

## 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 Multi-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 11<sup>th</sup> 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.

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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](mailto: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](mailto: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

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**North Hastings**

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**Prince Edward County**

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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



# **FOUNDATIONS FOR HEALTH**

Annual Report



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

## CONTENTS

Message from Dr. Penny Sutcliffe  
*Medical Officer of Health and Chief Executive Officer*

Message from René Lapierre  
*Chair, Board of Health for Public Health Sudbury & Districts*

Board of Health

Online immunization reporting

Breastfeeding

Family health: building healthy brains

Community Drug Strategy

Louise Picard Public Health Research Grant

Rapid Risk Factor Surveillance System

Blue-green algae

Health hazards

Highlights

Financials

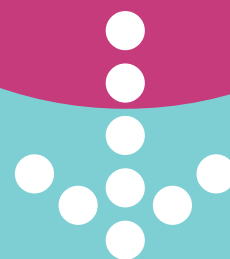
Strategic Plan

## 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 programming 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

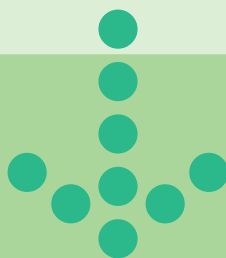






# Board of Health

**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.

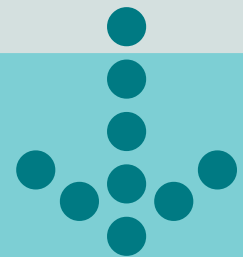


## FAMILY HEALTH: BUILDING HEALTHY BRAINS

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 carfentanyl.

- 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

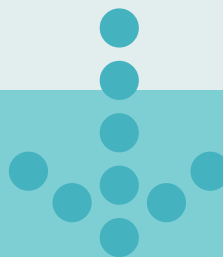




## RAPID RISK FACTOR SURVEILLANCE SYSTEM

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

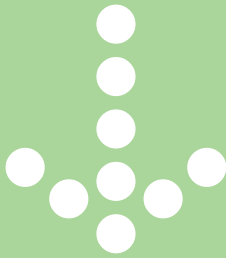
→ Fruits and vegetables were delivered weekly for **20** weeks to **18 660** students from **86** elementary schools across our service area. Program expansion to **7** First Nation schools meant reaching an additional **901** students.

## 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.



## 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.

## 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.

## FOOD PREMISES INSPECTIONS

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

## 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

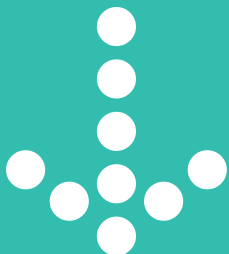
→ We reached **946 636** Facebook users and generated **298 341** Twitter impressions.

## ONGOING LEARNING

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

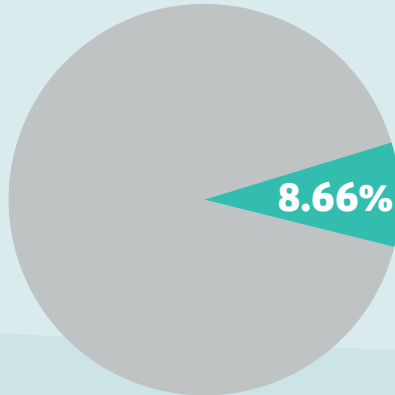
## POVERTY REDUCTION

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

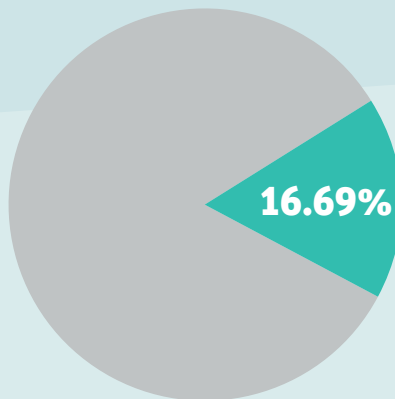


## FINANCIALS

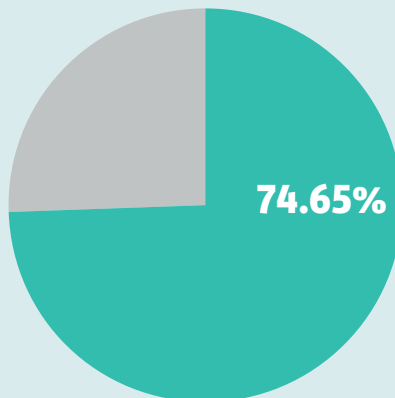
2018 approved budget: **\$27 481 482**



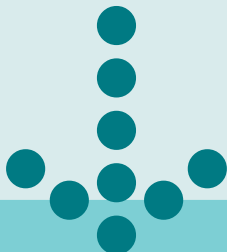
operating and occupancy  
(cost-shared programs)



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>

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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](http://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



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](mailto: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<sup>1</sup>, 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.<sup>2</sup> In the same year net revenue from alcohol amounted to only \$3.9 billion, representing a net annual loss of over \$1.4 billion.<sup>3</sup> 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.<sup>4</sup>

It is well established that increasing access to alcohol is related to a subsequent increase in alcohol use<sup>5</sup>, 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.<sup>6</sup> 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".<sup>7</sup> In doing so, Ontario would join Alberta, Nova Scotia, and Nunavut as leaders in this important domain of alcohol policy.<sup>8</sup>

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

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<sup>1</sup> 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>

<sup>2</sup> Canadian Centre for Substance Use and Addiction. (2019). Canadian substance Use Costs and Harms. Accessed from: <https://csuch.ca/>

<sup>3</sup> Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.

<sup>4</sup> Ontario Public Health Association. (2018) The Facts: Alcohol Harms and Costs in Ontario.

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<sup>5</sup> 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.

<sup>6</sup> Province of Ontario. (2019). 2019 Ontario Budget: Protecting What Matters Most. Accessed from:  
<http://budget.ontario.ca/2019/foreword.html#section-0>

<sup>7</sup> Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.

<sup>8</sup> 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>

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](mailto: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.<sup>1</sup> In 2017, Peterborough ranked among the top 3 cities in Ontario per census metropolitan area for opioid poisoning emergency department visits.<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6</sup> Patients also led more meaningful lives with improved social functioning, such as acquiring stable housing, enhancing family functioning and increasing rates of employment.<sup>7</sup> 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.<sup>8</sup>

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

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<sup>1</sup> 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

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

<sup>3</sup> 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

<sup>4</sup> 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

<sup>5</sup> 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

<sup>6</sup> Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment*. Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23

<sup>7</sup> 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

<sup>8</sup> Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment*. Luxembourg: 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"*

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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](mailto:doug.ford@pc.ola.org)

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

**alPHa**  
Association of Local  
**PUBLIC HEALTH**  
Agencies

# CONTENTS

## DRAFT RESOLUTIONS FOR CONSIDERATION at June 2019 alpha Annual General Meeting

Resolution Number	Title	Sponsor	Page
A19-1	Climate Change and Health in Ontario: Adaptation and Mitigation	Council of Ontario Medical Officers of Health	1-3
A19-2	Affirming the Impact of Climate Change on Health	Kingston, Frontenac, and Lennox & Addington Public Health	4-5
A19-3	Public Health Approach to Drug Policy	Toronto Public Health	6-7
A19-4	Asbestos-Free Canada	Peterborough Public Health	8-10
A19-5	Public Health Support for including Hepatitis A Vaccine in the School Immunization Program	Peterborough Public Health	11-14
A19-6	No-Fault Compensation for Adverse Effects Following Immunization (AEFI)	Kingston, Frontenac, and Lennox & Addington Public Health	15-17
A19-7	Considering the Evidence for Recalling Long-Acting Hydromorphone	Kingston, Frontenac, and Lennox & Addington Public Health	18-19
A19-8	Preventing Mental Illness through Early Childhood Development Programming	Northwestern Health Unit, Thunder Bay District Health Unit, and Middlesex-London Health Unit	20-27
A19-9	Public Health Support for Accessible, Affordable, Quality Licensed Child Care	Simcoe Muskoka District Health Unit	28-36
A19-10	Children Count Task Force Recommendations	Windsor-Essex County Board of Health	37-59
A19-11	Public Health Funding for Local Project Managers to Support Healthy Weights and Prevention of Childhood Obesity	Chatham-Kent Public Health Unit	60-64

**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 21<sup>st</sup> century and tackling climate change is described as potentially the greatest health opportunity<sup>1</sup>; 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<sup>2-4</sup>; 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<sup>5</sup>
- 560 cancer cases per year attributable exposure to fine particulate matter air pollution<sup>6</sup>
- Vector borne disease including 138 cases of West Nile virus disease and 612 cases of Lyme disease in 2018<sup>7</sup>
- 67 deaths, 6,600 hospitalizations, and 41,000 emergency department visits per year related to foodborne illness<sup>8</sup>
- 73 deaths, 2,000 hospitalizations, and 11,000 emergency department visits per year related to waterborne disease<sup>9</sup>
- Community evacuations as a result of flooding or forest fires, with First Nation and northern Ontario communities particularly affected<sup>10-12</sup>; 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<sup>3,13-17</sup>; and

WHEREAS just as all sectors of the economy are facing increasing impacts and financial costs due to climate change<sup>4</sup>, 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<sup>4,13</sup>; 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<sup>1</sup>; 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<sup>1</sup>

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<sup>18</sup>; 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<sup>4</sup>;

**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)*

## BACKGROUNDER: A19-1

### References

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**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<sup>1</sup>; and

WHEREAS the World Health Organization states climate change to be the greatest global health threat of the 21<sup>st</sup> century<sup>2</sup>; 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<sup>3</sup>; 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<sup>4-6</sup>; 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<sup>7,8</sup>; 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)*

## BACKGROUND: A19-2

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**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 7<sup>th</sup> to 13<sup>th</sup>, 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<sup>1</sup>; 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)<sup>2</sup>; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness<sup>2</sup>; 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<sup>3</sup>; 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<sup>4</sup>; and

WHEREAS in 2018, 12 million Canadians reported travel to overseas countries<sup>5</sup>; 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<sup>6</sup>; 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<sup>6</sup>; 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<sup>7</sup>; 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<sup>8</sup>; 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<sup>9</sup>; 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<sup>10</sup>; 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<sup>9</sup>.

**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.<sup>11</sup> 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<sup>12</sup>. 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.<sup>13</sup>)

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

<sup>2</sup> 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>

<sup>3</sup> 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>

- <sup>4</sup> 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\(C1,C5001\);/](https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;provinceC5001;trend(C1,C5001);/)
- <sup>5</sup> 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>
- <sup>6</sup> 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](http://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf)
- <sup>7</sup> 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>
- <sup>8</sup> 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.
- <sup>9</sup> 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](http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf)
- <sup>10</sup> 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>
- <sup>11</sup> 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>
- <sup>12</sup> 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>
- <sup>13</sup> 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)*

## BACKGROUNDER: A19-6

### 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= Relevé 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)*

## BACKGROUNDER: A19-7

### 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.

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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](http://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.<sup>i</sup>

## 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.<sup>ii</sup>
- There is a national opioid overdose crisis with more than 9,000 deaths in Canada between January 2016 and June 2018 related to opioids;<sup>iii</sup> In 2017, more than 1,250 Ontarians died from opioid-related causes.<sup>iv</sup>
- The annual economic burden of mental illness (costs of health care utilization, absenteeism from work, and declined quality of life) is about \$51 billion in Canada.<sup>v</sup>
- 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.<sup>vi</sup>

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.<sup>vii</sup> 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.<sup>viii</sup>

## 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.<sup>ix</sup>

## 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.<sup>x</sup> Investing in the early years can save the system nearly 25% in publicly funded services per person<sup>xi</sup> Improving a child's mental health from moderate to high can lead to lifetime savings of \$140,000.<sup>xii</sup>

## 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. <sup>xiii</sup>

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. <sup>xiv</sup>

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

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

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<sup>xi</sup> Mental Health Commission of Canada. (2017) Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations

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**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.<sup>(1)</sup> 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.<sup>(1)</sup>

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.<sup>(2,3,4,5)</sup>

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.<sup>(5)</sup> This can lead to higher income and improved socioeconomic status (SES), which are strongly associated with better health outcomes for children.<sup>(6)</sup>

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<sup>(7)</sup> and the Federal/Provincial *Multilateral Early Learning and Child Care Framework*<sup>(8)</sup> 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.<sup>(8)</sup> 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.<sup>(9)</sup>

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.<sup>(5)</sup>

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,<sup>(5,10)</sup> 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.<sup>(11)</sup> If spaces were available and affordable, it's estimated that 45-50% of children ages 0-4 would be using licensed child care.<sup>(10)</sup>

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.<sup>(6,12)</sup>

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.<sup>(12,13)</sup> Therefore, it is no coincidence that Ontario has the lowest rate of women participating in the workforce in Canada.<sup>(10)</sup>

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.<sup>(5,13)</sup>

## **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.<sup>(5)</sup> 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.<sup>(14)</sup> 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.<sup>(5)</sup>

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.<sup>(5)</sup> These costs are far above the 10% threshold of household spending that is used to define affordable child care.<sup>(5)</sup> According to the Family Income Affordability Measure, and Caregiving Parent Affordability Measure, fewer than 22% of families find licensed child care affordable.<sup>(5)</sup> When families are able to afford child care, they are 63% more likely to use licensed child care over informal care.<sup>(5)</sup> 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.<sup>(10)</sup>

In some regions, up to 80% of children attend unlicensed child care; as an estimated 35% of unlicensed caregivers provide receipts,<sup>(13)</sup> many of these families are not able to access tax return incentives.<sup>(13)</sup> While most families access the new Canada Child Benefit, low income, Indigenous, immigrant and newcomer families are less likely to access the benefit.<sup>(15)</sup> 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.<sup>(5)</sup> The improvement in developmental outcomes of children enrolled in high quality licensed child care is greater for children from lower socioeconomic backgrounds.<sup>(2,3,4)</sup> Low quality child care arrangements can have the reverse effect,<sup>(16)</sup> demonstrating poorer developmental outcomes for children.<sup>(16)</sup> 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<sup>(17)</sup> 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?*<sup>(18)</sup> 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,<sup>(15)</sup> and for parents to evaluate the quality of the child care they utilize.<sup>(15)</sup> 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.<sup>(13)</sup>

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.<sup>(5)</sup>

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.<sup>(18)</sup> 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<sup>(5)</sup> 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.<sup>(19)</sup> 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.<sup>(20)</sup> 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.<sup>(21)</sup>

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.<sup>(10)</sup>

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.

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**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 THEREFORE 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 21<sup>st</sup>, 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.

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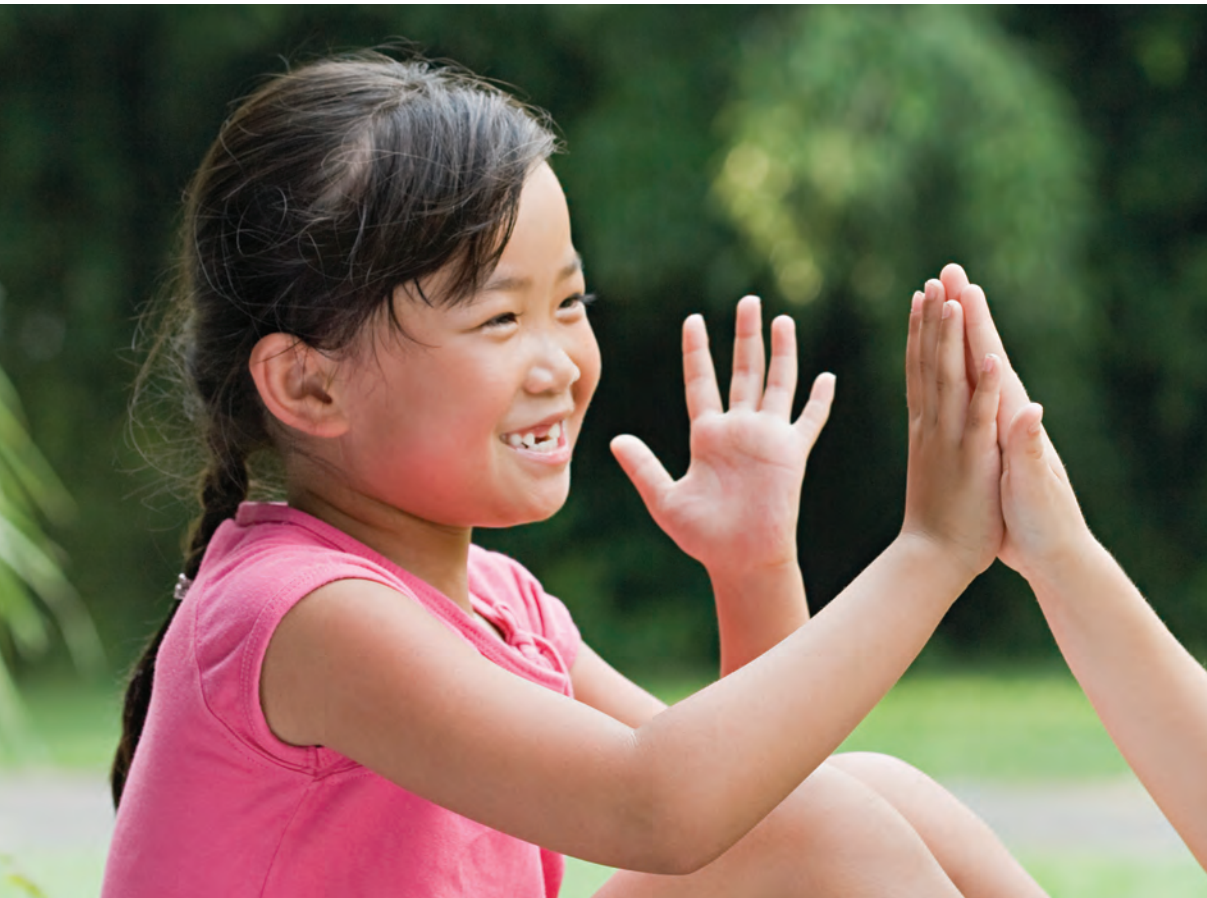
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# CHILDREN COUNT: TASK FORCE RECOMMENDATIONS





### **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.

# CHILDREN COUNT PROVINCIAL TASK FORCE RECOMMENDATIONS

## 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

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# 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](http://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

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- 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.
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### 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](mailto: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.





**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'Obésité 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> Children who are obese also have a higher risk of chronic disease and premature death as adults. Obese adults are more likely to have

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<sup>1</sup> Ministry of Health and Long-Term Care. Water Does Wonders: Fact Sheet – Background and Evidence. Ontario: Queen's Printer; ND.

<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup>

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

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<sup>3</sup> Ministry of Health and Long-Term Care. Water Does Wonders: Fact Sheet – Background and Evidence. Ontario: Queen's Printer; ND.

<sup>4</sup> 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:

Reviewed by:

\_\_\_\_\_  
Chris Sherman, OCT, BHK, B.Ed  
Health Educator

\_\_\_\_\_  
Carina Caryn, MPH  
Program Manager

Reviewed by:

Reviewed by:

\_\_\_\_\_  
Dr. David Colby, MSc., MD, FRCP (C)  
Medical Officer of Health

\_\_\_\_\_  
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.

## 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

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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](http://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 aPHa'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](mailto:susan@alphaweb.org)

*Enclosures:*

- Resolutions Voting Registration Form
- Number of Resolutions Votes Eligible Per Health Unit
- June 2019 Resolutions for Consideration

**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):

<b>Name</b>	<b>Proxy*</b> (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	<b>Is this person registered to attend the alPHa Annual Conference? (Y/N)</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Email this form to [susan@alphaweb.org](mailto: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.



## Number of Resolutions Votes Eligible Per Health Unit

<i>HEALTH UNITS</i>	<i>VOTING DELEGATES</i>
Toronto*	<b>20</b>
<b>POPULATION OVER 400,000</b>	<b>7</b>
Durham	
Halton	
Hamilton	
Middlesex-London	
Niagara	
Ottawa	
Peel	
Simcoe-Muskoka	
Waterloo	
York	
<b>POPULATION OVER 300,000</b>	<b>6</b>
Windsor-Essex	
<b>POPULATION OVER 200,000</b>	<b>5</b>
Eastern Ontario	
Kingston, Frontenac, Lennox and Addington	
Southwestern	
Wellington-Dufferin-Guelph	
<b>POPULATION UNDER 200,000</b>	<b>4</b>
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

**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.*

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**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](mailto: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, 5<sup>th</sup> Floor  
777 Bay Street  
Toronto ON M7A2J3

The Honourable Lisa MacLeod  
Minister of Children, Community and Social Services  
Hepburn Block, 6<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto ON M7A1E9

**Re: Support for Bill 60**

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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

*Working together for a healthier future for all..*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

Sincerely,

A handwritten signature in black ink, consisting of a single, fluid, cursive stroke that starts with a small loop and ends with a short tail.

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



Your lifetime partner in healthy living.

345 Oak Street West, North Bay, ON P1B 2T2  
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5

TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca  
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, 5<sup>th</sup> Floor  
777 Bay Street  
Toronto, ON M7A 2J3

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

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

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

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

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

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

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

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

Sincerely,



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



Don Brisbane  
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:

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

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Votre partenaire à vie pour vivre en santé.

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](http://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](mailto: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,

A handwritten signature in black ink, appearing to read "Mitch Twolan". The signature is fluid and cursive.

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

*Working together for a healthier future for all..*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

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 20<sup>th</sup> 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

**Barrie:**  
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705-721-7520  
FAX: 705-721-1495

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L9Y 4J5  
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**Cookstown:**  
2-25 King Street S.  
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705-458-1103  
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**Gravenhurst:**  
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P1P 1Z3  
705-684-9090  
FAX: 705-684-9887

**Huntsville:**  
34 Chaffey St.  
Huntsville, ON  
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705-789-8813  
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**Midland:**  
B-865 Hugel Ave.  
Midland, ON  
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705-526-9324  
FAX: 705-526-1513

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

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

## **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, 5<sup>th</sup> Floor  
777 Bay Street  
Toronto ON M7A2J3

The Honourable Lisa MacLeod  
Minister of Children, Community and Social Services  
Hepburn Block, 6<sup>th</sup> 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,

A handwritten signature in black ink, appearing to read "Mitch Twolan". The signature is fluid and cursive, with a prominent loop at the end.

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

*Working together for a healthier future for all..*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)



Jackson Square, 185 King Street, Peterborough, ON K9J 2R8  
 P: 705-743-1000 or 1-877-743-0101  
 F: 705-743-2897  
[peterboroughpublichealth.ca](http://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](mailto: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](mailto:christine.elliott@pc.ola.org)

Dear Ministers:

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

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

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

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

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

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

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag  
Encl.

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





February 27, 2019

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

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

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

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

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

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

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

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

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

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

Sincerely,

*Original Signed by Dr. Jim Chirico*

*Original Signed by Don Brisbane*

---

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

---

Don Brisbane  
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:

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

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

**RESOLUTION**

**DATE:** February 27, 2019

**MOVED BY:** Mike Poeta

---

**RESOLUTION:** #BOH/2019/02/04

**SECONDED BY:** Dan Roveda

---

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

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

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

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

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

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

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

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

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

# 1 in 7

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

**This can mean:**

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



Be informed [myhealthunit.ca/foodinsecurity](https://myhealthunit.ca/foodinsecurity)

## 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 6<sup>th</sup>](#)
- [Letter to the Minister](#)
- [alPHa Position Statement](#)

- [Speaking Notes – Toronto Board of Health Meeting April 15<sup>th</sup>](#)
- [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](http://www.alphaweb.org)*



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.<sup>1</sup> 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.<sup>2</sup> Specifically:

- Sports sponsorship of community sporting events - Health Canada clearly stated that these would be exempt from the proposed regulations.<sup>3</sup>
- 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).<sup>4</sup>
- Front-of-package labelling - Despite also being part of Health Canada's multi-year Healthy Eating Strategy<sup>5</sup> 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.<sup>6</sup> 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

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<sup>1</sup> Dietitians of Canada. 2010. Advertising of Food and Beverages to Children. Position of Dietitians of Canada.

<sup>2</sup> 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](https://sencanada.ca/en/content/sen/chamber/421/debates/249db_2018-11-22-e?language=e).

<sup>3</sup> 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>

<sup>4</sup> 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>

<sup>5</sup> 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>

<sup>6</sup> 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.



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](mailto: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"

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March 04, 2019

The Honourable Christine Elliott  
Deputy Premier of Ontario  
Minister of Health and Long-Term Care  
[christine.elliottco@ola.org](mailto: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

Jacque Maund, Alliance for Healthier Communities

7 International Drive, Pembroke, Ontario K8A 6W5 • [www.rcdhu.com](http://www.rcdhu.com)

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• Immunization 613-735-8653 • Environmental Health 613-735-8654 • Reception 613-732-3629 • Fax 613-735-3067  
Toll Free: 1-800-267-1097



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](mailto: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<sup>1</sup> 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.<sup>2</sup> 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

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<sup>1</sup> 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>

<sup>2</sup> 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	<b>AMO Budget Bulletin #3</b>
From	<a href="#">Gordon Fleming</a>
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 it 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](mailto: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.



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Association of Municipalities of Ontario  
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Wish to Adjust your AMO Communication Preferences ? [Click Here](#)



May 21, 2019

The Right Honorable Justin Trudeau  
Prime Minister of Canada  
House of Commons  
Ottawa, ON K1A 0A6  
[Justin.trudeau@parl.gc.ca](mailto: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 17<sup>th</sup>, 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

May 21, 2019

The Honorable Christine Elliott  
Minister of Health and Long-Term Care  
Hepburn Block 10<sup>th</sup> 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  
10<sup>th</sup> 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.<sup>1</sup> 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.<sup>2</sup>

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' <sup>3</sup> 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

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FAX: 705-684-9887

□ **Huntsville:**  
34 Chaffey St.  
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FAX: 705-789-7245

□ **Midland:**  
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□ **Orillia:**  
120-169 Front St. S.  
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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.<sup>4,5</sup> 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].

May 23, 2019

VIA: Electronic Mail ([christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org))

Honourable Christine Elliott  
Minister of Health and Long-Term Care and Deputy Premier of Ontario  
Hepburn Block  
10<sup>th</sup> 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

*Honourable Christine Elliott  
Minister of Health and Long-Term Care and Deputy Premier of Ontario  
Letter Continued. . .*

*Page 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

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## Kingston, Frontenac and Lennox & Addington Public Health

[www.kflaph.ca](http://www.kflaph.ca)

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*Honourable Christine Elliott  
Minister of Health and Long-Term Care and Deputy Premier of Ontario  
Letter Continued. . .*

*Page 3*

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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	<b>AMO Policy Update - Welcome Fiscal Relief for This Year</b>
From	<a href="#">Gordon Fleming</a>
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](mailto:Communicate@amo.on.ca)>  
**Sent:** May 27, 2019 11:08 AM  
**To:** Monika Turner <[MTurner@amo.on.ca](mailto:MTurner@amo.on.ca)>  
**Subject:** AMO Policy Update - Welcome Fiscal Relief for This Year

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## 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](mailto:mturner@amo.on.ca), 416-971-9856 ext. 318.

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**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<sup>1</sup>; and

WHEREAS boards of health are accountable to both the province and their “obligated municipalities<sup>2</sup>” 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<sup>3</sup> 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.

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<sup>1</sup> 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.

<sup>2</sup> *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”.

<sup>3</sup> Under Section 50 of the HPPA, First Nation Councils can enter into agreements where they assume the same responsibilities as obligated municipalities.

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](mailto:premier@ontario.ca) )

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9  
(sent via email to: [Christine.elliott@ola.org](mailto: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

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**

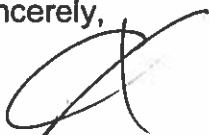
On May 16, 2019 Regional Council adopted the following recommendations:

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)
<b>2015/2016<sup>1</sup></b> First year of Digital Health Immunization Repository	19,415	8,893	5,050	3,098	356 (1.8%)
<b>2016/2017<sup>2</sup></b>	26,540	17,640	10,696	6,860	273 (1.0%)
<b>2017/2018<sup>3</sup></b>	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<sup>1</sup> (%) for 7 year-olds for**  
**Key Childhood Vaccines, 2016/17 school year**

	Measles	Mumps	Rubella <sup>2</sup>	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  $\geq 1$  valid dose of rubella compared to  $\geq 2$  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 18<sup>th</sup> 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.

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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



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# Publicly Funded Immunization Schedules for Ontario – December 2016

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Vaccine	Age											
	2 Months	4 Months	6 Months	12 Months	16 Months	18 Months	4-6 Years <sup>a</sup>	Grade 7	14-16 Years <sup>b</sup>	24-26 Years <sup>c</sup>	≥34 Years <sup>d</sup>	65 Years <sup>e</sup>
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b	◆	◆	◆	◆	◆	◆						
Pneum-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								●				
IPV-4 Human Papillomavirus								●				
Tdap Tetanus, diphtheria, pertussis									◆			
Td (booster) Tetanus, diphtheria										◆		
HZ Herpes Zoster											◆	
Pneu-P-23 Pneumococcal Polysaccharide 23												■
Inf Influenza												■

◆ 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

● Provided through school-based immunization programs

◆ Preferably given at 4 years of age

◆ Given 10 years after the (4-6 year old) Tdap-IPV dose

◆ Once a dose of Tdap is given in adulthood (21-56 years of age), adults should receive Td boosters every 10 years thereafter

◆ Children (10 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 2 doses 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)



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# 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.

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#### Organizations:

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## 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.

Providing Leadership in Public Health Management

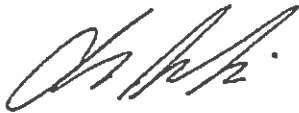
Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

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*

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Letter  
Re: North East Public Health Regional Boundaries  
May 28, 2019  
Page 2

*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<sup>2</sup>) 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 11<sup>th</sup> 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

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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.

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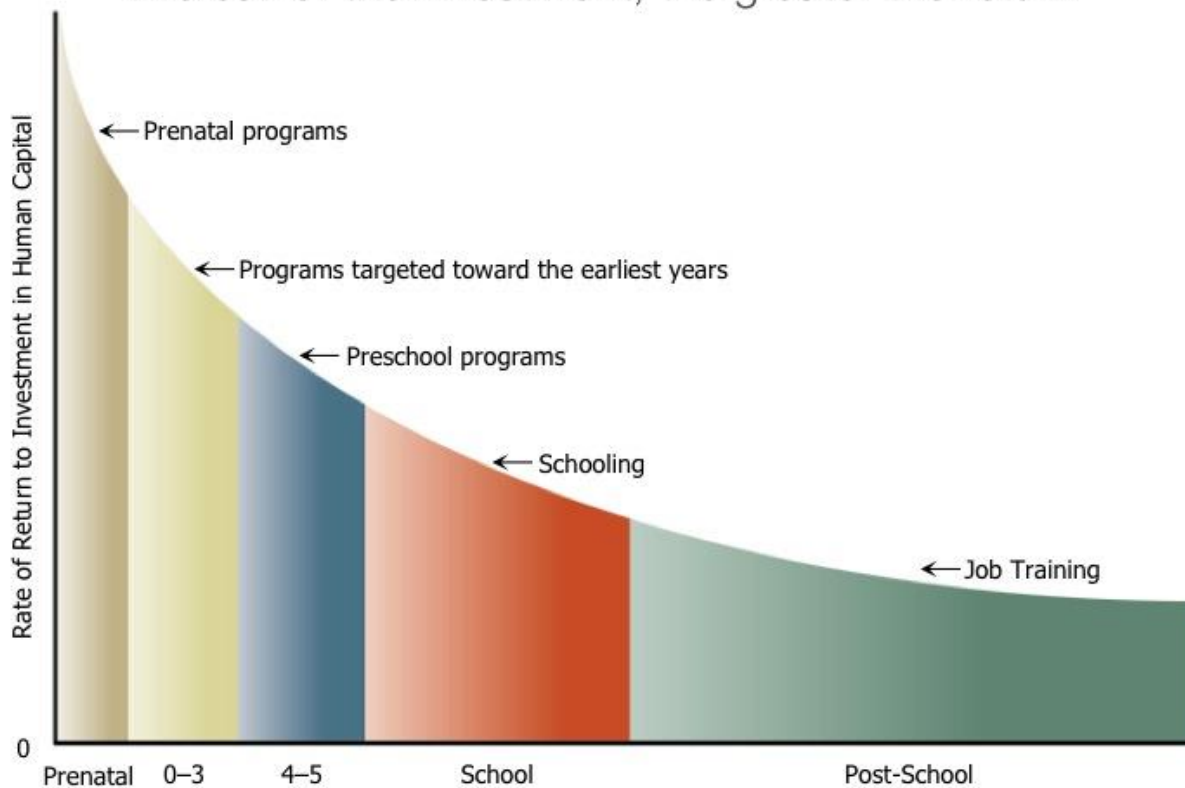
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# EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

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  
10<sup>th</sup> 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