughts and ideas on restructuring as public health moves forward.

Upcoming Events and Meetings for All Board of Health Members

June 9-11, 2019: Moving Forward with Public Health, alPHa 2019 Annual General Meeting & Conference, Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario.

June 11, 2019 (during alPHa Annual Conference): alPHa Boards of Health Section Meeting
All board of health members in Ontario are welcome to attend this meeting, which will be held during the alPHa Annual Conference in Kingston (pre-registration required).

This update was brought to you by the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on the Association's various committees. Learn more about us at www.alphaweb.org

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

May 9, 2019

Senate of Canada
Ottawa, Ontario
Canada K1A 0A4

Dear Honourable Senators,

Re: Bill S-228, the Child Health Protection Act

On behalf of the Board of Health for Peterborough Public Health, we strongly urge the Senate to accept the House of Commons amendments, and support the expedited passing of Bill S-228, the Child Health Protection Act.

Restricting the marketing of unhealthy food and beverages to children is a key priority identified in Health Canada's Healthy Eating Strategy. The food industry spends billions of dollars per year marketing to children. Child-targeted marketing is unethical. It takes advantage of a vulnerable population that is unable to understand the intent of marketing and thus make an informed decision. Advertisements aimed at children can influence their lifelong eating attitudes and behaviours (including food preferences, food choices, and purchasing selections), and intends to build brand loyalty.[1] The majority of these foods and beverages are calorie-dense and low in nutrition. Frequent consumption of these foods and beverages has consistently been linked to excessive weight gain and suboptimal nutrient intake among children and youth, making it a public health concern.

Following the amendments brought forth by the House of Commons, the Senate expressed concerns that were unfounded and should not delay the vote on Bill S-228.[2] Specifically:

- Sports sponsorship of community sporting events - Health Canada clearly stated that these would be exempt from the proposed regulations.[3]
- Definition of "unhealthy foods" - Health Canada has not committed to replacing the word "unhealthy", however, they confirmed that the word would not be associated to any specific food product. The decision model was revised to consider first if an item is advertised to children before establishing if its nutrient profile exceeds restrictions. Also, foods that are recommended for children to eat often will not be included in the restrictions (e.g. most breads, milk and alternatives).[4]
- Front-of-package labelling - Despite also being part of Health Canada's multi-year Healthy Eating Strategy[5] it is separate to Bill S-228 and should not impact the passing of this legislation.

Bill S-228 is based on scientific evidence and mirrors countless recommendations worldwide. Restricted marketing to children is a recognized best practice by the World Health Organization, as a public health approach to reduce the high prevalence of diet-related diseases, and related expenses within the healthcare system and to society at large. It is critical to protect children's health, as part of a multi-component, upstream strategy included within the Health Eating Strategy for Canada. Children deserve to be protected

from marketing of unhealthy food and beverages and their parents need support in their efforts to create healthy eating environments.

This legislation is required, as self-regulation by industry does not work. In Canada, over the last 10 years the food and beverage industry set standards to self-regulate marketing through the Canadian Children's Food and Beverage Advertising Initiative. Self-regulation has proven itself to be unsuccessful. Research has demonstrated that exposure to food and beverage advertising has actually increased and that the healthfulness of foods advertised to children has not changed.[6] As long as regulation is optional, we will continue to see marketing directed to children, warranting the need for the legislation to pass.

Bill S-228 has been passed by the House of Commons and reviewed over the last two years by the Senate. We urge that the Senate approve the final passage of the Bill to positively impact the health of Canadian children and improve the food environment in Canada.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: The Right Honourable Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas, Minister of Health
Local MPs
The Stop Marketing to Kids Coalition
Association of Local Public Health Agencies
Ontario Boards of Health
Ontario Dietitians in Public Health

---

[1] Dietitians of Canada.2010. Advertising of Food and Beverages to Children. Position of Dietitians of Canada.
[2] Parliament of Canada. (November 22nd, 2018). Bill to Amend - Message from Commons-Motion for Concurrence in Commons Amendments - Debate Continued. *1st Session, 42nd Parliament,* 150(249). Retrieved from https://sencanada.ca/en/content/sen/chamber/421/debates/249db_2018-11-22-e?language=e.
[3] Health Canada. (2018). Restricting Marketing of Unhealthy Food and Beverages to Children: An Update on Proposed Regulations. Retrieve from https://www.canada.ca/en/health-canada/programs/consultation-restricting-unhealthy-food-and-beverage-marketing-to-children/update-proposed-regulations.html
[4] The Senate of Canada. (2018). Standing Senate Committee on Agriculture and Forestry [Video File]. Retrieved from https://sencanada.ca/en/committees/AGFO/Witnesses/42-1
[5] Government of Canada. (January 20th, 2019). Health Canada's healthy eating strategy. Retrieved from https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html
[6] Potvin-Kent M, Martin CL, Kent EA. Changes in the volume, power, and nutritional quality of foods marketed to children on television in Canada. Obesity. 2014;22 (9):2053-2060.

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

519-258-2146 | www.wechu.org

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

May 2019

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

Dear Honourable Christine Elliott,

Re: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping

On behalf of our board of health, I am writing you in support of Peterborough Public Health's call to action regarding strengthening the Smoke-free Ontario Act, 2017 to address the promotion of vaping.

The Windsor Essex County Board of Health supports the call to address retail promotion for vaping products in convenience stores, gas bars and other retail locations across Ontario. Peterborough Public Health's letter (attached below) outlines some of the negative impacts of nicotine exposure on the adolescent brain as well as evidence of respiratory health impacts among youth who vape. WECHU has responded to alarming number of complaints related to youth vaping at schools and within the community.

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

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

The Honourable Christine Elliott
Deputy Premier of Ontario
Minister of Health and Long-Term Care
christine.elliottco@ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping

At the February 26, 2019 regular meeting of the Board of Health for the Renfrew County and District Health Unit (RCDHU) the Board considered the attached correspondence from Peterborough Public Health urging the Ontario government to strengthen the Smoke-Free Ontario Act, 2017 to prohibit through regulation, the promotion of vaping products.

The following motion was recommended by the Stakeholder Relations Committee and accepted by the Board on February 26, 2019:

Resolution: # 3 SRC 2019-Feb-08
A motion by M. A. Aikens; seconded by J. Dumas; be it resolved that the Stakeholder Relations Committee recommend to the Board that the RCDBH support the correspondence from Peterborough Health Unit urging the province to strengthen the Smoke-Free Ontario Act 2017 and prohibit the promotion of vaping products and further that it be cc as per the Sudbury letter.

Carried

Sincerely,

Janice Visneskie Moore
Chair, Board of Health
Renfrew County and District Health Unit

cc (via email): The Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Office of Health
The Honourable John Yakabuski, MPP, Renfrew-Nipissing-Pembroke

Ontario Boards of Health
Loretta Ryan, Executive Director, association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Associations
Association of Municipalities of Ontario
Jacquie Maund, Alliance for Healthier Communities

7 International Drive, Pembroke, Ontario K8A 6W5 • www.rcdhu.com
• Health Info Line 613-735-8666 • Health Promotion & Clinical Services 613-735-8651 • Dental 613-735-8661
• Immunization 613-735-8653 • Environmental Health 613-735-8654 • Reception 613-732-3629 • Fax 613-735-3067
Toll Free: 1-800-267-1097

Peterborough Public Health

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

November 5, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act (2017) to address the promotion of vaping

At its meeting on October 10, 2018, the Board of Health for Peterborough Public Health passed a motion to urge the Ontario government to strengthen the Smoke-Free Ontario Act (2017) and prohibit through regulation, the promotion of vaping products.

By and large the changes in the updated Act and regulations are viewed favorably by Peterborough Public Health as it harmonizes medicinal cannabis, recreational cannabis, conventional cigarettes, and e-cigarette laws into one piece of legislation. However, health experts conclude that allowing retail vaping displays and promotion will put thousands of children and youth at risk of nicotine addiction. The legislation only bans actual vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products. It permits the widespread promotion of vaping products in convenience stores, gas bars and other retail locations across Ontario. This includes freestanding brand promotions now located inside and outside retail locations like gas bars, posters including pictures of products, video product promotion, and many other types of promotion including those featuring actual vaping products, are all allowed. Mass media promotion of vaping produces (i.e., television advertising) has already been seen in Ontario.

Public health representatives are very concerned about the outcome of nicotine exposure on the adolescent brain. There is also more evidence of respiratory health impacts among young vapers. We are sure that these serious health impacts must be of concern to you and the Government of Ontario as well. We agree with a federal commitment to reducing tobacco use to 5% in Ontario by 2035[1] and fear that current promotion of vaping will actually lead to increased tobacco use among youth. Recently released results from the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) shows that current smoking rates for Canadians aged 15 years and over have actually increased to 15.1% in 2017 from 13.0% in 2015.[2] Your action is urgently needed to protect the health of youth in Ontario and avoid an epidemic of vaping and nicotine addiction. We must work collaboratively to ensure that young people do not start smoking or vaping.

In conjunction with the above actions, the Board of Health requests that the Province invest in a timely evaluation of the implementation of the Smoke-Free Ontario Act to monitor the impacts of the limited promotion of vaping products with a commitment to make the required amendments as soon as possible.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

---

[1] Health Canada (2018). Canada's Tobacco Strategy. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canada-tobacco-strategy/overview-canada-tobacco-strategy-eng.pdf

[2] Statistics Canada (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of results for 2017. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html

AMO Budget Bulletin #3

Tuesday, June 11, 2019 10:01 AM

Subject	**AMO Budget Bulletin #3**
From	Gordon Fleming
To	All Health Units
Sent	Tuesday, May 21, 2019 11:19 AM

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
****

Please see below for the latest Budget Bulletin from the Association of Municipalities of Ontario, which includes a paragraph on public health.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23

From: AMO Communications [mailto:Communicate@amo.on.ca]
Sent: May 17, 2019 4:35 PM

May 17, 2019

Ontario Budget Bulletin: #3

Members:
We promised to keep you updated on the Ontario Budget impacts. This will update you on: i) changes and impacts; ii) policing grants and iii) public health.

i) Changes and Impacts:

AMO has developed a deck summarizing the changes as we know them as of today (May 17). They are captured under four categories:

- new and changing pressures
- unknown impacts
- foregone funding
- new funding

The ability to achieve a province-wide cumulative impact is difficult, partly because the 2019/20 Estimates (tabled last week) are not specific and different ministries have not released information. Some has been released to affected parties (e.g., Boards of Health and ambulance service managers). We are working to gather information from them.
We know upper tier and separated cities, where many of the cuts occur, are doing their local analysis, and sometimes using best guess assumptions. The slow release of financial information from the province and working from an assumption base in some cases will hamper municipal work on looking for efficiencies in the last six months of the 2019 municipal fiscal year. Possible pressure from other local boards, such as conservation authorities and library boards to help with their cuts will add to the challenge.

ii) Policing:

The Solicitor General is releasing the 2019 policing grant information to own forces policing boards. It has consolidated several policing grants into one, advising that the envelope is the same. However, the OPP and First Nations are now eligible under this revised funding envelope. Own force services are seeing a reduction. How much and how the OPP will reflect this new funding is unclear generally, or in relation to funding the recent arbitration settlement with the OPPA. More to learn.

iii) Public Health:

We understand that the MOHLTC has completed its one-on-one confidential discussions with each health board. It has committed to consulting on the specific boundaries of the ten (10) proposed new regional health entities. How this will occur is not clear to us. We do know that the MOHLTC has committed to AMO that is will involve us in discussion on the province would like to restructure public health. Certainly, our desire is to protect the interests of municipal government. More is expected on this in the coming weeks. It makes sense to tackle this matter first before any service structure review of ambulance.
There will no doubt be more information in the coming weeks. Please watch for our communications. Previous communications are available on the AMO website.

AMO Contact:

Monika Turner, Director of Policy, mturner@amo.on.ca, 416-971-9856 ext. 318.

*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.

Please consider the environment before printing this.

Association of Municipalities of Ontario
200 University Ave. Suite 801,Toronto ON Canada M5H 3C6
Wish to Adjust your AMO Communication Preferences ? Click Here

powered by HIGHER LOGIC

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

519-258-2146 | www.wechu.org

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

May 21, 2019

The Right Honorable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6
Justin.trudeau@parl.gc.ca

Dear Prime Minister Trudeau:

On May 16, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free Multi-Unit Dwellings** to reduce the exposure of second-hand smoke in multi-unit housing:

Whereas, the federal government has passed the Cannabis Act, 2017 to legalize non-medical cannabis, coming into effect on October 17th, 2018, and

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC, and

Whereas, Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported, and

Whereas, indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building and no one should be unwillingly exposed or forced to move due to unwanted second-hand smoke exposure,

Now therefore be it resolved that the Windsor-Essex County Board of Health endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:

1. Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties and explicitly include cannabis smoke and vaping of any substance in the definition of smoking;

2. All future private sector rental properties and buildings developed in Ontario should be vape and smoke-free from the onset;

3. Encourage public/social housing providers to voluntarily adopt no-smoking and/or vaping policies in their units and/or properties;

4. All future public/social housing developments in Ontario should be smoke and vape-free from the onset.

5. Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

AND FURTHER that this resolution be shared with the Honorable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health & Long-Term Care
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

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

519-258-2146 | www.wechu.org

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

May 21, 2019

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

Dear Minister Elliott:

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 Windsor-Essex County Board of Health we are writing to you in support of Simcoe Muskoka District Health Unit's request to the Government of Ontario to develop a comprehensive provincial alcohol strategy to mitigate harms and monitor the health impacts of the increasing access and availability of alcohol in Ontario.

Annual costs directly attributed to alcohol-related harms in the form of health care, law enforcement, lost productivity, premature mortality and other alcohol-related problems, are estimated at $5.3 billion, contributing to a significant burden on Ontario's health care system. Research evidence shows that policy tools designed to influence drinking levels and patterns can reduce disease, disability, death and social disruption from alcohol.

It is well established that increased alcohol availability leads to increased consumption and alcohol–related harms. We agree with the SMDHU's belief that a comprehensive, provincially led alcohol strategy can help mitigate the potential harms of alcohol use, and thereby encourage the government to develop a provincial strategy to include education and awareness campaigns, enforcement of alcohol marketing regulations and improved monitoring systems to track alcohol-related harms.

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

Sincerely,

Gary McNamara, Chair
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

Encl: SMDHU Letter to Christine Elliott, MOHLTC
c: Premier Doug Ford
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Units
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
WECHU Board of Health
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

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

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].

KFL&A Public Health

May 23, 2019

VIA: Electronic Mail (christine.elliott@pc.ola.org)

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its May 22, 2019 meeting:

THAT the KFL&A Board of Health strongly urge the Government of Ontario to maintain the current health promotion mandate of local public health units; and

THAT the KFL&A Board of Health ask the Government of Ontario to consult with Medical Officers of Health across Ontario should they consider any changes to the health promotion mandate and/or functions of local public health units or future public health entities.

There has been a recent flurry of media attention on public health in Ontario in response to announced changes to the public health system including decreased funding, a change in how public health units are funded, and the transition of 35 public health units to ten regional public health entities. In this media maelstrom, there has been recognition of the importance of public health and the programs and services it provides; however, the current media rhetoric regarding the benefits of public health is almost exclusively focused on the health protection and disease prevention mandates of public health agencies (e.g., preventing and mitigating infectious diseases such as measles and SARS). While these are critical aspects of the work public health provides to our communities, the Provincial Government has been silent on the importance of health promotion as a core function of public health. Furthermore, when health promotion work is mentioned, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages or has noted that the work (e.g., a study of energy drinks or bike lanes) is not where public health should invest its resources. This is worrisome.

. . . / 2

Health promotion is more than just crafting messages and making posters. It is the methodical and scientific application of a comprehensive approach to address health issues. Components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy, and re-orienting the health care system. Health promotion, when used with fidelity, has demonstrated great success. Tobacco is a great example of a health promotion success story. While most people would agree that the policy and taxation levers used by the federal and provincial governments are responsible for the dramatic and sustained drop in smoking rates, it is the work of health promotion that enabled those tools to be created and enacted. It was through successful knowledge translation activities informing the general public of the evidence that smoking causes lung cancer, the evaluation of prevention and cessation programs, and community action and advocacy from non-smokers—all the result of health promotion—that put tobacco on the public's agenda. Once tobacco was on the public's agenda, and recognized as a health hazard, policies were implemented, and continue to be implemented to this day, to protect the public from the harms of tobacco use. Clearly, health promotion is an effective tool to improve the health of the population.

Furthermore, effective health promotion is needed now more than ever as communities across Ontario grapple with the epidemic of chronic diseases. In Ontario, chronic diseases are the leading cause of disability and death and account for nearly 80% of all deaths. With a rapidly aging population, the prevalence of chronic diseases is expected to rise along with a significant associated financial toll on the provincial health care budget. Health care costs in Ontario are projected to account for 70 percent of the provincial budget by 2022 and 80 percent by 2030, making the prevention of chronic diseases a health and financial priority.

Medical Officers of Health -- highly trained and trusted professionals with the expertise to address health threats in their communities -- are well-positioned to determine effective strategies to address common risk factors for chronic disease (i.e., tobacco use, alcohol use, unhealthy eating and physical inactivity) and other factors that impact health such as early childhood development, mental health and the social determinants of health. Medical Officers of Health must be afforded the full slate of public health tools to protect and promote the health of their communities.

. . . / 3

Health protection, disease prevention and health promotion are equally important and core functions of public health. Having a well-resourced public health system with the tools required to address both acute and chronic health threats is the best chance that Ontario has to make our health care system sustainable, to end hallway medicine, and to protect what matters most – health.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Doug Ford, Premier
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
Dr. David Williams, Chief Medical Officer of Canada
Dr. Chris Mackie, Chair, Council of Medical Officers of Health
Susan Stewart, Chair, Ontario Chronic Disease Prevention Managers in Public Health
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Ontario Boards of Health

AMO Policy Update - Welcome Fiscal Relief for This Year

Tuesday, June 11, 2019 10:03 AM

Subject	**AMO Policy Update - Welcome Fiscal Relief for This Year**
From	Gordon Fleming
To	All Health Units
Sent	Monday, May 27, 2019 11:30 AM

ATTENTION
MEDICAL OFFICERS OF HEALTH
CHAIRS, BOARDS OF HEALTH
BUSINESS ADMINISTRATORS
****

Please see below for an update from the Association of Municipalities of Ontario related to this morning's announcement that the Province is reversing the in-year cuts (including those to public health) announced following the 2019 Ontario Budget.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23

From: AMO Communications <Communicate@amo.on.ca>
Sent: May 27, 2019 11:08 AM
To: Monika Turner <MTurner@amo.on.ca>
Subject: AMO Policy Update - Welcome Fiscal Relief for This Year

AMO Policy Update not displaying correctly? View the online version | Send to a friend
Add Communicate@amo.on.ca to your safe list

Association of Municipalities Ontario

POLICY UPDATE

May 27, 2019

Welcome Fiscal Relief for This Year

This morning Premier Ford and Minister Steve Clark announced that there would be no in-year cuts to public health, child care, and ambulance services.
This relief is welcomed by all.
Through face to face meetings and by letter, AMO had asked to sit with the Province to look at how

to problem solve our fiscal sustainability challenges together.
We are glad we will have that opportunity. We will keep AMO members updated as more information is available.

AMO Contact: Monika Turner, Director of Policy, mturner@amo.on.ca, 416-971-9856 ext. 318.

*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.

Please consider the environment before printing this.

Association of Municipalities of Ontario
200 University Ave. Suite 801,Toronto ON Canada M5H 3C6
To unsubscribe, please click here

powered by HIGHER LOGIC

TITLE: **Public Health Modernization: Getting it Right!**

SPONSOR: **Peterborough Public Health**

WHEREAS the services provided by local boards of public health are critical to supporting and improving the health and quality of life of all residents of the Province; and

WHEREAS public health interventions are an important strategy in the prevention of hallway medicine and have been found to produce significant cost-saving with estimates that every dollar invested will save or avert at least $14 in future costs[1]; and

WHEREAS boards of health are accountable to both the province and their "obligated municipalities[2]" to maximize their financial resources; and

WHEREAS meaningful municipal participation on boards of health ensures that public health agencies understand and respond to local and specific municipal needs; and

WHEREAS revenue opportunities for municipalities are constrained by both the ability to pay and provincial regulation; and

WHEREAS the current proposal for reorganizing the public health sector in Ontario was developed without meaningful consultation with either boards of health or their obligated municipalities;

NOW THEREFORE BE IT RESOLVED THAT the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) calls upon the Ontario government to delay the implementation of any organizational and financial changes to local public health until April 1, 2021 with a commitment to engage in meaningful consultation over the next eighteen (18) months;

AND FURTHER that any changes in the cost-shared formula be phased in over five (5) years commencing in fiscal 2021-22;

AND FURTHER that in any consultations with the province, that alPHa propose a joint task force made up of both political representatives and staff be established with the Association of Municipalities of Ontario (AMO) and the City of Toronto to undertake the following activities:

- Establish a set of principles to guide the reorganization of public health in Ontario that include:

    - Assurance that the enhancement of health promotion and disease prevention is the primary priority of any changes undertaken
    - Undertaking the consolidation of health units around a community of interests which include distinguishing between rural and urban challenges, and the meaningful participation of First Nations
    - Taking into account the ability of municipalities to pay, considerations for the broad range of proposed changes in funding arrangements between the province and municipalities
    - Developing a governance structure that provides accountability to local[3] councils required to fund local public health agencies; and
- Conduct public outreach to municipal, public health and other stakeholders to validate both the principles and the resulting plans for future re-organization; and
- Ensure that the municipal and public health perspectives on any proposed changes, including the outcomes of consultation, are incorporated.

---

[1] Masters R. Anwar E. Collins B et al. Return on investment of public health interventions: a systematic review. J Epidemiol Community Health 2017;71:827-834.

[2] *Health Protection and Promotion Act*, R.S.O. 1990, CHAPTER H.7, Part 1 (1) defines obligated municipality as "in relation to a health unit, any upper-tier municipality or single-tier municipality that is situated, in whole or in part, in the area the comprises the health unit".

[3] Under Section 50 of the HPPA, First Nation Councils can enter into agreements where they assume the same responsibilities as obligated municipalities.

BRANT COUNTY
HEALTH UNIT

194 Terrace Hill Street
Brantford, ON N3R 1G7
519-753-4937

www.bchu.org

May 27, 2019

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.elliott@ola.org)

Dear Premier Ford and Minister Elliott,

On behalf of the Brant County Health Unit (BCHU) Board of Health, we are writing to express our concerns regarding the implications of the 2019 budget. Ontario's local public health system is an essential part of keeping communities safe and healthy. Public health delivers an excellent return on investment and works on the front line to protect communities from illness, and promote health and wellbeing. The services provided by public health, outlined in the Ontario Public Health Standards, ensure that the population stays out of the health care system and remains healthy.

While we recognize the need for a sustainable public health system in Ontario, it is difficult to comprehend how a $200 million provincial reduction in preventative services will contribute to lowering future overall health care costs. The Public Health budget represents approximately 2% of the Province's total health care expenditures and every dollar spent on public health services saves an average of $14 in the acute care system. For every $1 invested in:

- immunizing children with the measles-mumps-rubella vaccine $16 are saved in health care costs;
- early childhood development and health care saves up to $9 in future spending on health, social and justice services;
- car and booster seat education and use saves $40 in avoided medical costs;
- fluoridated drinking water results in $38 saved in dental care;
- tobacco prevention programs saves up to $20 in future health care costs; and
- mental health and addictions saves $7 in health costs and $30 in lost productivity and social costs.

The proposed provincial reduction in funding for public health services represents a significant strain on the ability of local public health units, like the Brant County Health Unit, to continue to deliver on its mandate. A reduction in funding that represents 26% of the budget cannot occur without cutting services. These cuts will

impact on our ability to deliver the front-line public health services that keep people out of hospitals and primary care offices and will ultimately mean greater costs to the health care system.

Before the new directions for public health units are fully implemented, the BCHU Board of Health recommends that any changes to the funding ratio be done in consultation with municipalities rather than unilaterally by the Province and deferred to the municipal 2020 funding year. The 2019 municipal levy has already been established and municipalities are already almost 50% through their budget year.

Additionally, the BCHU Board of Health recommends that the following be considered when the development of the new regional public health entities and regional governance structure occurs to maintain a strong public health presence and impact in our community:

1. No loss of service to our community – All current programs and services under the Foundational and Program Standards continue to be funded by the Regional Public Health Entity to provide services in Brant.
2. Meaningful input into program planning – The needs of Brantford and Brant County are considered in the planning of programs and services for our community.
3. Integrity of the Health Unit – The Health Unit continues to function as a unit and services continue to be provided locally.
4. Appropriate municipal role in governance – The public expects that their municipal tax dollars are overseen by municipal politicians. For the municipal investment, representatives of the obligated municipalities will continue in this oversight role.
5. Effective administrative support – All administrative services provided by the Regional Public Health Entity will be at the same level or better than currently exists in the Health Unit.

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their populations. This crucial role is played out daily as Public Health Units work diligently and professionally to protect their communities from illnesses and promote health and well-being. These services outlined in the Ontario Public Health Standards and Related Programs ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards. The Board of Health for the Brant County Health Unit implores your government to leave the current public health structure as it is, delivering excellent and local preventative care to our community.

Sincerely,

Greg Anderson,
Chair, Brant County Board of Health

JAT/lmj
Copied: Dr. David Williams, Chief Medical Officer of Health
The Honourable Willem Bouma, MPP—Brantford-Brant
Association of Local Public Health Agencies
Monika Turner, Association of Municipalities of Ontario
Ontario Boards of Health
City of Brantford
County of Brant
The Expositor

York Region

Regional Clerk's Office
Corporate Services

May 17, 2019

Trish Fulton
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7

Dear Ms. Fulton:

Re: Protecting York Region's School Children through Immunization

On May 16, 2019 Regional Council adopted the following recommendations:

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health, the other 34 Ontario Boards of Health and the local municipalities.

The original staff report is enclosed for your information.

Please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120 if you have any questions with respect to this matter.

Sincerely,

Christopher Raynor
Regional Clerk

Attachments

The Regional Municipality of York

Committee of the Whole
Community and Health Services
May 2, 2019

Report of the Commissioner of Community and Health Services and Medical Officer of Health

Protecting York Region's School Children through Immunization

1. Recommendations

It is recommended that:

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health and the other 34 Ontario Boards of Health.

2. Summary

This report outlines York Region Public Health's (Public Health) efforts in enforcing the *Immunization of School Pupils Act* (the Immunization Act) – an Ontario law requiring children under age 18 years attending school to have up-to-date immunization records (or valid exemptions) on file with their public health unit for a designated subset of publicly-funded childhood immunizations.

Key Points:

- Administration and enforcement of the Immunization Act is an important tool for: improving immunization coverage among school-age children; understanding trends and patterns in vaccine coverage; and supporting public health interventions in the event of a vaccine-preventable disease case or outbreak
- Administration of the Immunization Act in York Region would be enhanced if the provincial government were to create a provincial Electronic Medical Record and merge this record with the existing Digital Health Immunization Repository so that any time a health care provider administers a vaccine, it is captured in a central provincial registry

3. Background

Ontario's publicly-funded immunization program prevents diseases that could otherwise cause illness and death

Immunization is one of the most successful and cost-effective public health interventions available. It protects an individual from the negative health impacts of vaccine-preventable diseases like measles or pertussis, and further protects the community at large including those who cannot receive a particular vaccine due to their age or a medical condition.

York Region's immunization program is governed by the *Immunization of School Pupils Act* (the Immunization Act) for school-aged children, and the *Child Care and Early Years Act* for children attending licensed child care centres. Program specific requirements are detailed in the Ontario Public Health Standards, including the requirement to assess, maintain records, and report on the immunization status of children enrolled in schools and licensed child care centres.

Under the Immunization Act, parents or guardians of school-aged children are required to provide Public Health with proof of immunization or a valid exemption (medical or conscience/religious belief). These immunizations include diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chickenpox). Most of these vaccine-preventable diseases are highly contagious and can have serious health consequences, including death.

York Regional Council as the Board of Health in York Region supports the activities of Public Health in promoting immunization among school age children

On February 18, 2016 Council endorsed Public Health's role in enforcement of the Immunization Act. The report detailed the administration and enforcement, discussed the benefits of publicly-funded immunization programs and outlined ongoing community efforts to improve immunization uptake and compliance among the Region's students. On April 20, 2017, an update on enforcement of the Immunization Act in York Region was received by Council, including details regarding the approach Public Health would take to improve Immunization Act-related activities in York Region private schools.

Currently, immunization information is not shared between primary health care providers and Public Health

Under the current system, children receive most childhood vaccinations by their primary care provider, who will then typically update the child's personal paper immunization record (the "yellow card"). Immunization information is also recorded in the electronic or paper-based medical record held by their primary care provider. It is then the responsibility of parents or guardians to provide their child's immunization record to Public Health in order for their immunization information to be updated within the provincial Digital Health Immunization Repository.

The Digital Health Immunization Repository is the provincial electronic immunization database that houses all student immunization information. Public Health can input and access student immunization information through this database however, primary health care providers who administer vaccines to children do not have access to the system.

There have been previous attempts to create online portals where patients and health care providers could securely submit immunization information to the Digital Health Immunization Repository. For example, Immunization Connect Ontario developed a platform for both the public as well as primary health care providers to enter information. However, there have been barriers to universal adoption of Immunization Connect Ontario by primary health care providers and public health units across Ontario.

The provincial government recently announced plans to create a provincial Electronic Medical Record and merge it with the Digital Health Immunization Repository

A provincial immunization registry would allow for the seamless reporting of immunization information by primary health care providers at the time of administration.

4. Analysis

Public Health employs a number of strategies to promote immunization among school-aged children

A number of activities occur to support parents and guardians in ensuring their children follow Ontario's publicly-funded immunization schedule (Attachment 1). Public Health sends letters to parents detailing the Immunization Act process and ensures local clinicians are aware of the immunization requirements for school-aged children. Through the school immunization program, Public Health nurses administer three publicly-funded vaccines to grade 7 (twelve year old) students: hepatitis B (two doses), meningitis (one dose, required under the Immunization Act), and human papillomavirus virus (HPV) (two doses). Over the course of the calendar year, community clinics are also held where students can receive publicly funded vaccines.

Public Health responds to vaccine education requests from the community, and proactively raises awareness among the community and local clinicians about the benefits of immunization.

The Immunization Act enforcement process occurs yearly, with Catholic, Public, French and private school boards

The process begins with merging the student demographic information, provided by the schools, with the provincial immunization database and the Digital Health Immunization Repository to identify which students do not have up-to-date records or valid exemptions on file.

Students aged 7 to 17 who are not up-to-date on their immunizations are identified. At least two reminder letters are sent out to parents or guardians and students, which:

- provide information on the benefits of vaccination
- provide the process for submitting updated immunization records to Public Health and how students can receive immunizations they have missed
- notify parents or guardians and students of any pending enforcement activities

Parents or guardians and students have two months after receiving the reminder letters to update their records with Public Health

The Immunization Act provides authority for Public Health to suspend a student for up to a maximum of 20 school days if he/she does not provide up-to-date records or a valid exemption. School principals are responsible for implementing a suspension order. Suspending students is a last resort for Public Health.

Between 2015 and 2018, approximately 82,000 student records were assessed for compliance, resulting in approximately 1,200 suspensions (Table 1). For those students who were suspended, almost all were permitted to return to school within a few days.

Table 1

Results of the Act Enforcement, 2015/16 to 2017/18 School Years, York Region

School Year	Number of student records assessed	Number of students received first letter*	Number of students received second letter	Number of suspension orders sent	Number of students suspended (% of students assessed)
2015/2016[1] First year of Digital Health Immunization Repository	19,415	8,893	5,050	3,098	356 (1.8%)
2016/2017[2]	26,540	17,640	10,696	6,860	273 (1.0%)
2017/2018[3]	36,935	23,866	15,752	12,159	649 (1.8%)

Notes:
1. Only 17 year olds attending York Region Catholic and public high schools were assessed
2. 7 and 17 year olds attending York Region Catholic, public and French schools were assessed
3. 7 and 17 year olds attending York Region Catholic and public schools and 7 to 17 year olds attending York Region private and French schools were assessed

* refers to the total number of students who were non-compliant at the onset of enforcement

In 2012/2013, Public Health set out to build relationships with each of the private schools and their respective boards. This has been a major undertaking because the private schools are not unified by one all-encompassing board like the Catholic, French and Public boards. Public Health recently partnered with York Region's 71 private schools to administer the Immunization Act. This work resulted in 100 per cent compliance with the Act among private

school students age 7 to 17 during the 2017/18 school year within the 70 schools who provided student demographic records that year. Since that time, the additional private school has provided Public Health with their student demographic information. Immunization data for all 71 private schools will be captured in 2018/2019.

Under the Ontario Public Health Standards, Public Health is required to maintain immunization records for children in licensed child care centres

In York Region, licensed child care centre operators collect and retain immunization information from parents, and provide it to Public Health upon request. In the event of a vaccine-preventable disease occurring in a licensed child care centre, Public Health can assess each child's records to decide who to exclude and who can safely remain in the child care centre.

Immunization information for children currently in licensed child care centres is captured in the Immunization Act school enforcement activities when the children turn seven. Moving forward, Public Health will focus on collecting information from younger cohorts since most of the publicly-funded immunizations recommended for children are to be given before school entry (Attachment 1). The earlier Public Health can ensure up-to-date records, the more streamlined the Immunization Act process is once children are enrolled in school.

Parents or guardians are able to obtain a medical or conscience/religious belief exemption if they choose not to immunize their child

Medical exemptions are available to children who are unable to receive a vaccine for medical reasons. Parents may request a medical exemption for a child who has a life-threatening allergy and cannot receive a vaccine that contains the allergy-inducing component, or for a child who is undergoing certain treatments for cancer. A written statement from a physician or a nurse practitioner outlining medical reason(s) why the child should not be immunized must be provided to public health to obtain a medical exemption. For the 2017/18 school year, less than one per cent of 7 year-old students in York Region obtained a medical exemption.

A non-medical exemption may be obtained when a parent or guardian has chosen not to vaccinate their child based on conscience or religious belief. Parents or guardians wishing to file a non-medical exemption must complete a "statement of conscience or religious belief" form, have their exemption form signed and affirmed before a lawyer or notary public, and submit to Public Health. In addition, the Immunization Act requires parents or guardians who are requesting an exemption based on conscience or religious beliefs to attend an education session developed by the Ministry of Health and Long-Term Care (Ministry). Public Health provides these sessions at the immunization clinic located at the Newmarket Health Centre. For the 2017/18 school year, approximately one per cent of 7 year-old students in York Region obtained a religious or conscience (non-medical) exemption. Previous Ontario data suggest that non-medical exemptions are increasing over time, however, the absolute proportion remains low, at less than 2.5 per cent on average for the province.

Public Health uses immunization data from the age seven cohort to estimate immunization coverage

Health units across Ontario report data for the age 7 cohort because most childhood vaccines are administered by this age. Seven year-old students in York Region have higher than average immunization coverage rates compared to the rest of the province. For example, for the 2017/18 school year, the proportion of 7 year-old students (those born in 2010) who are up-to-date for immunizations under the Act in York Region is 86.9 per cent, compared to the provincial average of 79.5 per cent. For specific diseases, York Region students have immunization coverage comparable to the provincial average for the 2016/17 school year (Table 2).

Table 2

Immunization Coverage Estimates[1] (%) for 7 year-olds for Key Childhood Vaccines, 2016/17 school year

	Measles	Mumps	Rubella[2]	Tetanus	Pertussis	Polio
York Region	90.7	90.5	94.1	84.8	84.7	84.9
Ontario	91.2	91.1	96.2	84.7	84.6	85.0

Notes:
1. more robust estimates of vaccine coverage are not available because Ontario does not have a provincial immunization registry
2. the Provincial definition of up-to-date is ≥1 valid dose of rubella compared to ≥2 valid doses for measles and mumps

Public Health is well-positioned to respond in the event of a vaccine-preventable disease case or outbreak in a school, such as measles

Measles has been in the news recently with outbreaks in New York City, Vancouver, and recently, a report of an infected individual being in a public place in York Region. In the event of a measles case in a York Region school, Public Health can quickly determine those students whose records indicate inadequate protection (based on immunization history or exemptions). For students who are under-immunized, the measles vaccine can be administered within 72 hours of exposure to help prevent them from becoming sick, or they can be removed from school to ensure their safety and the safety of others.

Public Health has implemented an eight-year strategic program plan for implementation of the Immunization Act

York Region has the third largest student population in Ontario, with 194,082 students in 408 schools. Immunization information recorded in the Digital Health Immunization Repository covers approximately 83 per cent of students aged 4 to 17, and 95 per cent of students, aged 7 to 17, attending schools in York Region. By June 2023 the annual student record

assessment and the Act enforcement expansion will include all York Region students aged 7 to 17 and moving forward will continue to include every student within this age range, with the exception of the age 12 cohort, which currently receive immunizations directly from Public Health through the grade 7 program.

Once the immunization records of all students, aged 7 to 17 have been collected, Public Health will begin collecting immunization records for school aged children less than seven years of age. Currently, immunization information captured in the Digital Health Immunization Repository covers approximately 33 per cent of students aged four to six. Under Ontario's publicly-funded immunization schedule, two vaccines are administered between the ages of four to six; however immunization records are not captured until age seven when Public Health collects student demographic information from the schools under the Immunization Act.

York Region Public Health and the Council of Ontario Medical Officers of Health strongly support creation of an immunization registry

A major challenge to administration of the Immunization Act is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary health care providers at the time the vaccine is administered, to the Digital Health Immunization Repository. Self-reporting of immunization information without verification is the standard across all Ontario health units. Public Health Units across Ontario do not have a process to verify the "yellow card" with primary health care providers since this would be immensely labour intensive and costly. It is possible some inaccuracies exist in records collected by Public Health because of the reliance on parents to provide immunization information themselves.

In March 2019, the Council of Ontario Medical Officers of Health – a subgroup of the Association of Local Public Health Agencies representing Associate Medical Officers of Health and Medical Officers of Health across the province – wrote to the Minister of Health and Long-Term Care supporting the Ministry's proposed plan to develop a provincial Electronic Medical Record and merge it with the Digital Health Immunization Repository (Attachment 2). This Electronic Medical Record - Digital Health Immunization Repository integration project would allow for the seamless reporting of immunizations from primary health care providers at the time of vaccine administration directly to local public health.

Public Health is very supportive of the recommendation made by the Council of Ontario Medical Officers of Health that the Ministry assume the role of the health information custodian for the Digital Health Immunization Repository. The Ministry has previously assumed this role with the Ontario Laboratory Information System and the Digital Health Repository. The Ministry taking on the role of the health information custodian, instead of 35 Medical Officers of Health doing so would mean a more consistent approach in obtaining consent for the collection of vaccine information not covered under the Immunization Act.

Immunization Act enforcement supports the corporate strategic goal of supporting community health, safety and well-being

The York Region *2019 to 2023 Corporate Strategic Plan: From Vision to Results* articulates the corporate priority of supporting community health, safety and well-being. Enforcing the Immunization Act among designated cohorts of students supports this priority.

5. Financial

In 2018, activities related to enforcement of the Immunization Act were managed within the Public Health Branch council approved budget of $65.7 million. Table 3 provides a summary of the budget for Public Health in 2018. In 2019, program activities related to the enforcement of the Act will continue to be managed within the approved Public Health Branch budget of $68.4 million

Table 3

Public Health Branch 2018 Financial Summary

	2018 Budget ($'000)	2019 Budget ($'000)
Gross expenditures	65,750	68,365
Provincial funding	(48,746)	(49,962)
Net Levy	17,004	18,403

6. Local Impact

There is no direct impact from these recommendations on local municipalities. Enforcement of the Immunization Act relies heavily on partnerships with the local public, Catholic, and French school boards and individual private schools to support suspension orders. Enforcement will continue on a yearly basis to ensure students comply with the legislation and to ensure that students are vaccinated as they move through the publicly-funded immunization schedule, before they reach their 18th birthday when they no longer fall within the requirements of the Immunization Act.

7. Conclusion

York Region Public Health protects the health of the community by preventing vaccine-preventable diseases among our growing population. In light of recent media reports of vaccine-preventable disease outbreaks and issues relating to our current system of

immunization data collection, Public Health will continue to collaborate with parents, local school boards, and individual schools to ensure compliance of the Act, improve immunization rates and protect the health of our communities. Moving toward a seamless immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population, supporting public health interventions in the event of a school outbreak or exposure to a vaccine-preventable disease.

For more information on this report, please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120. Accessible formats or communication supports are available upon request.

Recommended by: **Katherine Chislett**
Commissioner of Community and Health Services

Dr. Karim Kurji
Medical Officer of Health

Approved for Submission: **Bruce Macgregor**
Chief Administrative Officer

April 17, 2019
Attachments (2)
#9309454

Publicly Funded Immunization Schedules for Ontario – December 2016

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Routine Schedule: Children Starting Immunization in Infancy

Vaccine \ Age	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years^	Grade 7	14-16 Years‡	24-26 Years ‡	≥31 Years ‡	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, *Haemophilus influenzae* type b	◆	◆	◆			◆						
Pneu-C-13 Pneumococcal Conjugate 13	◆	◆		◆								
Rot-1 Rotavirus	▲	▲										
Men-C-C Meningococcal Conjugate C				◆								
MMR Measles, Mumps, Rubella				■								
Var Varicella					■							
MMRV Measles, Mumps, Rubella, Varicella							■					
Tdap-IPV Tetanus, diphtheria, pertussis, Polio							◆					
HB Hepatitis B								●				
Men-C-ACYW Meningococcal Conjugate ACYW-135								●				
HPV-4 Human Papillomavirus								●				
Tdap Tetanus, diphtheria, pertussis									◆	◆		
Td (booster) Tetanus, diphtheria											◆ Every 10 years	
HZ Herpes Zoster												■
Pneu-P-23 Pneumococcal Polysaccharide 23												■
Inf Influenza				* Every year in the fall								

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection
■ = A single vaccine dose given in a syringe and needle by subcutaneous injection
▲ = A single vaccine dose given in an oral applicator by mouth
● = Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-4 is a 2 dose series (see Table 10). Each vaccine dose is given in a syringe and needle by intramuscular injection
^ = Preferably given at 4 years of age
§ = Given 10 years after the (4-6 year old) Tdap-IPV dose
† = Given 10 years after the adolescent (14-16 year old) Tdap dose
‡ = Once a dose of Tdap is given in adulthood (24-26 years of age), adults should receive Td boosters every 10 years thereafter
* = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-23)

ATTACHMENT 1

Ontario

coMOH
Council of Ontario
MEDICAL OFFICERS OF HEALTH

The Council of Ontario Medical Officers of Health (COMOH) is a Section of

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

www.alphaweb.org

ATTACHMENT 2

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

March 14, 2019

Hon. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Support of Immunizations and the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project

On behalf of the Council of Ontario Medical Officers of Health, I am writing to express our thanks for the Minister's support of immunizations and the immunization programs in Ontario. Getting the public support of the Minister in the face of so much misinformation on vaccines is very valuable and appreciated.

We would also like to provide our full support to the Ministry for moving forward with online health records for patients, and in particular, the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, namely the seamless reporting of immunizations from health care providers directly to local public health. This will reduce the considerable burden on parents to manually report their child's immunizations to local public health units. It will also be more efficient and ensure more accurate vaccine records. If done well, it could also serve as a model for future digital integration between electronic medical record solutions and other provincial health digital assets, supporting the Ontario government's priorities for digitization.

Public health uses vaccination records in the DHIR to prevent and stop outbreaks of infectious diseases such as measles. When EMR integration with the DHIR is established, in order for a vaccination record to be shared between a patient's physician and public health, consent from the patient or their guardian would be required. We would like to encourage the Ministry to consider removing the need for individual informed consent to share vaccine records to improve the efficiency for public health to prevent the spread of infectious diseases.

The Ministry might also consider being the Health Information Custodian for immunization records in the DHIR, administering the DHIR in a manner similar to other Ministry assets like the Ontario Laboratory Information System (OLIS) and the Digital Health Drug Repository. This would further simplify the system by eliminating the need for individual agreements between each of the 35 local public health units and the Ministry and streamline the current process where each local PHU must verify immunization records as they are added to the DHIR.

If the Ministry prefers that local medical officers of health remain the health information custodians for the immunization records of their respective health units, a new consent form would be required. A Ministry-approved, IPC-compliant consent form for the collection of non-ISPA/CCEYA information would be needed for use by all 35 public health units prior to the project being implemented.

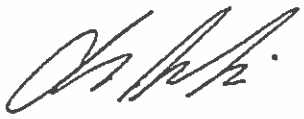
Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

Vaccine wastage or inappropriate administration could also be managed by permitting patients and health care providers across the province to easily access recorded immunization histories.

The proposed project is also consistent with the mention in "Ending Hallway Medicine" to consider technology solutions to improve health outcomes for patients, to integrate care at the local level, and to identify options for integrated health information systems that would facilitate smooth transfers between care settings, in this case from doctor's offices to local public health.

To that end, we thank you again for your announced commitment to this project and look forward to working with your office towards an efficient health care system that meets the needs of Ontarians.

Yours sincerely,



Dr. Chris Mackie
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. David Williams, Chief Medical Officer of Health
Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway Medicine

Public Health
Santé publique
SUDBURY & DISTRICTS

May 28, 2019

VIA ELECTRONIC MAIL

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

Dear Premier:

Re: North East Public Health Regional Boundaries – Modernization of the Ontario Public Health System

At its meeting on May 16, 2019, the Board of Health for Public Health Sudbury & Districts carried the following resolution #17-19:

WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005, enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and

WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and

WHEREAS the new public health entity for northeastern Ontario is proposed to include the existing public health units in the region (Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, Timiskaming Health Unit) along with Muskoka District and a part of Renfrew; and

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais
1.866.522.9200

phsd.ca

WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly dissolution of existing health units; and

WHEREAS the demographics, socioeconomic status, health status, and important health care referral patterns of the Muskoka District are all distinct from those of the northeast; and

WHEREAS the proposed northeast public health entity is a massive area (402,489 km^2) with significant administrative and geographic complexities, for which the incorporation of an additional distinct area would tax the region's ability to respond appropriately to diverse public health needs; and

WHEREAS the Board of Health for SMDHU having expressed similar observations, is requesting the support of northeast boards of health for their position that SMDHU remain intact as they transition to a new regional entity;

THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts endorse the position of the Board of Health for SMDHU that the organization of their public health services remains intact as they transition to the new regional public health entity.

Thank you very much for your attention to this important matter. The Board of Health is working hard with regional counterparts to be able to engage constructively with the anticipated Ministry of Health and Long-Term Care consultation process over the next number of months.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Honorable C. Elliott, Deputy Premier and Minister of Health and Long-Term Care
Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
L. Ryan, Executive Director, Association of Local Public Health Agencies
J. McGarvey, President, Association of Municipalities Ontario
F. Gélinas, MPP Nickel Belt
M. Mantha, MPP Algoma-Manitoulin
J. West, MPP Sudbury
J. Vanthof, MPP Timiskaming, Cochrane
Ontario Boards of Health

From: Gordon Fleming <gordon@alphaweb.org>
Sent: Friday, May 31, 2019 3:37 PM
To: All Health Units
Subject: alPHa Update to Members - Public Health Modernization

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
SENIOR MANAGERS, ALL PROGRAMS
****

On behalf of alPHa Executive Director Loretta Ryan, I am pleased to provide you with this update on the Province's plans for Public Health Modernization as initially announced in the 2019 Budget.

alPHa Update to Members: Public Health Modernization - May 31, 2019

On April 11, 2019, the Ontario Government tabled its 2019 Budget, which contained plans to significantly restructure Ontario's public health system, including a replacement of its 35 health units with 10 new regional public health entities along with new boards that would be under a common governance model. In addition, the budget included adjustments to the provincial-municipal cost sharing formula. There were no details presented on the proposed structure. alPHa made a commitment to its members at that time to strongly represent the public health sector and to provide new information as it becomes available. In keeping with this, alPHa created a public health modernization resource page for members where updates on alPHa activities, responses from members and other stakeholders, and related information are posted. This page continues to be regularly updated.

We have new information that we would like to share:

- The Ministry of Health and Long-Term Care is now consulting with the public health sector on aspects of the new regional public health approach for the purpose of informing legislation that alPHa understands is planned to be introduced in the fall.
- The alPHa Executive is representing the Association on a Public Health Technical Table and will serve as the point of contact for members during stakeholder consultations.
- alPHa recognizes the importance of having the wider public health sector as part of this process. Towards this, alPHa is working to ensure there is an opportunity to provide expertise and advice to the government on a regional approach.
- As a first step, Dr. David Williams, Chief Medical Officer of Health for Ontario, will be speaking to alPHa members at the 2019 Annual General Meeting and Conference on Tuesday, June 11th in Kingston. For those who cannot attend this session, we will be sharing the materials with the broader membership following this event.
- Through the Public Health Technical Table, we will also be discussing a process for the broader consultation with the membership that will likely occur during the summer (given timelines), along with opportunities for regular communications updates to our members on the modernization process.

alPHa is committed to strongly representing the public health system. We look forward to hearing input from members and providing engagement opportunities.

Loretta

_____

Loretta Ryan, CAE, RPP

Public Health Early Years Group *

Early Child Development - Return on Investment

"Investments in the early years that improve life for Ontarians today and in the future, promote sustainability, and contribute to the growth of the economy". Ontario Early Years Framework (2013)

Issue / Background:
As costs for social programming increase, it is important that early child development policies and programs demonstrate that they are cost efficient, evidence based and result in social and economic benefits to society.

Background
This briefing note is to provide decision makers and key stakeholders with the evidence that supports the social benefits, health benefits and return on investment of early childhood interventions. A rapid review of the literature was conducted to search for research on the most effective interventions and those that provide the highest return on investment. There is a large body of research from multiple disciplines e.g. neuroscience, education, psychology, nursing, economics etc., that all draw the same conclusion – investing in quality early childhood services and programs, especially for those most disadvantaged, results in long term health and socio-economic benefits to the individual and society.

Research validates that comprehensive, high quality services starting prenatally through to age 6 have the biggest impact on healthy child development. It is during this time period that the child's brain is developing rapidly, they are most vulnerable and their health is dependent on the health of their families.

Rates of child vulnerability in Ontario as measured by the Early Development Instrument show variability in improvement, but overall, rates have only slightly improved and it is becoming apparent that many children living in middle income homes are experiencing increased vulnerability.

As the costs of social programs continue to rise, understanding the economics of interventions, known as the Return on Investment (ROI), of early year's services is needed to make informed policy decisions. Investment in prevention is more cost effective in the long term than remediation, which is more costly and not always effective. ROI translates into lower costs to government and better outcomes for the population.

Key Points:
Research shows that positive experiences in the early years result in better social, economic and health outcomes throughout a person's life with benefits seen for the individual and society in the areas of health, education and the criminal justice system (Bonin, Heckman and Garcia). Positive early child development is a key determinant of health. Investment in high quality early years programs and services beginning prenatally and continuing to age six, have a net benefit to *all* children, (with more benefit seen in those most disadvantaged), individuals, society and government. With a return on investment (ROI) of as much as 13 to 1 over the life time of the child (Heckman), investing in the early years should be seen as a positive return on the initial investment. A long term vision beyond the usual four year election cycle is needed to realize the potential of these investments.

Benefits of early intervention

- Cost effective – it is cheaper to prevent health and social problems than it is to remediate, which is costly and often ineffective.
- ROI as high as 13 to 1 has been realized in high quality programs.
- Healthy children grow up to be healthy, happy, successful adults.
- Lasting gains in IQ.
- Reduced crime rates.
- Reduced demand for special education programs.
- Reduced costs in treating chronic diseases in adulthood.
- Social and cognitive skill development builds capabilities of individuals.
- Creates economic stability and growth for society.
- All children benefit, but disadvantaged children benefit the most, as they generally have fewer resources.
- In the long term the whole society benefits.

Characteristics of successful programs

- Programs/services that start prenatally and continue through birth to age 6 (See Appendix I)
- High quality evidence based programs that are comprehensive and combine social skill and cognitive skill development.
- High quality full day kindergarten, childcare, home visiting and positive parenting programs.
- Program staff that are nurturing, skilled professionals.

Additional Detail and Research Findings:

Economist and Nobel Laureate James Heckman calculates a 13 to 1 return on public investment in programs for young children and TD Bank Chief Economist, Craig Alexander, noted in the Ontario Early Years Framework, that the "widespread and long-lasting benefits of early childhood education programs far outweigh the costs". In a UK study that looked at conduct disorders in children, (a significant health issue as the disorder is likely to persist into adulthood in 50% of the cases), Bonin found that parenting programmes reduced the chance that the conduct disorder continued into adulthood and were cost-saving to the public sector within 5-8 years. Total savings to society over 25 years were estimated at £16,435 per family, which compared to an intervention cost in the range of £952-£2,078. A systematic review of cost savings of parenting interventions (Duncan) concluded that "parenting interventions could save the health service around £2.5k per family over 25 years and could save the criminal justice system over £145k per person over the life course. In light of the escalating costs of remedial services, these potential savings may provide the UK and other governments with a robust incentive to invest in early years parenting interventions".

To realize maximum ROI, studies have identified qualities of early intervention programs that are the most effective in terms of health outcomes for individuals and society. Full day kindergarten, high quality childcare, home visiting, and positive parenting programs that are evidence based and provided by skilled, nurturing professionals provide the best outcomes (Heckman). In addition, the policy paper, "Supporting Ontario's youngest minds: Investing in the mental health of children under 6", identified elements of an effective early years framework which include: universal promotion to reduce risk factors and promote protective factors, early identification and intervention, evidence-informed mental health programs and practices and seeing caregivers and families as key in developing a system of care that meets their children's mental health needs.

The well-known ACEs Study (Adverse Childhood Experiences, Felitti et al 1998) was conducted to assess connections between chronic stress caused by early adversity e.g. exposure to abuse, neglect, domestic violence, parental mental illness or substance abuse, and long-term health. The key findings were: 1. ACEs were common and 2. Children exposed to intense, frequent or sustained stress without the protective factor of a supportive adult

experienced changes in their brains and bodies, including disruption to their learning, behavior, immunity, growth, hormonal systems, immune systems, and even the way DNA is read and transcribed. Children experiencing four or more ACEs were at a higher risk in adulthood of developing heart disease, stroke, cancer, COPD, diabetes, Alzheimers and had higher rates of suicide in adulthood.

References

Alexander, C. and Ignjatovic, D. 2012. Early Childhood Education Has Widespread and Long Lasting Benefits. TD Economics Special Report. Retrieved from http://www.td.com/document/PDF/economics/special/di1112_EarlyChildhoodEducation.pdf

Belfield, C., Nores, M., Barnett, S., and Schweinhart, L. 2006. The High/Scope Perry Preschool Program: Cost-Benefit Analysis Using Data from the Age-40 Follow up. The Journal of Human Resources, 41(1), 162-190. Retrieved from http://www.jstor.org/stable/40057261

Bonin, E-M., Stevens, M., Beecham, J., Byford, S., and Parsonage, M. 2011. Costs and longer-term savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study. BMC Public Health201111:803 https://doi.org/10.1186/1471-2458-11-803

Campbell, F., Conti, G., Heckman, J.J., Moon, S.H., Pinto R., Pungello, E. and Pan Y. 2014. Early childhood investments substantially boost adult health. Science. Mar 28; 343(6178):1478-85. doi: 10.1126/science.1248429.

Doyle, O., Harmon, C. P., Heckman, J. J., & Tremblay, R. E. 2009. Investing in early human development: timing and economic efficiency. Economics and human biology, 7(1), 1-6.

Duncan, K.M., MacGillivray, S., and Renfrew, M.J. 2017.Costs and savings of parenting interventions: results of a systematic review. Child Care Health Development. Nov; 43(6):797-811. doi: 10.1111/cch.12473. Epub 2017 May 30.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. May; 14(4):245-58.

García, J.L., Heckman, J.J., Ermini Leaf, D., and Prados, M.J. 2018. Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program. NBER Working Paper No. 23479 Issued in June 2017, Revised in August 2018 NBER Program(s): Children, Economics of Education

Gomby, D. 2005. Home Visitation in 2005: Outcomes for Children and Parents" Invest in Kids Working Paper No. 7 (Washington, DC: Committee for Economic Development, 2005).

Hajizadeh, N., Stevens, E.R., Applegate, M., Huang, K.Y., Kamboukos, D., Braithwaite, R.S., Brotman, L.M. 2017. Potential return on investment of a family-centered early childhood intervention: a cost-effectiveness analysis. BMC Public Health. Oct 10; 17(1):796. doi: 10.1186/s12889-017-4805-7.

Heckman, J.J. The Heckman Equation. https://heckmanequation.org/

Heckman, J. 2008. The case for investing in disadvantaged young children. In First Focus (Ed.), Big Ideas for Children: Investing in Our Nation's Future. Washington, DC: In Focus. pp. 49–58.

Herbst, C., & Tekin, E. (2010). Child care subsidies and child development. Economics of Education Review, 29(4), 618-638. https://doi.org/10.1016/j.econedurev.2010.01.002

Investing in Young Children: New Directions in Federal Preschool and Early Childhood Policy. 2010. Edited by Ron Haskins and W. Steven Barnett, National Institute for Early Education Research.

Masters, R., Anwar, E., Collins B. 2017. Return on investment of public health interventions: a systematic review. Journal of Epidemiology and Community Health 71:827-834.

Olds, D.L., Eckenrode, J., Henderson. C.R.1997. Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-Year Follow-up of a Randomized Trial. JAMA; 278(8):637–643. doi:10.1001/jama.1997.03550080047038

Ontario Centre of Excellence for Child and Youth Mental Health. 2014. Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Prepared by: Dr. Jean Clinton, Angela Kays-Burden, Charles Carter, Komal Bhasin, Dr. John Cairney, Dr. Normand Carrey, Dr. Magdalena Janus, Dr. Chaya Kulkarni, Dr. Robin Williams. (Policy Paper)

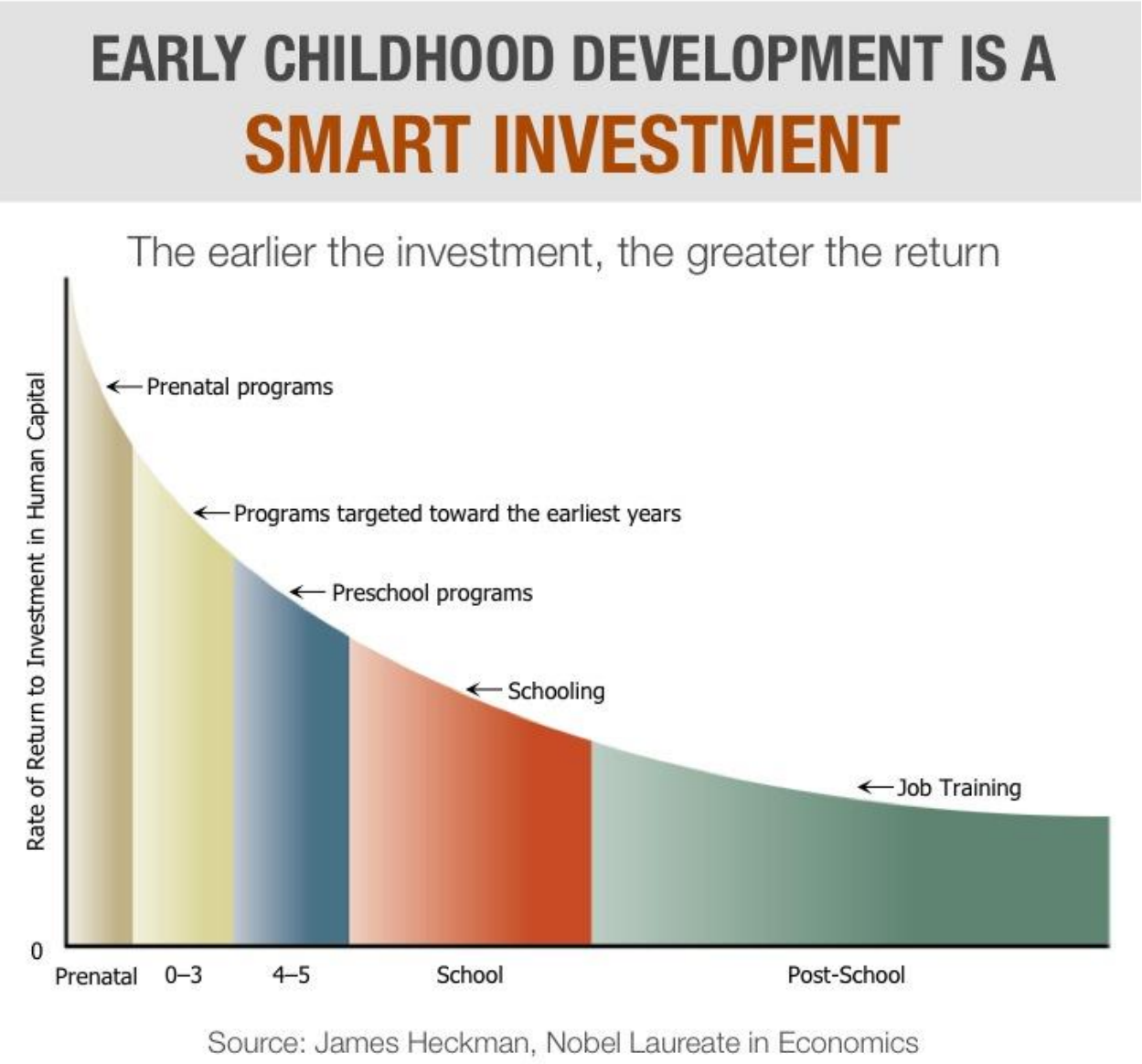
Peters, R.D., Petrunka, K., Khan, S., Howell-Moneta, A., Nelson, G., Pancer, S.M., Loomis, C. 2016. Cost-Savings Analysis of the Better Beginnings, Better Futures Community-Based Project for Young Children and Their Families: A 10-Year Follow-up. Prevention Science Feb; 17(2):237-47. doi: 10.1007/s11121-015-0595-2.

Roberts, G. and Grimes, K. 2011. Return on Investment Mental Health Promotion and Mental Illness Prevention. Canadian Policy Network at the University of Western Ontario.

Silloway, T., Connors-Tadros, L. and Hayes, C.D. 2012. Return on investment can take on the form of lower costs (for government) and/or better outcomes (for clients). Sharing Risks and Returns: Social Impact Investment to Scale up Effective Programs. The Finance Project.

Sweet, M.A. and Appelbaum, M.I. 2004. Is Home Visiting an Effective Strategy?
A Meta-Analytic Review of Home Visiting Programs for Families with Young Children. Child Development 75, no. 5 (2004): 1435-1456.

Appendix I - Early Childhood Development is a Smart Investment – J. Heckman



Prepared for PHEY by: Kimberley Swigger, Health Promotion Specialist
Child Health & Development, Toronto Public Health
Kimberley.swigger@toronto.ca

Date: Jan 11, 2019

***Public Health Early Years Group (PHEY)** includes senior management from across Ontario Public Health Units and Public Health organizations. It was established in 2011 as the Public Health Supporting Early Learning group of the Council of Ontario Medical Officers of Health (COMOH). Since 2014 and the establishment of the Healthy Human Development Table (HHD), PHEY serves as an advisory and workgroup, dedicated to improving awareness, understanding, and action related to a critical social determinant of health, early childhood development.*

May 15, 2019

DELIVERED VIA E-MAIL

Ministry of Health and Long-Term Care
80 Grosvenor Street
10th Floor, Hepburn Block
Toronto, ON M7A 2C4

Attention: The Honourable Christine Elliott,
Office of the Deputy Premier and Minister of Health and Long-Term Care

Dear Minister Elliott:

Re: Request to Permit EMS to Distribute Naloxone Kits

On behalf of the Board of Health for Wellington-Dufferin-Guelph Public Health (WDGPH), I am writing you to request that Emergency Medical Service (EMS) organizations be permitted to distribute naloxone kits as part of our community's opioid response.

Presently, WDGPH is only permitted to distribute naloxone kits to specific types of organizations, such as Community Health Centres, AIDS Service Organizations and withdrawal management programs. EMS organizations are not included as eligible organizations.

As first responders to overdose situations, EMS providers have contact with populations who use drugs. While EMS first responders can administer naloxone in an emergency scenario, they are not permitted to provide naloxone kits to individuals at-risk of overdose or those who choose not to go to the hospital.

The rationale for including EMS organizations is similar to the rationale by which hospital emergency departments distribute naloxone kits. If WDGPH were permitted to distribute naloxone kits to EMS organizations, additional opioid-related deaths could be prevented.

In 2018, WDGPH and 16 partner agencies distributed 1,419 kits to eligible individuals in our communities. Naloxone distribution programs are effective at decreasing rates of opioid-related deaths and support the Ministry's response to the opioid crisis.

…/2

Thank you for your consideration of this request.

Sincerely,

George Bridge,
Chair, WDGPH Board of Health

c.c. Hon. Ted Arnott, MPP (Wellington-Halton-Hills) – via e-mail
c.c. Randy Pettapiece, MPP (Perth-Wellington) – via e-mail
c.c. Hon. Sylvia Jones, MPP (Dufferin-Caledon) – via e-mail
c.c. Mike Schreiner, MPP (Guelph) – via e-mail
c.c. Stephen Dewar, Chief, Guelph-Wellington Paramedic Service – via e-mail
c.c. Tom Reid, Chief, Dufferin County Paramedic Service – via e-mail
c.c. Adrienne Crowder, Manager, Wellington Guelph Drug Strategy – via e-mail