AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, July 18, 2019, 7:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance, (recessed door)
MLHU Boardroom

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

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

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: June 20, 2019 - Board of Health meeting
June 26, 2019 – Special Meeting of the Board of Health

Receive: June 26, 2019 – Relocation Advisory Committee draft meeting minutes
July 4, 2019 - Finance & Facilities Committee draft meeting minutes

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	x	x	x	July 4, 2019 Finance & Facilities Committee Meeting Update (Report No. 051-19)	July 4, 2019 – Agenda Minutes	To provide an update on reports reviewed at the July 4, 2019 Finance & Facilities Committee meeting. Lead: Mr. Matt Reid, Chair, Finance & Facilities Committee
2		x	x	Child Visual Health and Vision Screening Protocol (Report No. 052-19)		To request that vision screening requirements of the Child Visual Health and Vision Screening Protocol (2018) be waived for MLHU. Lead: Ms. Misty Golding, Manager, Oral Health
3			x	Generative Conversation: Public Health Unit Amalgamation (Verbal)		Lead: Dr. Chris Mackie, Medical Officer of Health/CEO
4		x	x	Essential Components for Strong Local Public Health (Report No. 053-19)	Appendix A	To provide an update on essential components for strong local public health and direct staff to forward Appendix A to the Minister of Health, Boards of Health and relevant stakeholders. Lead: Mr. Jordan Banninga, Manager, Program Planning and Evaluation
5		x	x	Shared Funding for Consumption and Treatment Services (Report No. 054-19)		To request approval to decline the recovery of labour and operating costs funded through the 2018 MLHU budget, in order to partially ease funding pressures faced by Regional HIV/AIDS Connection in operating Consumption and Treatment Services. Lead: Mr. Brian Glasspoole, Manager, Finance
6			x	Summary Information Report for July (Report No. 055-19)		To provide an update on Health Unit programs and services for July. Lead: Ms. Donna Kosmack, Manager, Southwest TCAN, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control

7			x	Medical Officer of Health/ CEO Activity Report for July (Report No. 056-19)		To provide an update on the activities of the MOH/CEO for July. Lead: Dr. Chris Mackie, Medical Officer of Health/CEO
Correspondence						
8			x	July 2019 Correspondence		To receive correspondence items a) though v)

OTHER BUSINESS

- **Cancel August 15, 2019 Board of Health meeting**

- Next Finance and Facilities Committee Meeting: Thursday, September 5, 2019 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, September 19, 2019 @ 7:00 p.m.
- Next Governance Committee Meeting is scheduled for Thursday, September 19, 2019 @ 6:00 p.m.

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding identifiable individuals and confidential minutes from the July 4, 2019 Finance & Facilities Committee meeting and the June 26, 2019 Relocation Advisory Committee meeting and Special Meeting of the Board of Health.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

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

MEMBERS PRESENT:
Ms. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Mr. Ian Peer
Mr. Matt Reid
Mr. John Brennan
Mr. Michael Clarke

REGRETS:
Ms. Aina DeViet
Ms. Tino Kasi
Ms. Kelly Elliott

OTHERS PRESENT:
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Mr. Dan Flaherty, Manager, Communications
Ms. Heather Lokko, Director, Healthy Start
Ms. Maureen Rowlands, Director, Healthy Living
Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
Mr. Alex Tyml, Online Communications Coordinator
Ms. Kendra Ramer, Manager, Strategic Projects
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Cynthia Bos, Manager, Human Resources
Mr. Jeff Cameron, Stronghold Services
Ms. Nicole Gauthier, Manager, Privacy, Governance and Risk
Mr. Brian Glasspoole, Manager, Finance
Ms. Suzanne Vandervoort, Manager, Healthy Babies Healthy Children
Ms. Isabel Resendes, Manager, Healthy Babies Healthy Children
Ms. Debbie Shugar, Manager, Reproductive Health
Ms. Jody Paget, Manager, Vaccine Preventable Diseases
Ms. Judy Green, Manager, Emergency Preparedness

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

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

Chair Fulton noted the addition of a program update for the Vaccine Preventable Diseases Team, which was included in the agenda as item #8.

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the **AGENDA** for the June 20, 2019 Board of Health meeting be approved as amended.*

Carried

MINUTES

It was moved by Mr. Clarke, seconded by Mr. Reid, *that the **MINUTES** of the May 16, 2019 Board of Health meeting be approved.*

Carried

Mr. Peer noted that the June 6 FFC minutes were dated June 7. The minutes will be amended to reflect the correct date of the meeting.

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the draft **MINUTES** of the June 6, 2019 Finance & Facilities Committee meeting be received as amended.*

Carried

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the **MINUTES** of the March 21, 2019 Governance Committee meeting be received.*

Carried

DELEGATIONS AND REPORTS

June 6, 2019 Finance & Facilities Committee Meeting Update (Report No. 045-19)

Mr. Reid provided an update from the June 6, 2019 FFC meeting, reviewing the following reports for the Board's consideration:

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

Ms. Fulton commended the staff, and the Health Unit in general, for their ongoing work in regularly achieving a clean audit for such a large organization with such a large budget.

It was moved by Mr. Reid, seconded by Ms. Cassidy, *that the Board of Health approve the audited financial statements for the Middlesex-London Health Unit as of December 31, 2018, as appended to Report No. 019-19FFC re: "2018 Draft Financial Statements."*

Carried

2018 Revised Budget – MOHLTC Approved Grants (Report No. 020-19FFC)

It was moved by Mr. Reid, seconded by Ms. Cassidy, *that the Board of Health:*
1) Approve Report No. 020-19FFC re: "Funding and Service Level Agreements Review"; and
2) Recommend that the Board of Health Chair write a letter to the Minister of Health identifying issues with the one-time approval process.

Carried

Mr. Reid also reported that the Finance & Facilities Committee received the following reports for information:

- **Bylaw and Policy Review (Report No. 021-19FFC)**
- **Contract Award – Medical Supplies (Report No. 022-19FFC)**
- **Contract Award – Oral Contraceptives Information for Participating Health Units (Report No. 023-19FFC)**
- **Contract Award – Oral Health Supplies (Report No. 024-19FFC)**

Governance Committee Verbal Update – June 20, 2019

Chair Fulton provided a verbal update from the June 20, 2019 Governance Committee meeting, reviewing reports that were received by the Committee for information:

- **Annual Privacy Program Update (Report No. 008-19GC)**
- **Joint Occupational Health and Safety Annual Report – June 2019 (Report No. 009-19GC)**
- **Q2 2019 Activity Report – Strategic Projects (Report No. 010-19GC)**
- **2019 Board of Health Self-Assessment Results (Report No. 012-19GC)**

Reports brought forward for the Board's consideration and decision this evening were also reviewed:

Governance Policy Review and Development (Report No. 011-19GC)

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Board of Health approve the governance by-laws and policies appended to this report.*

Carried

2018 Medical Officer of Health and Chief Executive Officer Performance Appraisal (Report No. 013-19GC)

Chair Fulton advised that the main purpose of this report was to form a sub-committee to proceed with the Medical Officer of Health/CEO performance appraisal.

She further advised that the sub-committee can consist of both Governance Committee and Board of Health members. For the 2018 Medical Officer of Health/CEO performance appraisal, the sub-committee shall consist of:

1. Ms. Aina De Viet (Governance Committee Chair, Middlesex County representative)
2. Ms. Trish Fulton (Board Chair, provincial representative)
3. Mr. Ian Peer (provincial representative)
4. Ms. Maureen Cassidy (Vice Chair, City of London representative)
5. Mr. Matt Reid (City of London representative)

Chair Fulton noted that the sub-committee would welcome other members of the Board of Health should they wish to join, and that all sub-committee meetings are open to all Board members as well.

Chair Fulton mentioned that the next meeting for the Governance Committee will be held on September 19, 2019.

Program Update: Best Beginnings Team

Ms. Lokko introduced Ms. Suzanne Vandervoort and Ms. Isabel Resendes, Program Managers (East and West teams), Healthy Babies Healthy Children.

Ms. Vandervoort and Ms. Resendes provided a program update for the Healthy Babies Healthy Children program, noting some of the program's key highlights.

Discussion ensued about the number of births at the London Health Sciences Centre (LHSC), and how babies are screened at LHSC by Health Unit staff versus how babies are screened by hospital staff at other hospitals.

Intent to Reconsider Eligibility Criteria for the Healthy Babies Healthy Children (HBHC) Program (Report No. 046-19)

Discussion ensued on the following items:

- If the new criteria proposed for the program would exclude certain previous participants.
- An overview of some of the supports for which those who screen without risk would qualify.
- The percentage of women that would be excluded from this program should the eligibility criteria be updated.
- Inequities and issues within the current risk criteria and screening system that are resulting in the wait-listing of some of the higher-risk cases that the Health Unit could be taking on.
- Whether any cost savings will result from adjusting the program criteria.
- Whether this program, which is nominally 100% funded by the Ministry of Children, Community and Social Services, will be affected by the provincial budget cuts that will take effect on April 1, 2020.

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

Carried

Program Update: Reproductive Health

Ms. Lokko introduced Ms. Debbie Shugar, Manager, Reproductive Health Team.

Ms. Shugar provided an update on the Reproductive Health Team, including highlights from the Team's four key work areas: preconception health, healthy pregnancies, preparation for parenthood, and breastfeeding/infant feeding. Ms. Shugar also discussed the prenatal e-learning program.

Prenatal Health Planning Initiative: Update on Implementation of Recommendations (Report No. 047-19)

It was moved by Ms. Cassidy, seconded by Mr. Reid, *that the Board of Health receive Report No. 047-19 re: "Prenatal Health Planning Initiative: Update on Implementation of Recommendations" for information.*

Carried

Review of Public Health Services in Middlesex County – Action Planning (Report No. 048-19)

Mr. Banninga introduced and provided context for the report, including an update on the findings and action plans prepared for each of the recommendations outlined in the Middlesex County Public Health Services Review.

Discussion ensued on the following items:

- Whether any feedback or findings had indicated that additional service delivery sites were required in Middlesex County.
- Delegations to municipal councils and County Council.
- An emphasis on digital learning.
- The purpose of the delegations to municipal councils.

It was moved by Mr. Brennan, seconded by Ms. Peloza, *that the Board of Health receive Report No. 048-19 re: "Review of Public Health Services in Middlesex County – Action Planning" for information.*

Carried

Program Update: Vaccine Preventable Diseases

Mr. Turner introduced Ms. Jody Paget, Manager, Vaccine Preventable Diseases (VPD), who provided an overview of the VPD Program.

Discussion ensued on the following items:

- Suspension notices issued to schools (whether the number is consistent from year to year, or if it has increased in recent years due to vaccine hesitancy).
- How the VPD team is promoting vaccination or making the case for vaccination in the wake of recent vaccine hesitancy.
- If the team has achieved the goal of screening all elementary and secondary school grades.
- How many years the team has been screening elementary and secondary school students.
- The process for reporting vaccinations.
- Who is responsible for following up on the suspension notices and how staff ensures that kids get back to school in a timely manner.

Program Update: Emergency Preparedness

Mr. Turner introduced Ms. Judy Green, who provided an update for the Emergency Preparedness program. Mr. Turner noted that this program is now considered a foundational standard, allowing emergency planning to be embedded into all programs to ensure that all Health Unit program personnel are well versed in emergency preparedness should an emergency occur.

Ms. Green provided a high-level overview of the Emergency Management program mandate at MLHU.

Discussion ensued about the other agencies that MLHU works with for training and education purposes.

Summary Information Report for June (Report No. 049-19)

It was moved by Mr. Brennan, seconded by Ms. Peloza, *that the Board of Health receive Report No. 049-19 re: "Summary Information Report for June" for information.*

Carried

Medical Officer of Health/CEO Activity Report for June (Report No. 050-19)

It was moved by Ms. Cassidy, seconded by Mr. Reid, *that the Board of Health receive Report No. 050-19 re: "Medical Officer of Health Activity Report for June" for information.*

Carried

CORRESPONDENCE

It was moved by Mr. Clarke, seconded by Mr. Peer, *that the Board of Health receive correspondence items a) through x).*

Carried

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

It was moved by Mr. Clarke, seconded by Ms. Cassidy, *that the Board of Health endorse correspondence item y) re: Return on Investment – Early Childhood Development.*

Carried

Dr. Mackie answered questions relating to how staff members review correspondence and determine which items should be endorsed or simply received by the Board of Health.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Board of Health endorse correspondence item z) re: Request to permit EMS to distribute Naloxone Kits.*

Carried

OTHER BUSINESS

Chair Fulton reviewed the upcoming meeting dates:

- Next Finance & Facilities Committee meeting: Thursday, July 4 @ 9:00 a.m.
- Next Board of Health meeting: Wednesday, June 26 @ 7:00 p.m.
- Next Governance Committee meeting: Thursday, September 19 @ 6:00 p.m.
- Next Relocation Advisory Committee meeting: Wednesday, June 26 @ 5:00 p.m.

CONFIDENTIAL

It was moved by Mr. Peer, seconded by Mr. Reid, *that the Board of Health approve the confidential minutes of the May 16, 2019 Board of Health meeting.*

Carried

It was moved by Mr. Peer, seconded by Mr. Reid, *that the Board of Health receive the confidential minutes of the March 21, 2019 Governance Committee meeting.*

Carried

ADJOURNMENT

At 8:34 p.m., it was moved by Mr. Clarke, seconded by Mr. Brennan, *that the meeting be adjourned.*

Carried

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TRISH FULTON
Chair

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CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
SPECIAL MEETING

Wednesday June 26, 2019, 6:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance (recessed door)
MLHU Boardroom

MEMBERS PRESENT: **Ms. Trish Fulton (Chair)**
Ms. Aina DeViet
Mr. Ian Peer
Mr. Matt Reid
Mr. John Brennan
Mr. Michael Clarke

REGRETS: Ms. Elizabeth Peloza
Ms. Tino Kasi
Ms. Maureen Cassidy
Ms. Kelly Elliott

MEDIA: Mr. Dan Brown, *London Free Press*

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Commination Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Joe Belancic, Manager, Procurement and Operations
Mr. Tom Bes, Project Manager, BES
Mr. Brian Glasspoole, Manager, Finance
Mr. Endri Poletti, Architect
Mr. Dan Flaherty, Manager, Communications
Ms. Kendra Ramer, Manager, Strategic Projects
Mr. Alex Tyml, Online Communications Coordinator

Chair Fulton called the meeting to order at 6:00 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Reid, seconded by Mr. Peer, *that the* ***AGENDA*** *for the June 26, 2019 Board of Health meeting be approved as amended.*

Carried

MINUTES

It was moved by Mr. Peer, seconded by Mr. Reid, *that the Board of Health receive the* ***MINUTES*** *of the February 5, 2019 Relocation Advisory Committee meeting.*

Carried

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DELEGATIONS AND REPORTS

June 26, 2019 Relocation Advisory Committee (RAC) Meeting – Verbal Update

Mr. Ian Peer, Chair, Relocation Advisory Committee, provided an update from the June 26, 2019 RAC meeting and reviewed the Floor Plans and Project Plan Update report.

Floor Plans and Project Plan Update (Report No. 003-19RAC)

Mr. Peer reviewed the report and noted the seven-month build schedule, which is aligned with the lease termination dates at 50 King Street and 201 Queens Avenue. Mr. Peer noted discussions around the timeline of the build, including risks that have been mitigated and steps that have been taken to try to reduce the build schedule.

It was moved by Mr. Peer, seconded by Mr. Reid, that *the Board of Health receive Report No. 003-19RAC re: "Floor Plans and Project Plan Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Board of Health will be on July 18 at 7:00 p.m. The next Relocation Advisory Committee meeting will be scheduled as needed.

CONFIDENTIAL

At 6:03 p.m., it was moved by Mr. Clarke, seconded by Ms. De Viet, *that the Board of Health move in camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.*

Carried

Mr. Brown, Mr. Flaherty, and Mr. Tyml left the meeting at 6:04 p.m.

At 6:10 p.m., it was moved by Mr. Reid, seconded by Mr. Peer, *that the Board of Health rise and return to public session.*

Carried

At 6:10 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 6:11 p.m., it was moved by Mr. Reid, seconded by Mr. Clarke, *that the meeting be adjourned.*

Carried

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TRISH FULTON	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

PUBLIC MINUTES
RELOCATION ADVISORY COMMITTEE
Middlesex-London Board of Health
Wednesday June 26, 2019 5:00 p.m.
MLHU Boardroom
399 Ridout Street North
Middlesex County Building

Committee Members Present: **Mr. Ian Peer (Chair)**
Mr. John Brennan
Ms. Trish Fulton
Mr. Matt Reid
Mr. Michael Clarke

Media: Mr. Dan Brown, *London Free Press*

Others Present: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communication Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Kendra Ramer, Manager, Strategic Projects
Mr. Brian Glasspoole, Manager, Finance
Mr. Endri Poletti, Architect
Mr. Tom Bes, Project Manager, BES Construction Consulting

At 5:00 p.m., Chair Peer called the meeting to order.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Peer inquired if there were any disclosures of conflicts of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Clarke, seconded by Mr. Brennan, *that the **AGENDA** for the June 26, 2019 Relocation Advisory Committee meeting be approved as amended.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Fulton, seconded by Mr. Brennan, *that the **MINUTES** of the February 5, 2019 Relocation Advisory Committee meeting be approved.*

Carried

NEW BUSINESS

Floor Plans and Project Plan Update (Report No. 003-19RAC)

Dr. Mackie introduced the team leading this report.

Ms. Ramer discussed the project schedule, included as Appendix B, and walked the Committee through the project schedule timeline.

Discussion ensued on the following items:

- The timeline, and whether seven months will be too short given the amount of work the space requires.
- If there is any room built into the schedule for possible build delays.
- If there are any risks in the supply chain that could delay the build schedule.

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- The updated floor plans and the changes to the clinic flow, specifically the areas where equipment is processed and cleaned.

It was moved by Mr. Reid, seconded by Mr. Clarke, *that the Relocation Advisory Committee receive Report No. 003-19RAC re: "Floor Plans and Project Plan Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Relocation Advisory Committee will be called when required.

CONFIDENTIAL

At 5:08 p.m., it was moved by Mr. Clarke, seconded by Mr. Brennan, *that the Relocation Advisory Committee move in camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.*

Carried

Mr. Flaherty and Mr. Brown left the meeting at 5:09 p.m.

At 5:48 p.m., it was moved by Mr. Reid, seconded by Mr. Brennan, *that the Relocation Advisory Committee return to public session.*

At 5:48 p.m., the Committee returned to public session.

Discussion ensued on whether the Health Unit might need more space in the new location considering the pending public health restructuring. Staff advised that there is flexibility in the layout of the space to build out more space as needed.

ADJOURNMENT

At 5:50 p.m., it was moved by Mr. Reid, seconded by Mr. Brennan, *that the meeting be adjourned.*

Carried

At 5:50 p.m., Chair Peer *adjourned the meeting*.

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IAN PEER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

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PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, July 4, 2019 9:00 a.m.

MEMBERS PRESENT: Ms. Kelly Elliott
Ms. Trish Fulton
Ms. Tino Kasi
Mr. Matt Reid (Chair)

REGRETS: Ms. Maureen Cassidy
Dr. Christopher Mackie, Secretary-Treasurer

OTHERS PRESENT: Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Brian Glasspoole, Manager, Finance
Mr. Joe Belancic, Manager, Procurement and Operations
Dr. Alexander Summers, Associate Medical Officer of Health
Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
Ms. Adrina Chanyi Zhong, Medical Student

At 9:00 a.m., Chair Reid called the meeting to order.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the **AGENDA** for the July 4, 2019 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the **MINUTES** of the June 6, 2019 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Multifunction Printers – Contract Award (Report No. 025-19FFC)

Mr. Joe Belancic presented this report, noting that by awarding the contract for the printers to Xerox for five years, the Health Unit will realize cost savings of approximately $56,000 per year. He added that any underutilized printers will be not be replaced, thereby reducing the total number of printers from 18 to 10.

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the Finance & Facilities Committee:*
1) *Receive Report No. 025-19FFC for information; and*

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2) *Recommend that the Board of Health approve entering into a contractual agreement with Xerox Canada for the provision of office and production multi-function devices.*

Carried

4.2 Proposed 2020–21 Budget Process, Criteria, and Weighting (Report No. 026-19FFC)

Ms. Laura Di Cesare presented the report to the Finance & Facilities Committee. She advised that the Health Unit staff recommend not amending the criteria and weighting for the Program Budget and Marginal Analysis (PBMA) process for the 2020 budget year.

Ms. Di Cesare briefly outlined the three options that staff have considered for covering the approximately $1.3M budget shortfall associated with provincial funding reductions, and the $570,000 budget shortfall associated with inflationary pressures in the 2020 budget. She added that conversations have taken place with City and County staff. In addition, a presentation was made at County Council, and the Health Unit will present to the City if desired via their budget process.

Discussion ensued in regard to:
• What the increases to municipalities might be.
• The difficulty in determining a budget horizon due to lack of information surrounding amalgamation.

Chair Reid asked Committee members to respond to the three recommendations separately.

1) It was moved by Ms. Fulton, seconded by Ms. Elliot, *that the Finance & Facilities Committee make recommendation to the Board of Health to approve the PBMA criteria and weighting that is proposed in Appendix A to Report No. 026-19FFC.*

Carried

2) It was moved by Ms. Fulton, seconded by Ms. Kasi, *that the Finance & Facilities Committee make recommendation to the Board of Health to approve requesting the full amount of the provincial cost-sharing reductions, but not cost-of-living pressures, from the municipal funders.*

Carried

3) It was moved by Ms. Elliott, seconded by Ms. Kasi, *that the Finance & Facilities Committee make recommendation to the Board of Health to approve the development of a two-part budget representing the first quarter of 2020 and, separately, the 12 months from April 2020 to March 2021.*

Carried

OTHER BUSINESS

5.1 **Cancellation of August 1, 2019 Finance & Facilities Meeting**

It was moved by Ms. Elliott, seconded by Ms. Kasi, *that the August Finance & Facilities Committee meeting be cancelled.*

Carried

5.2 **Next meeting: Thursday, September 5, 2019, at 9:00 a.m., in Room 3A**

CONFIDENTIAL

At 9:12 a.m., it was moved by Ms. Elliott, seconded by Ms. Kasi, *that the Finance & Facilities Committee move in camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly*

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the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.

Carried

At 9:16 a.m., it was moved by Ms. Elliott, seconded by Ms. Fulton, *that the Finance & Facilities Committee return to public session.*

Carried

At 9:16 a.m., the Finance & Facilities Committee returned to public session.

ADJOURNMENT

At 9:17 a.m., it was moved by Ms. Kasi, seconded by Ms. Fulton, *that the meeting be adjourned.*

Carried

At 9:17 a.m., Chair Reid *adjourned the meeting*.

MATTHEW REID **Chair**	**LAURA DI CESARE** **Director, Healthy Organization**

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 051-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 18

FINANCE & FACILITIES COMMITTEE MEETING – July 4, 2019

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, July 4, 2019. A summary of the discussion can be found in the draft minutes.

Reports	Recommendations for Information and the Board of Health's Consideration
Multifunction Printers – Contract Award (**Report No. 025-19FFC**)	*That the Finance & Facilities Committee:* *1) Receive Report No. 025-19FFC for information; and* *2) Recommend that the Board of Health approve entering into a contractual agreement with Xerox Canada for the provision of office and production multi-function devices.* Carried
Proposed 2020–21 Budget Process, Criteria and Weighting (**Report No. 026-19FFC**)	*That the Finance & Facilities Committee:* *1) Make recommendation to the Board of Health to approve the PBMA criteria and weighting that is proposed in Appendix A to Report No. 026-19FFC;* Carried *2) Make recommendation to the Board of Health to approve requesting the full amount of the provincial cost-sharing reductions, but not cost-of-living pressures, from the municipal funders;* Carried *3) Make recommendation to the Board of Health to approve the development of a two-part budget representing the first quarter of 2020 and, separately, the 12 months from April 2020 to March 2021.* Carried

The FFC's next meeting will be on Thursday, September 5, at 9:00 a.m., at the Middlesex-London Health Unit, 50 King Street, Room 3A.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 052-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 18

CHILD VISUAL HEALTH AND VISION SCREENING PROTOCOL

Recommendations

It is recommended that the Board of Health:

1) ***Receive Report No .052 -19 re: "Child Visual Health and Vision Screening Protocol" for information; and***
2) ***Endorse staff communicating with the Ministry of Health and Long-Term Care to request that the vision screening requirements of the Child Visual Health and Vision Screening Protocol (2018) be waived for MLHU.***

Key Points

- In August 2018, the Ministry of Health and Long-Term Care (MOHLTC) released the new Child Visual Health and Vision Screening Protocol to be implemented during the 2018–19 school year, with no additional base funding.
- Local school boards have expressed concerns about obtaining parental consent and the time required during the school day to conduct the screening in the absence of evidence of effectiveness.
- Children in Ontario are eligible for a free annual eye examination by an optometrist.
- It is recommended that the Board of Health request that the vision screening requirements of the Child Visual Health and Vision Screening Protocol (2018) be waived for MLHU.

Background

In August 2018, the Ministry of Health and Long-Term Care (MOHLTC) released the new Child Visual Health and Vision Screening Protocol (2018) to be implemented during the 2018–19 school year. No additional base funding was provided for protocol implementation, although health units could apply for one-time funding to purchase required vision screening equipment.

The protocol directs boards of health to offer annual vision screening services to all senior kindergarten students in all publicly funded elementary schools. The document indicates that the purpose of vision screening is to use screening tools, training, and methods as specified by the Ministry to identify children with some risk factors for the following: amblyopia, reduced stereopsis and/or strabismus, and refractive vision disorder. If children are identified as having one risk factor present, the Board of Health shall notify parents using a parent notification form. The Board of Health is also required to support awareness of, access to, and utilization of visual health services.

Steps Taken to Date

Upon release of the protocol, Health Unit staff initiated conversations internally to determine how to allocate resources to support implementation of the protocol. In particular, the Healthy Living Division discussed which team(s) could conduct vision screening and take responsibility for the purchase of the required equipment. Although all teams had limited capacity, it was decided that the Oral Health and Child Health teams would lead vision screening in schools.

MLHU submitted a request for one-time funding to the MOHLTC to assist in the purchase of vision screening tools. One-time funding was approved; however, approval was communicated to MLHU after the required deadline to purchase the equipment, and the funds could not be utilized.

Staff completed an environmental scan to determine what services were being offered in local school board jurisdictions. MLHU also initiated discussions with local stakeholders and school boards to determine how to implement the vision screening protocol. The school boards expressed a number of concerns regarding implementation. In particular, they were concerned with obtaining parental consent and with the estimated time required to complete the screening process during the school day in the absence of evidence of effectiveness of this type of screening.

As a result of a lack of funds to purchase equipment and concerns within the school boards, implementation of the vision screening protocol during the 2018–19 school year was not possible.

Recommendation

Due to multiple challenges in implementing vision screening in schools, and considering universal vision screening has not been shown to be effective, also that the Ontario Health Insurance Plan (OHIP) covers an annual full comprehensive eye examination by an optometrist and any follow-up assessments that may be required for children aged 0 to 19, MLHU is recommending that the Board of Health endorse staff contacting the Ministry of Health and Long-Term Care to request an exemption from the vision screening portion of the Child Visual Health and Vision Screening Protocol (2018). MLHU will continue to work with school boards to support awareness of, access to, and utilization of visual health services by notifying parents of the importance of visual assessments and assisting parents in finding a local optometrist.

This report was submitted by the Healthy Living Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 053-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 18

ESSENTIAL COMPONENTS FOR STRONG LOCAL PUBLIC HEALTH

Recommendation

It is recommended that that the Board of Health:

1) ***Receive Report No. 053-19 re: "Essential Components for Strong Local Public Health" for information; and***
2) ***Direct staff to forward the Report in Appendix A to the Minister of Health, other boards of health, and relevant stakeholders.***

Key Points

- Public Health Modernization will result in significant disruption to local public health.
- As the provincial government embarks on this modernization, it is important that key considerations, born out of decades of public health history, be contemplated.
- MLHU has prepared a response paper with key considerations and essential components for strong local public health.

Background

On April 11, 2019, the provincial budget introduced plans to significantly restructure Ontario's public health system, including the dissolution of its 35 health units and creation of 10 new regional public health entities. New boards of health under a common governance model would be established in line with the new regional entities, and substantial adjustments to provincial-municipal cost-sharing would occur over three budget years, as well as a reduction of the overall budget envelope for local public health. Since the announcement in April, the Health Unit has received further information regarding the proposed geographic boundaries and reviewed responses from stakeholders across the province. Please see: https://www.alphaweb.org/page/PHR_Responses.

Response to the 2019 Public Health Modernization

Given the magnitude of the impact that public health modernization will have on Middlesex-London, a response paper titled *Keeping Middlesex-London Safe and Healthy* (see Appendix A) has been prepared.

The paper outlines four essential components for a strong local public health sector:

1. Maintaining public health's unique upstream population health and disease prevention mandate;
2. Keeping public health at the community level to best serve residents and lead strategic community partnerships;
3. Ensuring public health funding and a strong workforce to fulfill its mandate; and
4. Governance structures that are transparent and locally accountable.

Next Steps

The response paper will be forwarded to the Minister of Health, local boards of health, and other relevant stakeholders. Additionally, MLHU will be participating in consultations regarding public health modernization throughout the summer and fall.

This report was prepared by the Healthy Organization Division.

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

Appendix A to Report No. 053-19

Keeping Middlesex-London Safe and Healthy

Essential components for a strong local public health sector through modernization

July 2019

For information, please contact:

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Executive Summary

Public health services provide high returns on investment. On average, one dollar invested in public health generates an eight dollar return through avoided health and social care costs (1). Despite this, public health only receives about two percent of all provincial health care spending in Ontario, with funding projected to decrease in future years.

The Provincial government recently announced plans to modernize the public health system by consolidating 35 public health units into ten new Regional Public Health Entities by 2020-2021. Also, there will be a progressive reduction in the funding cost-share formula with municipalities bearing a more significant portion of the costs. In Middlesex-London, this will mean shifting from a 75 percent provincial and 25 percent municipal share to 60 percent provincial and 40 percent municipal share by 2021-2022. Programs that were 100 percent provincially-funded will change to a cost-share structure in 2019-2020, except for the new Provincial Low-Income Seniors' Dental Program.

History has shown that when the public health system is weakened, serious consequences arise. After the Walkerton drinking water contamination in 2000 and the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003, major expert reports highlighted the need for a strong and autonomous public health sector to protect the health and safety of the public (2,3).

In this paper, we propose that modernization preserve the following components, which are essential for a strong local public health sector:

1. Maintaining public health's unique upstream mandate;
2. Keeping public health local;
3. Ensuring adequate funding and a strong workforce; and
4. Transparent and locally accountable governance.

The following summary illustrates how each component in a strong public health sector helps achieve our shared goal: healthy, productive, and thriving communities.

1. Maintaining public health's unique upstream population health and disease prevention mandate
    - Public health's unique mandate is to keep people healthy, prevent disease, and reduce health inequities.
    - We focus upstream – long before people need hospitals and health care. We collaborate with and complement other health care services to proactively reduce the impact of illness on "hallway medicine" and the acute care system.
    - To be successful leaders in prevention, we have five core public health functions:
        - population health assessment and surveillance – understanding who is sick and why
        - health promotion and policy development – creating supportive environments for healthy living by making the healthy choice the easy choice
        - health protection - identifying hazards to our health and taking action to stop or reduce their risk
        - disease prevention – working directly with clients to prevent and treat some illnesses, and working with community organizations, municipalities and the Province to create healthy public policies
        - emergency management – planning for and leading the response to public health emergencies
2. Keeping public health at the community level to best serve residents and lead strategic community partnerships

- A strong public health sector is responsive to local health priorities through collaborative engagement with local municipalities, schools, health care professionals, community organizations, and residents.
- Middlesex-London has a unique set of health issues that require tailored community responses and coordination.
- Local perspectives add value to provincial priority-setting and decision-making.

3. Ensuring public health has adequate funding and a strong workforce to fulfill its mandate
    - Overall funding for local public health should be sufficient to achieve the mandate and enable communities to thrive. Cost-sharing between the Province and municipalities should be achieved in a way that meets community needs and minimizes the burden on the local taxpayer.
    - The new Regional Public Health Entities should be empowered to identify the number, mix, and distribution of human resources necessary to meet local health needs.

4. Governance structures that are transparent, autonomous, and locally accountable
    - As boards of health are regionalized, it is vital that the role of the Medical Officer of Health and the Board of health, their autonomy, composition, and ability to promote healthy public policy be maintained.

Local public health has a unique mandate not fulfilled by any other organization at the local level. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur. When the Provincial consultation begins, we strongly recommend the consideration of these essential components of a strong local public health sector to enable the achievement of our shared goal of healthy and thriving communities.

Purpose

The Middlesex-London Health Unit (MLHU) has prepared this report in response to recent provincial announcements regarding the modernization of Ontario's public health sector. The scale of the proposed changes to the governance, organization, and funding of local public health organizations in Ontario is unprecedented.

As the Province consults on modernization of public health there are important considerations, borne out of decades of public health experience, that support the Province's goals of enhancing municipal engagement, better integrating with health care to support more efficient service delivery, and preserving the essential components of a strong public health system in a new structure.

Our vision is: ***People Reaching Their Potential***

Our mission is: ***To protect and promote the health of our community***

To continue to achieve this vision and fulfill this mission, the future regional public health entity must:

1. Maintain public health's unique upstream population health and disease prevention mandate;
2. Keep public health at the community level to best serve residents and lead strategic community partnerships;
3. Ensure public health has adequate funding and a strong workforce to fulfill its mandate; and
4. Implement governance structures that are transparent and locally accountable.

Lessons from history show that when the public health system is weakened, serious consequences arise. After the Walkerton E. coli contamination in 2000 and SARS outbreak in 2003, many expert reports highlighted the need for a strong and autonomous public health sector (2,3).

Background

On April 11, 2019, the Ontario provincial budget introduced sweeping changes to the public health system. Objectives outlined in the provincial budget include replacing Ontario's 35 health units with 10 regional public health entities by April 1, 2020. This would dissolve all existing Boards of Health across the province.

The newly proposed boundaries (Figure 1) would see Middlesex-London Health Unit amalgamate with the Southwestern, Lambton, Chatham-Kent, and Windsor-Essex Health Units. The estimated population of this regional entity would be 1.3M.

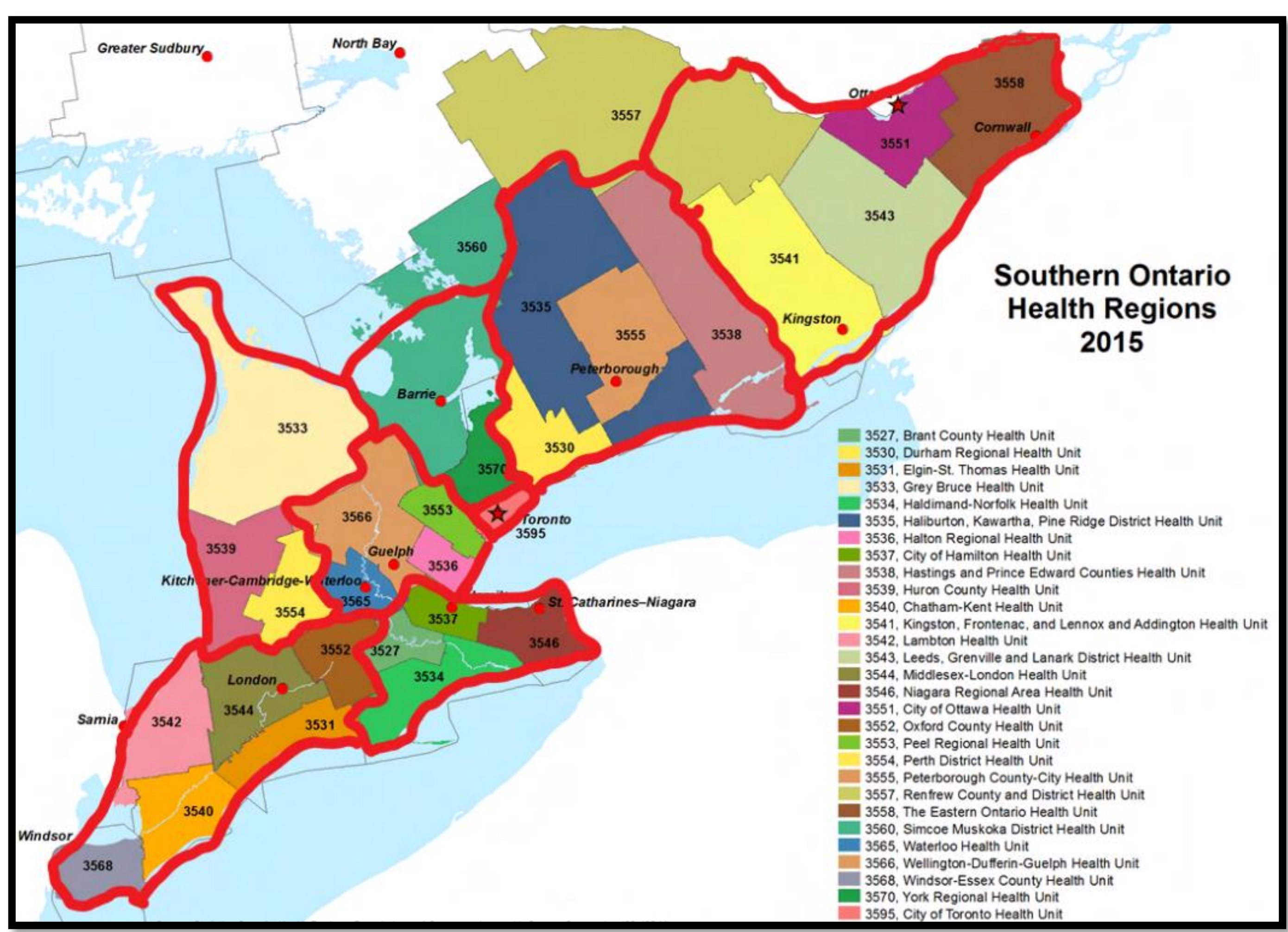
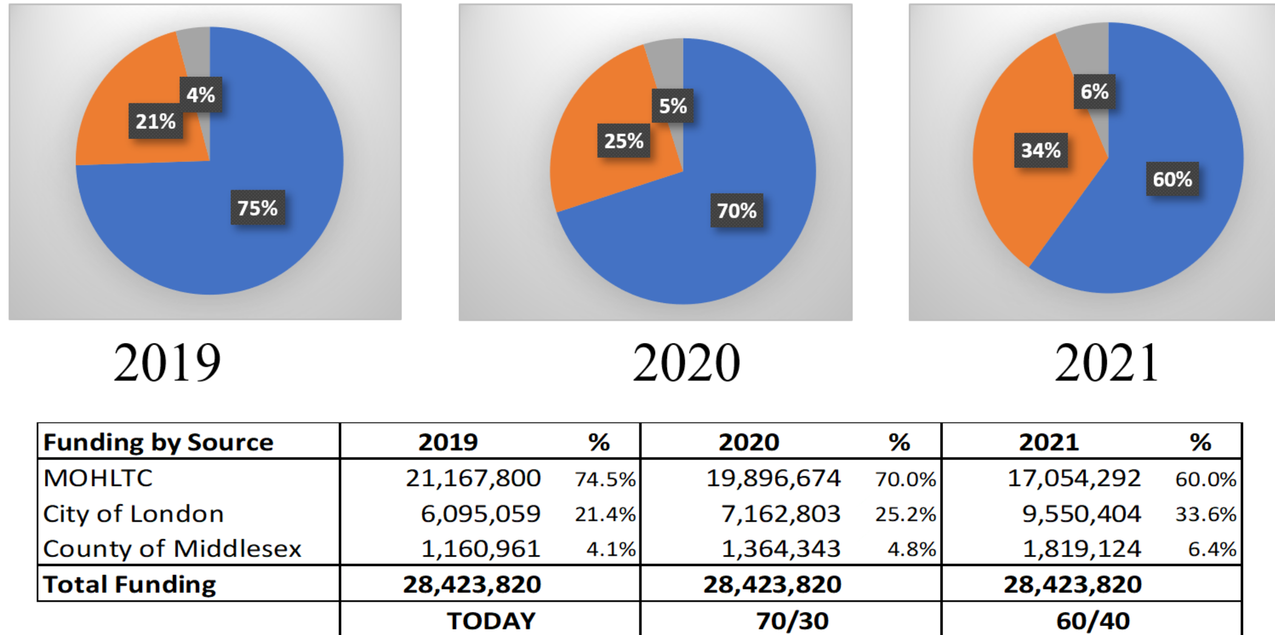


Figure 1 - Regional Public Health Entity Boundaries. Source: Statistics Canada, Health Regions, Boundaries and Correspondence with Census Geography, (82-402-x). Produced by the Statistical Registers and Geography Division for the Health Statistics Division, 2015.

The budget also proposes reducing total provincial funding for public health by $200 million over the next two to three years and amending the cost-sharing arrangements between the provincial government and the municipalities from 75% Provincial / 25% Municipal to 70% Provincial / 30% Municipal in the 2020-2021 fiscal year and then to a 60% Provincial / 40% Municipal in the 2021-2022 fiscal year.

A significant increase in contributions from municipalities would be necessary to accommodate the change to the cost-sharing formula if health units are expected to continue providing comprehensive public health programs and services to communities that are served. The potential changes to the municipal contributions are outlined in Figure 2.



Funding by Source	2019	%	2020	%	2021	%
MOHLTC	21,167,800	74.5%	19,896,674	70.0%	17,054,292	60.0%
City of London	6,095,059	21.4%	7,162,803	25.2%	9,550,404	33.6%
County of Middlesex	1,160,961	4.1%	1,364,343	4.8%	1,819,124	6.4%
Total Funding	**28,423,820**		**28,423,820**		**28,423,820**	
	TODAY		**70/30**		**60/40**	

Figure 2 – Potential Impact of the Proposed Cost-Sharing Arrangements of the City of London and County of Middlesex

The Ministry of Health and Long-Term Care (MOHLTC) expects to find the $200 million in savings from public health through the centralization of leadership, streamlining of back-office functions, IT services as well as the move to digital solutions at the regional level. These savings are expected to be achieved by 2021.

To lessen the immediate impact of these changes, the Province is considering one-time funding to offset costs as well as potential exceptions, or “waivers”, from some aspects of the Ontario Public Health Standards. Such funding and exceptions would be considered on a board-by-board basis.

The Province has also committed to consulting with public health units and municipalities on the phased implementation of the proposed changes.

Each of the following sections illustrates the vital elements of a strong local public health sector that will support the Province’s desired outcomes and ensure the public health needs of communities are met. These elements should be carried forward to a new structure.

Essential Considerations for Local Public Health

The essential components for local public health are drawn from the Ontario Public Health Standards, peer-reviewed literature and reports that have been previously prepared for the Middlesex-London Health Unit, and all levels of government in Canada.

1. *Maintaining public health's unique upstream population health and disease prevention mandate*

As outlined in the Ontario Public Health Standards:

> *The role of boards of health is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes (4).*

MLHU's focus on the health of the population stands in contrast to many of the other organizations and health service providers in the Middlesex-London region and it is imperative that its focus be maintained, if not strengthened.

What does this mean?

- Public health's unique mandate is to keep people healthy, prevent disease, and reduce health inequities.

- To be successful leaders in prevention, we have five core public health functions:

  - **Population Health Assessment and Surveillance** – understanding who is sick and why
  - **Health Promotion and Policy Development** – creating supportive environments for healthy living by making the healthy choice the easy choice
  - **Health Protection -** identifying hazards to our health and how to stop or reduce their risk
  - **Disease Prevention** – delivering comprehensive disease prevention services by working directly with clients to prevent and treat some illnesses, and working with community organizations, municipalities, and the Province to create healthy public policies
  - **Emergency Management** – planning for and leading the response to public health emergencies

- We focus upstream – long before people need hospitals and health care. We collaborate with and complement other health care services to proactively reduce the impact of illness on "hallway medicine" and the acute care system.

- The Medical Officer of Health and Chief Executive Officer (MOH / CEO) and the Board of Health use evidence and data to act in the interest of the health and safety of the community. The MOH / CEO leads a group of multi-disciplinary public health professionals to ensure public health crises are addressed quickly and effectively, ensure the public is aware of how to prevent disease and enhance health, and provide expert advice to decision-makers.

Why is this important?

Local public health's mandate is unique and considers everyone in the community, particularly those most vulnerable (e.g., low-income, newcomers, children, seniors).

Public health uses a population health approach, which means reducing the factors that cause disease, injury, and death in the community. While some actions should be taken across all communities, we also recognize that communities are diverse and the importance of building on strengths and reducing vulnerabilities in individual communities. Figure 3 provides examples of core public health activities that keep people healthy, productive, and out of the health care system.

Population health assessment and surveillance

- Health-related information to inform action.
- Opioid overdose and death surveillance.

Health promotion and policy development

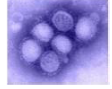
- Promoting communities where being physically active is easier.
- Family supports to optimize children's development.

Health protection

- Public health inspections.
- Air quality monitoring to inform policy.

Disease prevention

- Communicable disease and immunization services.
- Oral health clinics.



Emergency management

- Management of public health threats caused by severe weather, disease or other emergencies.
- Lead local response agency for the H1N1 influenza pandemic and SARS

Figure 3 - Core Public Health Functions with Examples

While the success of prevention is mostly invisible, social and economic benefits are immense. When people avoid disease and injury, they are more likely to be productive and contribute to the economy. They require fewer hospital visits and rely less on health care throughout their lives (5). Figure 4 illustrates the loss in productivity due to communicable diseases.

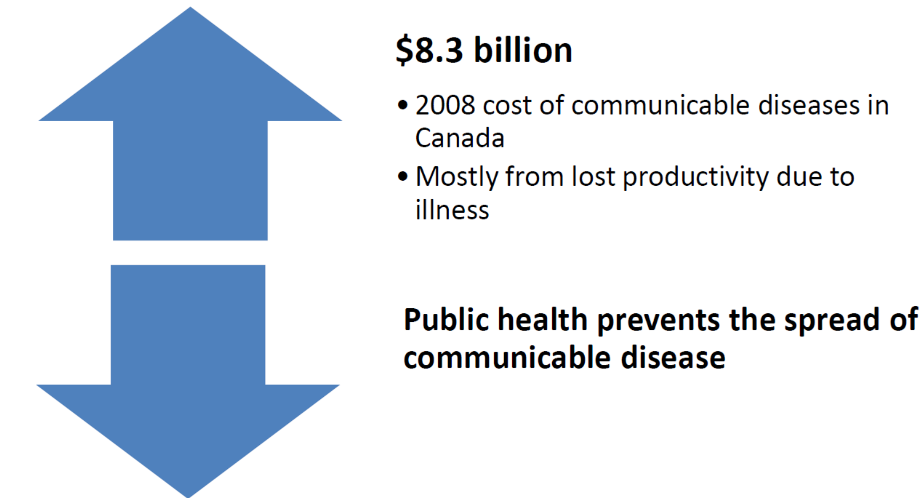


Figure 4 - Public Health Helps Decrease Lost Productivity due to Communicable Diseases (6)

The economic impact of SARS provides an example of the costs associated with outbreaks that are not prevented. Looking at the increase in provincial expenditures alone, and not considering the personal financial costs of those affected, there were $1.073 billion in unforeseen expenditures in the 2003-4 fiscal year (7).

A strong public health sector keeps people out of overcrowded hospitals.

The goal of public health is to keep people healthy, long before they become patients in the health care system. Public health programs focus on reducing risks to all residents. This ultimately drives down health care costs and makes the health care system more sustainable.

To achieve optimal health, both health care and public health are needed, and their roles are essential and complementary (Figure 5). Public health focuses on interventions with the greatest potential impact across a population and efforts to address the conditions where people live, work, play, grow and age to make healthy choices easier (8).

No other entity is primarily focused on upstream efforts to prevent illness before it arises. Investment in preventive strategies is an essential component to reduce “hallway medicine” and other strains on acute health care services.

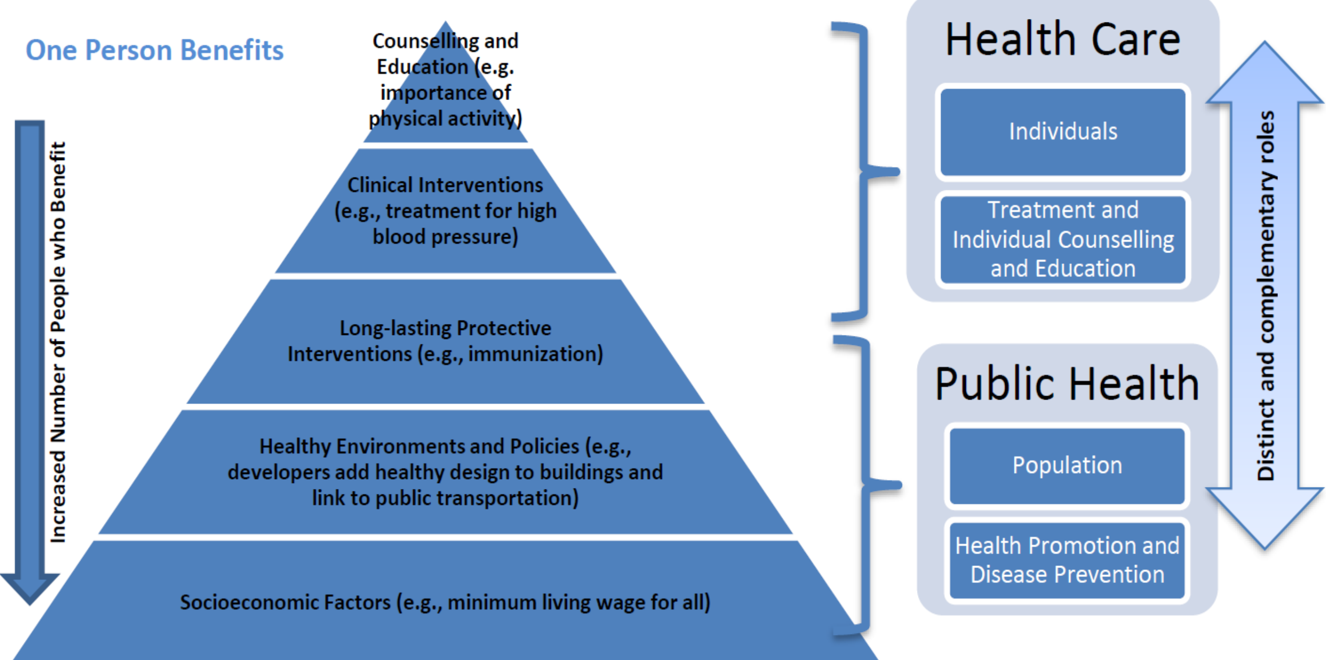


Figure 5 - How Public Health Complements Primary / Acute Care (Adapted from the Health Impact Pyramid)

A strong public health sector leads to multiple invisible benefits.

Some of public health's key successes, such as safe food and water or the control of communicable, vaccine-preventable diseases, have paradoxically reduced its perceived value among voters and decision-makers, making it vulnerable to budget cuts and weakened governance structures (9). The average lifespan of Canadians has increased by almost 25 years since 1920, with public health advances being among the main reasons for improvement (10).

Public health has a unique role in helping everyone have a fair chance to live a healthy life.

All Middlesex-London residents should have the opportunity to make healthy choices regardless of their income, education or ethnic background. It is known that the poorest people in Ontario are nearly twice as likely as the richest people to report multiple chronic conditions (11). This impacts municipalities through health service utilization, lower productivity, and other social costs.

Public health collaborates with municipalities and other stakeholders to decrease health inequities in their communities. Health inequities are differences in health that groups of people experience because of unfair and modifiable social advantage or disadvantage. Public health addresses health inequities through programs that benefit everyone and some that help those most in need. For instance, mothers who give birth in the Middlesex-London region are screened for a referral to the Healthy Babies, Healthy Children or Nurse Family Partnership home visiting program. Mothers at highest risk for poor infant and maternal outcomes (e.g., postpartum depression, lack of social or financial support) are prioritized for at home support from a Public Health Nurse and/or Family Visitor.

In addition, we offer free services to all residents of Middlesex-London in our dental, immunization, and sexual health clinics, regardless of health insurance (OHIP)-coverage or immigration status.

In sum, local public health has a unique mandate not fulfilled by any other organization at the local level. It keeps people healthy and out of overcrowded hospitals. It has multiple invisible benefits, including a great return on investment and it has a special role in helping everyone have a fair chance to live a healthy life.

2. *Keeping public health at the community level to best serve residents and lead strategic community partnerships*

Middlesex-London Health Unit is located in Southwestern Ontario. These are the traditional lands of the Attawandaran (Neutral) peoples who once settled this region alongside the Algonquin and Haudenosaunee peoples. The three First Nations communities with longstanding ties to this geographic area are Chippewa of the Thames First Nation (Anishinaabe), Oneida Nation of the Thames (Haudenosaunee); and Munsee-Delaware Nation (Leni-Lunaape) (12).

Middlesex-London covers 3,317 square kilometers; a relatively small land area compared to other health units with a relatively large population of 455,526 people in 2016. Nine out of 10 people in Middlesex-London live in urban areas, predominately London, and Strathroy (12).

What does this mean?

- A strong public health sector is responsive to local health priorities through collaborative engagement with local municipalities, schools, health care professionals, community organizations and residents.
- Middlesex-London has a unique set of health issues that require tailored community responses and coordination.
- Local perspectives add value to provincial priority-setting and decision-making.

Why is this important?

Unique public health issues in Middlesex-London.

There are many health issues to consider locally. The community health status resource details the health status of Middlesex-London and highlights several issues that demand attention (12):

1. The projected growth rate between 2016 and 2041 for Middlesex-London is 26.1% (with those aged 65 years and older doubling in this period). This translates to increased demand for public health services (e.g., immunizations, clinic visits, dental screening, and inspections).
2. In Middlesex-London, approximately 1 in 5 people are immigrants and over one in ten immigrants are recent immigrants (12.9%).
3. Injuries represent an area of substantial burden in the Middlesex-London, particularly in the rural population. Falls are the leading cause of injury-related deaths and visits to the emergency department and disproportionately those who are elderly.
4. Middlesex-London has multiple overlapping drug-related crises: opioid-related overdoses, invasive Group A Streptococcal (iGAS) disease, endocarditis, hepatitis C, HIV, and hepatitis A.
5. The proportion of women reporting a mental health concern during their pregnancy is significantly higher in Middlesex-London compared to Ontario and increased over time from 2013 to 2017.

“Moving the needle” on complex health issues like these requires keen local insight, solid knowledge of health behaviour and illness prevention, combined with strong local partnerships.

Engaged and empowered communities and stakeholders are essential for public health.

Public health emergencies, such as SARS and pandemic influenza H1N1, demonstrate that local investments are needed to ensure clear coordination among hospitals, health care providers, and government. Beyond emergencies, strong collaboration is essential to tackle complex health issues, such as substance use.

An example of the latter is MLHU's work on the Community Drug and Alcohol Strategy. This brought a collaborative focus to addressing the multiple and overlapping challenges gripping the community, including opioids, crystal meth, alcohol, and other substances. The partnership leading the development of this strategy included representatives from the health, education and social services sectors, as well as from law enforcement, the private sector, municipal government, and people with lived experience. Extensive community input was vital in helping to shape the Strategy. The Strategy consists of 23 recommendations with 98 associated actions and sets a long-term comprehensive plan to prevent and address local substance-related harms. Work to implement the recommendations is underway and will continue through 2019 and beyond (13).

In sum, engagement with municipal partners and community members improves the health outcomes of whole population groups, including those involved, and saves money. Public health governance is an opportunity to increase community involvement, reflect the diversity of residents, and maintain local priorities.

Additionally, research has shown that public health engagement and empowerment of local communities leads to better health outcomes:

- Higher performing public health units were found to have greater community interaction (14).
- Public health departments that prioritize the community's needs and who partner with the community will see differences in health outcomes (15).
- Partnerships not only with academia but also with hospitals, community organizations, social services, private businesses, and law enforcement are important (16).
- Engaging outside agencies in planning of program and service delivery is significantly related to public health performance (17).
- The longer that public health agencies have been engaging in partnerships, the better their performance metrics related to partnership development (18).

3. Ensuring public health funding and a strong workforce to fulfill its mandate

Public health is the responsibility of all levels of government. In Ontario, Provincial policy has typically cost-shared public health funding with municipalities being legally obligated to pay their cost-share as per the Health Protection and Promotion Act.

In addition to having the appropriate resources, all health units in Ontario should be fully staffed with enough people and the right mix of people and competencies. There must be strong and effective leadership at all levels.

What does this mean?

- Overall funding for local public health should be adequate to achieve the mandate and enable communities to thrive. Cost-sharing between the Province and municipalities should be achieved in a way that meets community needs and minimizes the burden on the local taxpayer.

- The new Regional Public Health Entities should have the capacity to identify the optimal number, mix and distribution of public health skills, and workers to meet local health needs.

Why is this important?

Imagine you are raising a child. If you feed, clothe, and give the child a roof over their head, they will live. But to thrive, the child also needs social interaction, love, interesting experiences, and so much more.

Public health is in the business of helping community health to thrive. If public health funding is not increased or protected, and if human resource capacity is compromised, there will be significant implications, such as:

- Challenges meeting current and future community health needs;
- Inability to detect and respond to future public health emergencies;
- Difficulties delivering mandated public health programs and services; and
- Needing to divert resources from some programs to others or stop completely.

Adequate funding is required to meet community health needs.

Provincial contributions to public health spending have fluctuated since the mid-1990s, as illustrated in Figure 6.

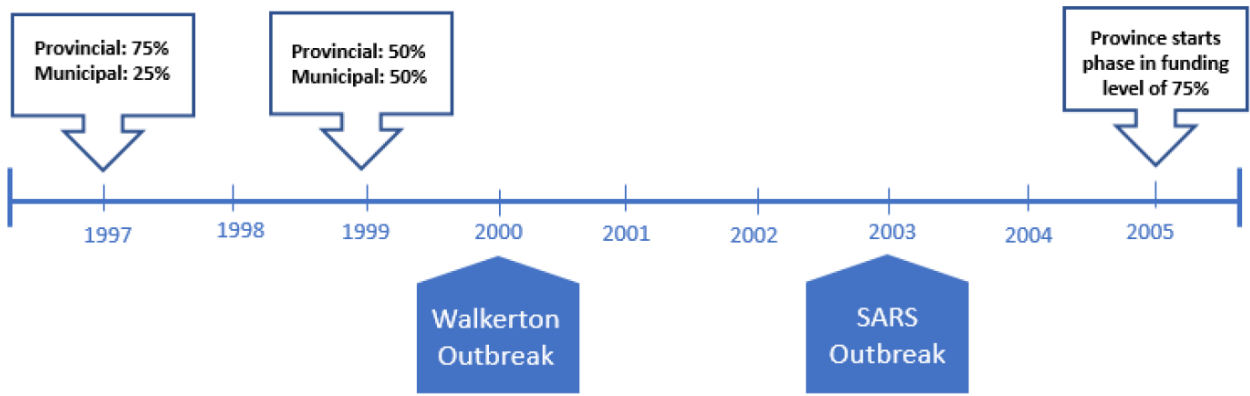


Figure 6 - Timeline of Provincial and Municipal Funding Share for Public Health Services in Ontario (19, 20)

The increase in provincial funding in 2005 was in response to the two public health emergencies – the outbreak in Walkerton in 2000 and the SARS epidemic in 2003. The purpose of the increased contribution was to enhance the capacity of the public health system, which had been weakened by reduced investment in public health in the years prior.

The Province intended to reach the 75/25 funding split within three years, but this did not occur. For example, in 2011, only 17 of the 36 health units had reached the 75/25 funding split for mandatory programs (21).

In 2015, the Ministry of Health and Long-Term Care Funding Review Working reviewed the funding formula and made recommendations. The recommended funding allocations for public health units were based on population and equity measures and identified MLHU as one of the lowest provincially funded public health units on a per capita basis. Middlesex-London benefited from a needs-adjusted funding model and saw an increase in mandatory program funding in 2016 and 2017.

The Middlesex-London Health Unit has already identified program efficiencies given historical provincial underfunding.

Since 2005, MLHU has been able to maintain municipal funding increases at 0%. This has been accomplished through responsible financial governance and stewardship and using a Program Budgeting Marginal Analysis (PBMA) process. Every health organization has limited resources and the need to make choices about how to allocate these resources. The PBMA process aims to align resources with the mandate and strategic priorities of the organization, improve decision-making transparency and rigor, and provide staff and public ownership of the decision-making process.

Over the past five budget cycles, MLHU has been able to find savings of $3.9 million and approve ongoing investments of $3 million and $1.6 one-time investments to maximize the impact our services have on the community. Examples of these investments include:

- Increased public health nursing capacity for outreach work with people who use injection drugs and who have HIV, Hepatitis C, or other blood-borne diseases to prevent the spread of these diseases and improve health outcomes. This program has essentially ended an HIV outbreak in people who inject drugs.

- The Nurse-Family Partnership home visiting program for young, low-income, and first-time mothers. This program helps teenage mothers meet their education and employment related objectives, and set their children up for success in life.
- An innovative needle-syringe recovery partnership program where a team sweeps high-risk urban areas to reduce waste related to discarded harm reduction equipment

Investment in public health saves money and improves health.

The public health sector receives a small portion (about two percent) of the provincial health care budget, yet it provides a high return on investment. Under proposed modernization plans, this already small portion of the provincial health care budget will be reduced even further over the next three years.

This is counterintuitive, given that public health programs offer such a high return on investment. For example, every dollar invested in public health programming saves eight dollars of avoided health and social care costs (1). The return on investment, illustrated in Figure 7, is even more favorable for interventions that changed public policies such as limiting tobacco marketing or using infrastructure to make active transportation easier (1).

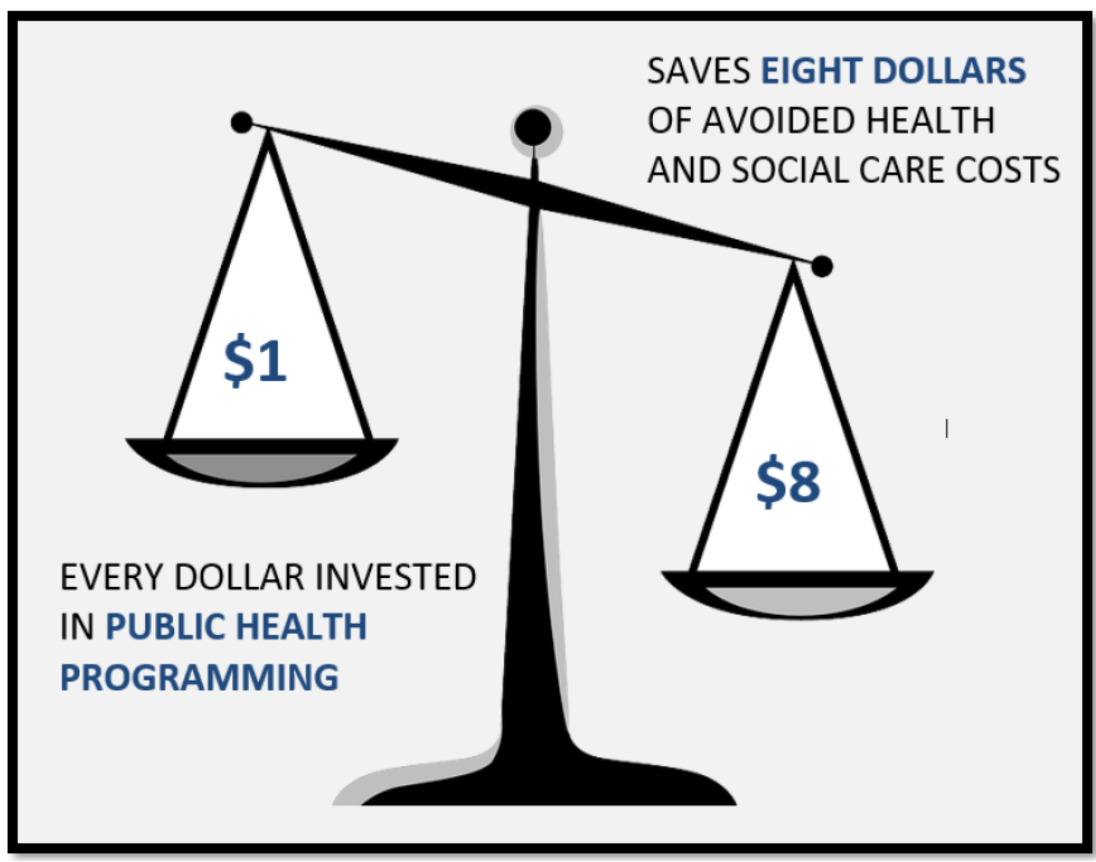


Figure 7 – Public Health Return on Investment

Some additional examples of the extent to which public health is a good return on investment include:

• $1 invested in immunizing children saves $14 in health and social costs (22).
• $1 invested in heart disease prevention pays back $11 in health and social benefits (23).
• $1 invested for improved walkability pays back $2 in health benefits (24).

Public health investments are a crucial way to improve the "social determinants of health" within a population. As seen in Figure 8 below, the most important factors in health or illness are socially determined, such as income, early childhood experiences, education, and housing. In contrast, only 25 percent of what influences our health is related to health care.

Despite this, nearly all funding goes to the health care system. In fact, only about two percent of health care funding goes to public health initiatives, even though these focus on improving the environment and social determinants of health.

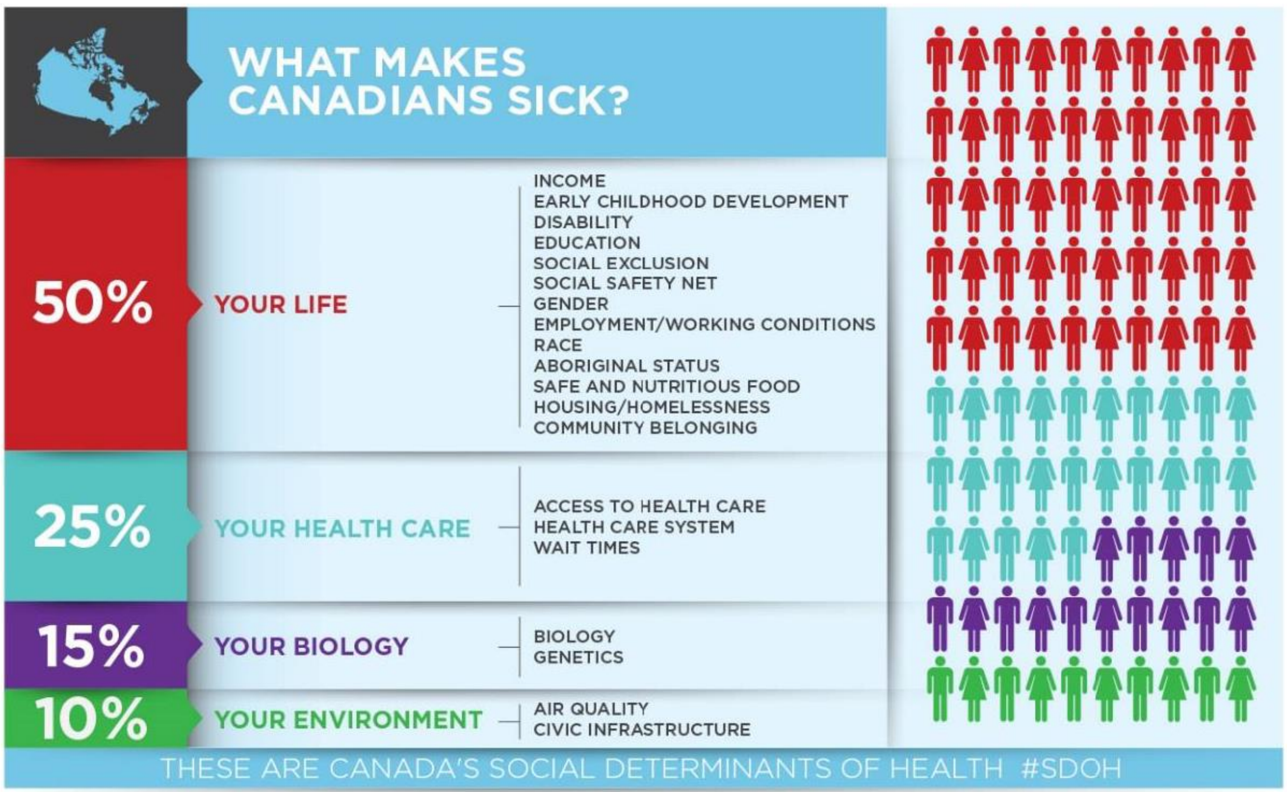


Figure 8 – What Makes Canadians Sick (25)

The new Regional Public Health Entities should have the capacity to identify the optimal number, mix and distribution of public health skills, and staff to meet local health needs.

One of the most important strengths of our public health system lies in its dedicated workforce. Public health expertise spans several health disciplines, including nutritionists, nurses, health promoters, inspectors, epidemiologists, and many more. The distribution of public health expertise, resources and services should be tailored to meet current and future local needs and priorities (26).

Reduced available funding would impact the critical mass of staff required to deliver quality programs and services and reduce our capacity to respond to public health emergencies or

periods of increased need. In addition, the application of cost-cutting initiatives that limit staffing (e.g., hiring freezes) compromise efforts to attract and keep qualified individuals in the public health workforce (27).

4. Governance structures that are transparent and locally accountable

Transparency and local accountability are essential for health units to maintain the trust of the public and to be able to respond effectively in the event of a public health emergency. Governance structures contribute significantly to the ability of a regional health entity's ability to act in this way.

What does this mean?

- As boards of health are regionalized, it is important that the role of the Medical Officer of Health and the Board of health, their autonomy, composition, and ability to promote healthy public policy be maintained.

Why is this important?

Weakening the roles of the Medical Officer of Health and Board of Health can compromise key parts of the public health sector and negatively impact the community.

- Public health and safety. The Medical Officer of Health and Board of Health must act quickly and effectively during public health crises. This includes the ability to rapidly deploy a skilled team of public health professionals to work with municipalities, health care, and others, and have the continuing legal authority to put the public's health first.

- Public trust. All residents have the right to know about the health of the community and what can be done to improve it. As the doctor for the community, the Medical Officer of Health should never be prevented from being honest and transparent about the community's health. Additionally, the Board of Health should have the ability to act on the independent advice provided by the Medical Officer of Health to ensure public health and safety.

The independence to allocate resources to local public health needs and engage in the promotion of healthy public policy ensures that community health needs are addressed.

Allocation and expenditure of resources are some of the most important predictors of health unit performance (16). Additionally, the presence of a local board of health with policymaking authority is associated with positive performance of essential public health standards (16, 28).

The strongest predictor of public health agency performance is the size of the population served (16, 28). Specifically, the larger the jurisdiction size, up to a maximum of 500,000 people, was found to be a positive predictor of performance (29).

The socioeconomic status of a community is a strong predictor of health status in a community (28, 30, 31). Addressing the social determinants of health in a community may be one of the most successful methods of elevating health status in the community.

Conclusion

Public health plays a distinct role in protecting the health of residents. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur. Investments in public health should be viewed as a cost-effective way to improve the sustainability of our health care system by relieving the strain on primary and acute care.

Investments in public health have proven to generate high returns on investment. We know, for example, that for every dollar invested in public health, communities benefit from an $8 return on investment (1). Despite this, public health receives just about two percent of all provincial health care spending.

As the Ontario Government considers its approach to public health modernization, it is critical the core components of a strong public health system are maintained or strengthened. Positive public health outcomes require:

- Maintaining public health's unique upstream population health and disease prevention mandate;
- Keeping public health at the community level to best serve residents and lead strategic community partnerships;
- Ensuring public health has adequate funding and a strong workforce to fulfill its mandate; and
- Governance structures that are transparent and locally accountable.

Analyses of historical public health crises clearly show that, without these components in place, our communities are less protected and at higher risk for avoidable illness and death.

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 054-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 18

SHARED FUNDING FOR CONSUMPTION AND TREATMENT SERVICES

Recommendation

It is recommended that the Board of Health:
1) ***receive Report No. 054-19 re Shared Funding for Consumption and Treatment Services (CTS) Site for information and***
2) ***Approve declining $53,158 of funding for program staff that were already funded through the 2018 MLHU budget in 2018 in order to partially ease funding pressures faced by the Regional HIV/AIDS Connection (RHAC) in operating the CTS.***

Key Points

- MLHU contributed jointly with Regional HIV/AIDS Connection (RHAC) to operate the Consumption and Services Treatment Site commencing in the 4th quarter of 2018.
- Due to the substantial cost to RHAC to fund the operation of this site and to address a substantial unfunded liability, MLHU has proposed not to recover labour and operating cost incurred in the final quarter of 2018 which had already been budgeted for in MLHU's 2018 budget.
- The Health Unit commenced recovering costs to support the operation of the site from RHAC commencing January 1, 2019.

Background

The Health Unit has been involved jointly with the Regional HIV/AIDS Connection (RHAC) to provide staffing and resources to support the operation of the Consumption and Services Treatment Site (formally called the Temporary Overdose Prevention Site). The impact of this site and how effectively it has been meeting its intended outcome was outlined recently in Report No. 038-19 Saving Lives. Changing Lives. Findings from the Temporary Overdose Prevention Site (TOPS) Evaluation.

Direct costs incurred by the Health Unit for the final two months of 2018 amounted to $53,158. Recovery of these costs through cash reimbursement was accrued in the 2018 operating results of the Health Unit. Subsequent to the Health Unit's year-end, the Health Unit learned that RHAC had contributed substantial funding to the operation of the site and had incurred a significant unfunded liability, in part due to a legal appeal related to proposed re-zoning for the site. Based on discussion between the two entities, it was proposed that the Health Unit would contribute to the unfunded liability of RHAC by absorbing the direct costs incurred to run the site for the initial two months of operation.

The majority of these funds will be offset by approximately $30,000 of 2018 year-end accruals which will not be incurred. This will result in an unplanned expense to be incurred in 2019 of approximately $23,000.

The substance of this transaction has been reviewed with the Health Unit's external auditor, KPMG. As the value of the unrecovered funds is below the auditors' materiality threshold, there would not be a requirement to restate the financial results for 2018. Accordingly, the impact of the unrecovered funds, net of a reversal of a portion of accrued year-end costs, would both be treated prospectively as a revision to estimates impacting the current operating cycle of the Health Unit.

It is anticipated that costs incurred by the Health Unit to support the operation of the Consumption and Services Treatment Site will be fully recovered from RHAC as of January 1, 2019.

Recommendation

It is recommended that the Board of Health approve the incremental cost of supporting the operation of the Consumption and Services Treatment Site for the final two months of 2018 and to absorb the incremental costs, net of any other adjustments to 2018-related accruals, in the 2019 operating cycle.

This report was prepared by the Finance Team, Healthy Organization Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 055-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 July 18

SUMMARY INFORMATION REPORT – JULY 2019

Recommendation

It is recommended that Report No. 055-19 re: "Summary Information Report – July 2019" be received for information.

Key Points

- A recent study in the *British Medical Journal* (June 2019) found that vaping and smoking among Canadian youth aged 16 to 19 years increased by 74% and 45% respectively between August/September 2017 and August/September 2018.

Canadian Research Shows Alarming Trends in Youth Vaping and Smoking

A study led by Professor David Hammond of the University of Waterloo has revealed a concerning increase in youth vaping. In a study published in the *British Medical Journal* in June 2019, Hammond and his researchers found that vaping among Canadian youth aged 16 to 19 years increased by 74% between August/September 2017 and August/September 2018; and that youth who reported using a vapour product within the last 30 days increased from 8.4% to 14.6%. In Canada, the sale of e-cigarettes with nicotine became legal in May 2018 with the adoption of Bill S-5. Following legalization, tobacco companies and Juul (now an affiliate of Philip Morris/Altria) entered the e-cigarette market in Canada, with vapour products becoming available for sale at convenience stores, gas stations, and grocery stores. In Middlesex-London, the number of vendors that sell e-cigarettes/vapour products has increased from 191 at the end of 2017 to an estimated 240 at present. Most tobacco retailers in Middlesex-London have existing contracts with tobacco product distributors that are now also distributing vapour products; therefore, the Health Unit's Tobacco Enforcement Officers are currently inspecting both known e-cigarette and tobacco product retailers (296 in total) to confirm retail availability and to promote and enforce the regulations under the *Smoke-Free Ontario Act, 2017.* Increased access to vapour products, combined with significant youth exposure to advertising, is a public health concern.

The study also found an increase in current smoking among youth aged 16 to 19, from 10.7% to 15.5%, a 45% increase, in the same 2017–18 timeline. Prior surveys up to and including 2017 had shown a decline in youth smoking; therefore, these results are concerning, as youth smoking may now be increasing. The study findings are consistent with the evidence that the use of vapour products by youth increases the risk of initiating combustible tobacco (cigarette) smoking over time.

This report was prepared by the Healthy Living Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 056-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 18

MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR JULY

Recommendation

It is recommended that the Board of Health receive Report No. 056-19 re: "Medical Officer of Health Activity Report for July" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of June 7, 2019, to July 4, 2019.

June 7	Interviewed by Devon Peacock, AM980, for the Craig Needles Show, in regard to Health Unit's provincial advocacy strategy Interviewed by Carly Weeks, *Globe and Mail*, in regard to the cancellation of funding for a permanent Consumption and Treatment Service (CTS) at 446 York Street. Monthly one-on-one phone call with Ms. Peggy Doe, Executive Coach Phone meeting with Brian Lester, Executive Director, Regional HIV/AIDS Connection, to discuss the funding for a permanent CTS at 446 York Street. Phone meeting with Health Canada staff to discuss CTS in London
June 9	Attended the three-day Association of Local Public Heath Agencies (alPHa) conference in Kingston
June 12	Met with Board Chair to review the June 20 Board of Health agenda Met with Ministry of Health and Long-Term Care (MOHLTC) staff to tour the Temporary Overdose Prevention Site (TOPS) at 186 King Street, as well as the locations being considered for mobile sites
June 13	Met with Deputy Premier Christine Elliott, Mayor Ed Holder, and local partners, in regard to CTS in London
June 14	Attended a meeting of the Public Health Technical Table group in Toronto
June 17	Met with Gerry Macartney, Chief Executive Officer, London Chamber of Commerce, to discuss public health amalgamation Attended a facilitated session to study and discuss the Ontario Health Teams (OHT) focusing on the population in Middlesex
June 18	Attended a Pillar Non-Profit event: "Policy Conversation: Navigating the New Economic Realities" Interviewed by AM980 in regard to Public Health Ontario's Opioid Mortality Surveillance Report Attended the Old East Village Community Executive Committee meeting to discuss CTS

June 19
Attended a Pillar Non-Profit event: "Leading from the Inside Out: Transforming Leadership"
Teleconference with City of London staff to discuss advocacy to the provincial government
Introductory meeting with Mike Slinger, Barrie Taxpayer's Association, to discuss his support for CTS in Barrie
Interviewed by Jenn Bieman, *London Free Press*, in regard to opioid tracking

June 20
Met with Steve Rolfe, Indwell, and associate to discuss housing issues
Met with Michael van Holst, London City Councillor, to discuss CTS
Attended the Board of Health Governance Committee meeting and the Board of Health meeting

June 21
Met with the City Manager to discuss advocacy to the Province
Telephone meeting with Windsor's Medical Officer of Health to discuss EMR
Attended Indigenous Solidarity Day events at Wortley Green

June 25
Gave presentation at Middlesex County Council meeting in regard to funding and services in the County

June 26
Interviewed by Amanda Margison, CBC London, in regard to the Health Unit's move to Citi Plaza
Attended the Board of Health Relocation Advisory Committee meeting and a special meeting of the Board of Health

June 27
Attended the Youth Opportunties Unlimited board meeting

July 4
Attended the Medical Officers of Health meeting in Toronto on public health modernization

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

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

CORRESPONDENCE – July 2019

a) Date: 2019 June 5
Topic: Northeastern Regional Public Health boundaries
From: Timiskaming Health Unit
To: The Honourable Christine Elliott

Background:

On June 4, 2019, the Board of Health for Timiskaming wrote to Minister Elliott in support of the motion passed by Sudbury and Districts Health Unit endorsing the position of the Board of Health for the Simcoe Muskoka District Health Unit and the organization of their public health services remains intact. Refer to correspondence item w) in the June 20, 2019 Board of Health agenda.

Recommendation: Receive.

b) Date: 2019 June 4
Topic: Modernization of Alcohol Sales
From: Grey Bruce Health Unit
To: The Honourable Christine Elliott

Background:

On June 4, 2019, the Board of Health for the Grey Bruce Health Unit wrote to Minister Elliott in support of the correspondence from Simcoe Muskoka District Health Unit regarding the need for a comprehensive provincial alcohol strategy. Refer to correspondence item k) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

c) Date: 2019 June 4
Topic: Minimizing harms associated with the announced expansion of the sale of beverage alcohol in Ontario
From: Grey Bruce Health Unit
To: The Honourable Doug Ford

Background:

On June 4, 2019, the Board of Health for the Grey Bruce Health Unit wrote to Premier Ford in support of the correspondence from Kingston, Frontenac and Lennox & Addington Public Health urging the provincial government to ensure a plan to address safe and responsible sale and consumption of alcohol in Ontario. Refer to correspondence item u) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

d) Date: 2019 June 4
Topic: Endorsement of Children Count Task Force Recommendations

From: Grey Bruce Health Unit
To: The Honourable Doug Ford

Background:

On June 4, 2019, the Board of Health for the Grey Bruce Health Unit wrote to Premier Ford in support of correspondence from Kingston, Frontenac and Lennox & Addington Public Health endorsing the Children Count Task Force Recommendations. Refer to correspondence item v) in the May 16, 2019 Board of Health agenda.

Recommendation: Receive.

e) Date: 2019 June 4
Topic: Modernization of alcohol retail sales in Ontario
From: Grey Bruce Health Unit
To: The Honourable Doug Ford

Background:

On June 4, 2019, the Board of Health for the Grey Bruce Health Unit wrote to Premier Ford in support of correspondence from Peterborough Public Health with respect to developing a provincial strategy to minimize alcohol-related harm and safer consumption of alcohol in Ontario. Refer to correspondence item d) in the June 20, 2019 Board of Health agenda.

Recommendation: Receive.

f) Date: 2019 June 5
Topic: Reversing retroactive funding cuts to Municipal Funding
From: Kingston Frontenac Lennox & Addington Public Health
To: The Honourable Doug Ford

Background:

On June 4, 2019, the Board of Health for Kingston, Frontenac and Lennox & Addington wrote Premier Ford, pleased with the provincial government's decision to reverse retroactive funding changes to municipalities and commitment to working with municipalities and Boards of Health to find ways to reduce spending.

Recommendation: Receive.

g) Date: 2019 June 6
Topic: Position Statement, Parity of Esteem
From: Public Health Sudbury & Districts
To: All Boards of Health

Background:

On June 6, 2019, the Board of Health for Public Health Sudbury & Districts issued their Parity of Esteem Position Statement asserting that public health equally values mental and physical health. The term public mental health is used to acknowledge mental health as an explicit goal in the addition to the goal for physical health and well-being. The Position Statement is in direct alignment with Bill 116 and reinforces new, current and ongoing work identified in the Public Mental Health Action Framework.

Recommendation: Receive.

h) Date: 2019 June 7
Topic: Public Mental Health – Parity of Esteem Position Statement
From: Public Health Sudbury & Districts
To: The Honourable Chritine Elliott

Background:

On June 7, 2019, the Board of Health for Public Health Sudbury & Districts wrote to Minister Elliott advising of their adoption of the Parity of Esteem Position Statement. Refer to correspondence item g) above.

Recommendation: Receive.

i) Date: 2019 June 6
Topic: Concerns with announced expansion of the sale of alcohol beverage in Ontario
From: Hastings Prince Edward Public Health
To: The Honourable Doug Ford

Background:

On June 6, 2019, the Board of Health for Hastings Prince Edward Public Health wrote Premier Ford expressing concern over announced expansion of the sale of beverage alcohol in Ontario. It is argued that changes to Ontario's beverage alcohol policy will increase alcohol availability, lower prices, and increase exposure to alcohol promotion, becoming a burden on Ontario's healthcare, social and justice systems. The Board of Health for Hastings Prince Edward Public Health supports the provincial government's commitment to safe and responsible consumption of alcohol and urges that any action to achieve this use evidence-based policies and are funded and monitored for effectiveness.

Recommendation: Receive.

j) Date: 2019 June 7
Topic: Seniors Dental Funding
From: Ministry of Health and Long-Term Care
To: Ms. Trish Fulton, Chair, Board of Health

Background:

On June 7, 2019, the Ministry of Health and Long-Term Care advised the Board of Health for the Middlesex-London Health Unit that the health unit would received up to $1,861,400 in additional base funding for the 2019-20 funding year to support the new dental program for low income seniors.

Dr. David Williams, Chief Medical Officer of Health will advise of the terms and conditions governing this funding.

Recommendation: Receive.

k) Date: 2019 June 5
Topic: Modernizing Ontario's Health Units
From: Durham Region
To: The Honourable Doug Ford

Background:

On May 30, 2019, the Council of the Region of Durham wrote to Premier Ford endorsing correspondence from the Association of Local Public Health Agencies (alPHa) regarding Modernizing Ontario's Health Units. Refer to the dedicated alPHa's 2019 Public Health Modernization resource page that includes the May 3, 2019 alPHa letter to Minister.

Recommendation: Receive.

l) Date: 2019 June 5
Topic: Proposed changes to Public Health in Ontario
From: Algoma Public Health
To: The Honourable Christine Elliott

Background:

On June 5, 2019, the Board of Health for Algoma Public Health wrote to Minister Elliott voicing concerns over the recent changes that have been suggested and implemented to public health in Ontario. The Board is asking the Ministry to seriously look at how funding cuts and regionalization will be implemented based on historical and current health needs/concerns. Algoma Public Health requests that the Ministry of Health and Long-Term Care and the provincial government take more time to consult with all stakeholders in an in-depth way to make sure the changes are done with careful thought and planning for each area of the province.

Recommendation: Receive.

m) Date: 2019 June 14
Topic: Modernizing of local public health
From: Office of the Mayor, City of Hamilton
To: The Honourable Christine Elliott

Background:

On June 14, 2019, the Hamilton City Council wrote to Minister Elliott recommending that any restructuring or modernization of local public health take into account a set of principles that will be critical in developing the best local public health system as we move forward.

Recommendation: Receive.

n) Date: 2019 June 14
Topic: Disposition of 2019 Resolutions

From: Association of Local Public Health Agencies
To: All Ontario Health Units, Board of Health

Background:

On June 14, 2019, the Association of Local Public Health Agencies (alPHa) released the June 2019 alPHa Resolutions, which were reviewed at the Annual General Meeting on June 10, 2019. Middlesex-London Health Unit sponsored the successful Resolution A19-8 Promoting Resilience through Early Childhood Development Programming along with Northwestern Health Unit and Thunder Bay District Health Unit.

Recommendation: Receive.

o) Date: 2019 June 17
Topic: Changes to Provincial Autism Supports
From: Peterborough Public Health
To: The Honourable Lisa MacLeod

Background:

On June 17, 2019, the Board of Health for Peterborough Public Health wrote to Minister MacLeod regarding changes to provincial autism supports. The Board of Health supports the plan to address the long waitlist and to expand Ontario's five autism hubs. Concern was raised over funding being provided directly to families rather than towards the provision of evidence-based programs.

Recommendation: Receive.

p) Date: 2019 June 20
Topic: Proposed Northeastern Boundaries
From: Porcupine Health Unit
To: The Honourable Chistine Elliott

Background:

On June 19, 2019, the Board of Health for the Porcupine Health Unit wrote to Minister Elliott is support of Simcoe Muskoka District Health Unit's letter dated May 15, 2019. Refer to correspondence item a) above. The Porcupine Health Unit urges the government to reconsider the proposed boundary for the Northeast regional public health entity.

Recommendation: Receive.

q) Date: 2019 June 19
Topic: Association of Local Public Health Agencies Resolution – Public Health Support for Accessible, Affordable, Quality Licensed Child Care
From: Association of Local Public Health Agencies (alPHa)
To: All Ontario Health Units, Boards of Health

Background:

The Association for Local Public Health Agencies (alPHa) issued a correction to Resolution A19-9, Public Health Support for Accessible, Affordable, Quality Licensed Child Care sponsored by Simcoe Muskoka District Health Unit.

Recommendation: Receive.

r) Date: 2019 June 20
Topic: Northeast Public Health Collaboration Project
From: Porcupine Health Unit
To: Ontario Boards of Health

Background:

On June 19, 2019, the Board of Health for the Porcupine Health Unit passed a motion to support the continued collaboration of the boards of health in Northeastern Ontario and looks to the Ministry of Health and Long-Term Care to support this work. Since November 2017 the boards of health in Northeastern Ontario have strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services.

Recommendation: Receive.

s) Date: 2019 June 20
Topic: Health Promotion as a Core Function of Public Health
From: Haliburton, Kawartha, Pine Ridge District Health Unit
To: The Honourable Christine Elliott

Background:

On June 20, 2019, the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit wrote to Minister Elliott in support of the correspondence from Kingston, Frontenac and Lennox & Addington Public Health regarding health promotion as a core function of public health. This issue is addressed in Appendix A to Report No. 053-19, Essential Components for Strong Local Public Health. Refer also to correspondence item r) in the June 20, 2019 Board of Health agenda.

Recommendation: Receive.

t) Date: 2019 June 24
Topic: Proposed Changes to Public Health in Ontario
From: The Corporation of the Municipality of Wawa
To: Algoma Public Health

Background:

On June 24, 2019 the Corporation of the Municipality of Wawa wrote to Algoma Public Health regarding concerns with the proposed changes to public health in Ontario and the amalgamation of 35 health units into 10 provincial entities. It was resolved at the regular council meeting for the Municipality of Wawa that the Board of Health for Algoma Public Health write to the Minister of Health and Long-Term Care to voice concern over the amalgamation of health units and how it will impact the health of Ontarians.

Recommendation: Receive.

u) Date: 2019 June 24
Topic: Association of Local Public Health Agencies (alPHa) Resolutions
From: Peterborough Public Health
To: Councillor Carmen McGregor, Association of Local Public Health Agencies

Background:

On June 24, 2019, the Board of Health for Peterborough Public Health wrote to Councillor Carmen McGregor in appreciation of the support received for adoption of alPHa Resolution A19-12, Public Health Modernization: Getting it Right! sponsored by Peterborough Public Health at the Annual General Meeting. Refer to correspondence item t) in the June 20, 2019 Board of Health agenda. Peterborough Public Health is anxious to see progress and a robust response to the resolution.

Recommendation: Receive.

v) Date: 2019 June 25
Topic: Support for Children Count Task Force Recommendations
From: Peterborough Public Health
To: Honourable Todd Smith, Honourable Stephen Leece, Honorable Christine Elliott

Background:

On June 25, 2019, the Board of Health for Peterborough Public Health wrote to Ministers Smith, Leece and Elliott in support of the recommendations of the Children Count Task Force. Refer to correspondence item d) above.

Recommendation: Receive.

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June 4, 2019

The Honourable Christine Elliott
Ministry of Health & Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister Elliott:

Re: Northeastern Regional Public Health Regional Boundaries

On May 29, 2019, at a regular meeting of the Board for the Timiskaming Health Unit, the Board passed the following motion:

Motion 35R-2019
Moved by: Sue Cote
Seconded by: Mike McArthur

That the BOH for Timiskaming send a letter to the Ontario Minister of Health to support the motion passed by the Sudbury and Districts Health Unit which endorses the position of the Board of Health for the 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. Further, the BOH for Timiskaming asks that this letter be copied to the local MPP, Chief Medical Officer of Health for Ontario, the Premier of Ontario, the Association of Local Public Health Agencies and all Ontario Boards of Health.

Carried

Sincerely,

Chair Carman Kidd
Timiskaming Board of Health

cc. Honorable Doug Ford, Premier of Ontario
Mr. John Vanthof, MPP, Timiskaming-Cochrane
Mrs. Linda Stewart, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health

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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t: 705.522.9200
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800 rue Centre Street
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WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly dissolution of existing health units; and

WHEREAS the demographics, socioeconomic status, health status, and important health care referral patterns of the Muskoka District are all distinct from those of the northeast; and

WHEREAS the proposed northeast public health entity is a massive area (402,489 km^2) with significant administrative and geographic complexities, for which the incorporation of an additional distinct area would tax the region's ability to respond appropriately to diverse public health needs; and

WHEREAS the Board of Health for SMDHU having expressed similar observations, is requesting the support of northeast boards of health for their position that SMDHU remain intact as they transition to a new regional entity;

THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts endorse the position of the Board of Health for SMDHU that the organization of their public health services remains intact as they transition to the new regional public health entity.

Thank you very much for your attention to this important matter. The Board of Health is working hard with regional counterparts to be able to engage constructively with the anticipated Ministry of Health and Long-Term Care consultation process over the next number of months.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Honorable C. Elliott, Deputy Premier and Minister of Health and Long-Term Care
Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
L. Ryan, Executive Director, Association of Local Public Health Agencies
J. McGarvey, President, Association of Municipalities Ontario
F. Gélinas, MPP Nickel Belt
M. Mantha, MPP Algoma-Manitoulin
J. West, MPP Sudbury
J. Vanthof, MPP Timiskaming, Cochrane
Ontario Boards of Health

May 15, 2019

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

Dear Minister Elliott:

I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) to recommend that the full territory of SMDHU remain intact and join with York Region to form a new regional public health entity on April 1, 2020. This is in response to information provided verbally to Dr. Charles Gardner, Medical Officer of Health for SMDHU by staff from the Ministry of Health and Long - Term Care on May 7th, 2019 indicating that public health services in the District of Muskoka will be provided by a regional public health entity that will also serve Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming and part of Renfrew; he also was informed that Simcoe County will be served by a public health entity that will also serve York Region. From this communication it is also Dr. Gardner's understanding that the provincial government is willing to consider feedback on these boundary changes. The Board appreciates having the opportunity to recommend that all of the territory served by SMDHU be combined with that of York Region in a new regional public health entity.

The Board and staff have worked very hard since the inception of SMDHU (the result of a merger prompted by the province in 2005) in order to create a cohesive public health agency that is highly successful in fulfilling its mandate. The District of Muskoka benefits from public health services provided in partnership with Simcoe County. The division of our Muskoka and Simcoe operations would disrupt and undermine program delivery.

The geographic area of the proposed *northeastern regional public health entity* is extremely large (over 400,000 kilometers, extending to James Bay). Providing public health services over such a large and low density area will be very challenging, and it will be very difficult for the governance and management of such a regional public health entity to provide attention to local service provision. The provision of public health services in the District of Muskoka would be more challenging within this very large public health entity than they would be if Muskoka were to join Simcoe County in a regional public health entity with York Region. The provision of public health services for the remaining communities in the proposed *northeastern regional public health entity* would also be further challenged with the addition of Muskoka to their territory.

The inclusion of the District of Muskoka with Simcoe County and York Region in a single public health entity would also be consistent with the observation that in general, the community and health care service referral patterns in Muskoka are directed to facilities in Simcoe County (Barrie and Orillia), and to communities further south (including in York Region).

❑ **Barrie:** 15 Sperling Drive, Barrie, ON L4M 6K9, 705-721-7520, FAX: 705-721-1495
❑ **Collingwood:** 280 Pretty River Pkwy., Collingwood, ON L9Y 4J5, 705-445-0804, FAX: 705-445-6498
❑ **Cookstown:** 2-25 King Street S., Cookstown, ON L0L 1L0, 705-458-1103, FAX: 705-458-0105
❑ **Gravenhurst:** 2-5 Pineridge Gate, Gravenhurst, ON P1P 1Z3, 705-684-9090, FAX: 705-684-9887
❑ **Huntsville:** 34 Chaffey St., Huntsville, ON P1H 1K1, 705-789-8813, FAX: 705-789-7245
❑ **Midland:** B-865 Hugel Ave., Midland, ON L4R 1X8, 705-526-9324, FAX: 705-526-1513
❑ **Orillia:** 120-169 Front St. S., Orillia, ON L3V 4S8, 705-325-9565, FAX: 705-325-2091

Finally, of great concern to the Board is the reality that the division of Muskoka from Simcoe would greatly increase the complexity, cost and duration of time required for the creation of the new public health entities, compared with having Muskoka and Simcoe join together with the public health services in York Region. A merger between SMDHU and York Region would be complex on its own, however the splitting of our operations between Simcoe and Muskoka at the same time as mergers both with York, and with six other health units to the north would be overwhelming in its complexity.

Given the inherent and substantial disadvantages of dividing Simcoe and Muskoka, the Board recommends that SMDHU join in its entirety with York Region in the modernization of public health.

Thank you for considering our recommendation.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

CG:cm

cc. Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka
Boards of Health for York Region, Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming, and Renfrew
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Health
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

June 4, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto ON M7A2J3

Re: Modernization of Alcohol Sales in Ontario

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Simcoe Muskoka District Health Unit regarding their support for provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario. The following motion was passed:

GBHU BOH Motion 2019-30

Moved by: Anne Eadie Seconded by: Selwyn Hicks
"THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health unit with respect to the need for a comprehensive provincial alcohol strategy."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
Association of Local Public Health Agencies
Ontario Health Units

April 17, 2019

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

Dear Minister Elliott:

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

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

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

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

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

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

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

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

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

Thank you for your consideration.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

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

References

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

June 4, 2019

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

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

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Kingston, Frontenac and Lennox & Addington Board of Health urging the Government of Ontario to outline the actions they will take to implement their commitment to safe and responsible sale and consumption of alcohol in Ontario. The following motion was passed:

GBHU BOH Motion 2019-31

Moved by: Anne Eadie Seconded by: Selwyn Hicks
"THAT, the Board of Health support the correspondence from Kingston, Frontenac and Lennox & Addington Public Health urging the provincial government to ensure a plan to address safe and responsible sale and consumption of alcohol in Ontario."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

519-376-9420 1-800-263-3456 Fax 519-376-0605

Cc: The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education, MPP Huron-Bruce
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsbile for Women's Issues
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Ben Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

April 25, 2019

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

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

Dear Premier Ford:

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

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

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

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

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

AND FURTHER THAT correspondence be sent to:

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

Kingston, Frontenac and Lennox & Addington Public Health
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Sharbot Lake 613-279-2151 Fax: 613-279-3997

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

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

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

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

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

June 4, 2019

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

Re: Endorsement of the Children Count Task Force Recommendations

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Kingston, Frontenac and Lennox & Addington Board of Health endorsing the Children Count Task Force Recommendations. The following motion was passed:

GBHU BOH Motion 2019-32

Moved by: Laurie Laporte Seconded by: Brian Milne
"THAT, the Board of Health support the correspondence from Kingston, Frontenac and Lennox & Addington Public Health endorsing the Children Count Task Force Recommendations."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education, MPP Huron-Bruce

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The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsbile for Women's Issues
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Ben Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

April 25, 2019

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

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

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

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

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

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

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

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

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

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

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues
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
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June 4, 2019

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

Re: Modernization of alcohol retail sales in Ontario

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Peterborough Public Health urging the Government of Ontario to develop a comprehensive, province-wide strategy to minimize alcohol-related harm and support for safer consumption of alcohol in the province. The following motion was passed:

GBHU BOH Motion 2019-33

Moved by: Anne Eadie Seconded by: Selwyn Hicks
"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to developing a provincial strategy to minimize alcohol-related harm and safer consumption of alcohol in Ontario."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier
Larry Miller, MP Bruce-Grey-Owen Sound

Kellie Leitch, MP Simcoe-Grey
Ben Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
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Association of Local Public Health Agencies
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May 1, 2019

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

Dear Premier Ford:

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

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

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

The costs of alcohol are significant. In 2014, Ontario spent $5.3 billion on alcohol-related harms; more than any other substance including tobacco, cannabis and opioids.[2] In the same year net revenue from alcohol amounted to only $3.9 billion, representing a net annual loss of over $1.4 billion.[3] Since 2015, alcohol use has contributed to more than 43,000 emergency room visits and 66 hospitalizations per day, a significant and avoidable burden on Ontario's healthcare system.[4]

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

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

The Ontario Government has committed to putting more money in people's pockets, and cutting hospital wait times and ending hallway healthcare as part of the 2019 Ontario Budget.[6] Given the significant costs associated with alcohol consumption, which are shouldered by both individual taxpayers and government systems, these commitments risk being undermined by recent and anticipated changes to provincial alcohol policy, including: reducing the minimum retail price of beer to $1.00, halting the annual inflation-indexed increase in the beer tax, extending the hours of sale for alcohol retail outlets, permitting municipalities to designate public areas for consumption of alcohol, advertising happy hour, and creating a tailgating permit for eligible sporting events including post-secondary events.

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

We believe it is possible to create a healthy alcohol culture in Ontario that balances interests in public health, government revenue, economic development, and consumer preferences without sacrificing the health of Ontarians. We support both the Council of Ontario Medical Officers of Health and Association of Local Public Health Agencies' request to ensure such a balance, and we thereby encourage the government to develop a provincial alcohol strategy that incorporates health goals. Now is the time for Ontario to take leadership and address the harms of alcohol use in our province.

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

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

---

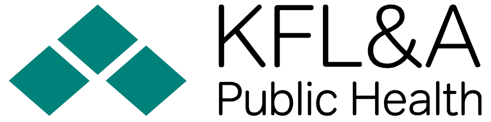
[1] Canadian Tobacco, Alcohol and Drugs Survey. (2017). Table 18 Alcohol Indicators by province 2017. Accessed from: https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t18

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

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

[4] Ontario Public Health Association. (2018) The Facts: Alcohol Harms and Costs in Ontario.

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



June 4, 2019

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

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

Dear Premier Ford:

RE: Announcement re: Reversing Retroactive Funding Cuts to Municipal Funding

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is extremely pleased with the provincial government's decision to reverse retroactive funding changes to municipalities, and commitment to working with municipalities and Boards of Health to find ways to reduce spending.

The Board is cognizant that there is a deficit at the provincial level and a need to work collaboratively and creatively with the provincial government to find efficiencies in multiple areas, including public health. In so doing, KFL&A Public Health commits to continued work with the government in this regard.

KFL&A Public Health looks forward to the opportunity to work collaboratively with the Province of Ontario, ensuring the core public health functions will be preserved and leveraged to help reorient the health system, creating efficiencies in health care through protection from disease and promotion of health, to reduce hallway medicine and keep the people of Ontario healthy.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Todd Smith, MPP Bay of Quinte
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

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Position Statement
Parity of Esteem

Position Statement

The Board of Health for Public Health Sudbury & Districts actively supports the concept of parity of esteem, which is defined as equally valuing mental and physical health, for the wellbeing of all in our community. We will intentionally utilise the term public mental health to acknowledge mental health as an explicit goal in addition to the goal for physical health and well-being.
To advance mental health opportunities for all throughout the Public Health Sudbury & Districts service area, the Board further commits to:

- Ensuring that public mental health practice be relevant for everyone, regardless of mental illness diagnoses, with appropriate adaptations,
- Understanding mental health from a social determinants of health perspective and to working to improve equity in mental health,
- Understanding and shining a light on systemic and often hidden prejudice in support of opportunities for mental health for all,
- Privileging the voices of those with lived experiences and their families and carers, and
- Informing our public mental health practice with the aspiration to build hope, empowerment, and resilience in individuals and communities.

Background

Like physical health, mental health and well-being are influenced by the social, economic, and physical environments in which people work, live, and play. We also know that populations with socio-economic disadvantages are disproportionately affected by mental health problems and challenges.

People who experience mental illness and addictions are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy. The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than seven times that of all infectious diseases. This includes years lived with less than full function and years lost to early death. ,

The 2018 Ontario Public Health Standards (OPHS) identifies mental health in its mandate. Local public health must address mental health, focusing on mental health promotion, prevention, and early identification and referral. Within OPHS, the role of public health "is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population . . . reaching all . . . with a special focus on those with greater risk of poor health outcomes".

Public Health Sudbury & Districts supports the concept of parity of esteem, or equally valuing mental and physical health. We support the assertion that our work in mental health will be more sustainable and effective if it is supported by organizational policies that acknowledge mental health as an explicit goal, while recognizing that it is also fundamental to physical health and well-being . There is no health without mental health.

The Public Mental Health Action Framework is Public Health Sudbury & Districts' roadmap that will assist us in putting into practice parity of esteem. The goals and outcomes for public mental health are and will be overarching and cross sectoral within our responsibilities. As outlined in the Framework, we will need to be intentional in our current work, in identifying how to further leverage what we are already doing and systematically identify new areas for public mental health initiatives. There is a role for everyone.

Commitments of Public Health

Our Public Mental Health Action Framework articulates our five commitments to concepts and investments to improve mental health opportunities for all throughout the Public Health Sudbury & Districts service area.

1. Mental Health for All: Public Health Sudbury & Districts is committed to ensuring that public mental health practice be relevant for everyone, regardless of mental illness diagnoses, with appropriate adaptations. Mental health and mental illness are distinct but related concepts. These concepts intersect and coexist in individuals and populations. Persons with serious mental illness or addiction can experience good mental health. Persons with no mental illness or addiction can experience poor mental health or difficulty coping.

2. Social Determinants of Mental Health: Public Health Sudbury & Districts is committed to understanding mental health from a social determinants of health perspective and to working to improve equity in mental health. The social determinants of mental health are understood to be the same as those determining physical health. They are the societal factors that underpin and drive individual-level risk and protective factors for disease.

3. Anti-stigma and Discrimination: Public Health Sudbury & Districts is committed to understanding and shining a light on systemic and often hidden prejudice in support of opportunities for mental health for all. Many who live with mental health and addictions problems have reported experiencing discrimination at work, from family and friends, within imagery found in the media, while attempting to secure housing, within health services or the justice system. Living with mental health problems or addictions can be accompanied by self-stigma and shame that is further reinforced by societal reactions. ,

4. Voices of People with Lived Experience: Public Health Sudbury & Districts is committed to privileging the voices of those with lived experiences and their families and carers. This will take place through collaboration with people with lived experience, connections with family and carers, transparency and accountability.

5. Hope, Belonging, Meaning and Purpose: Public Health Sudbury & Districts is committed to informing our public mental health practice with the aspiration to build hope, empowerment, and resilience in individuals and communities. This commitment draws us to understand and support mental health from a more holistic and community-based perspective. A perspective that considers mental wellness equally with physical, spiritual, and emotional wellness. We acknowledge the perspective of The First Nations Mental Wellness Continuum Framework.

References

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June 7, 2019

VIA EMAIL

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

Re: Public Mental Health – Parity of Esteem Position Statement

I am very pleased to highlight for you the recent decision of the Board of Health for Public Health Sudbury & Districts to formally adopt the Parity of Esteem Position Statement. The Position Statement asserts that public health equally values mental and physical health.

The Parity of Esteem Position Statement is in direct alignment with Bill 116 in its recognition that mental health is an essential element of health. We are very enthusiastic about the provisions within Bill 116 to establish a Mental Health and Addictions Centre of Excellence and to implement a mental health and addictions strategy with sustained commitment from all sectors and levels of government. Please be assured that the Board of Health for Public Health Sudbury & Districts is a committed local partner in this important work.

At its meeting on May 16, 2019, the Board of Health carried the following resolution #15-19:

> *WHEREAS* the Board of Health for Public Health Sudbury & Districts recognizes that there is no health without mental health; and
>
> *WHEREAS* Public Health Sudbury & Districts intentionally adopts the term, public mental health, to redress the widespread misunderstanding that public health means public physical health;

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> *THEREFORE BE IT RESOLVED THAT* the Board of Health for Public Health Sudbury & Districts endorse the Public Mental Health - Parity of Esteem Position Statement, May 16, 2019; and
>
> *FURTHER THAT* copies of this motion and position statement be forwarded to local and provincial partners including all Ontario boards of health, Chief Medical Officer of Health, local MPPs, Ontario Public Health Association (OPHA), Association of Local Public Health Agencies (alPHa), local municipalities and Federation of Northern Ontario Municipalities (FONOM).

Officially adopting parity of esteem reinforces new, current and ongoing work which has been identified in our Public Mental Health Action Framework. The Framework is action-oriented and provides the roadmap for interventions, articulating our commitment to concepts and investments to improve mental health opportunities for all throughout the Public Health Sudbury & Districts service area.

Our local public health work in mental health will be more sustainable and effective if it is supported by organizational and provincial policies and structures that acknowledge mental health as an explicit goal along with physical health.

Yours sincerely,

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

Enclosure (1)

cc: All Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Mr. Jamie West, MPP, Sudbury
Ms. France Gelinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Ms. Pageen Walsh, Executive Director, Ontario Public Health Association
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Constituent Municipalities within Public Health Sudbury & Districts
Ms. Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities

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June 06, 2019

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

Dear Premier Ford:

Re: Concerns with announced expansion of the sale of alcohol beverage in Ontario

At our May 1, 2019 Board of Health meeting for Hastings Prince Edward, our members expressed concern regarding the announced expansion of the sale of beverage alcohol in Ontario. This letter highlights the basis for our concerns and expresses recommendations to address them.

It is well known that increased alcohol consumption is related to numerous health and social consequences that can be broadly categorized into acute or short-term harms such as violence, alcohol-related motor vehicle collisions, injuries and suicides, as well as chronic long-term health effects such as cancers, heart and liver disease. The provincial government's announced changes to Ontario's beverage alcohol policy will increase alcohol availability, lower prices, and increase exposure to alcohol promotion. Research has proven that with increased physical availability, pricing and alcohol advertising comes increased harms, adding to the burden on Ontario's healthcare, social and justice systems.

Hastings and Prince Edward County (HPEC) residents are not immune to these alcohol harms. Our latest data shows that in 2014, 44.4% of Hastings Prince Edward (HPE) adults (age 19+) exceeded the Low-Risk Alcohol Drinking Guidelines. In Ontario, the proportion of adults who are binge drinkers (exceeded Guideline 2 on at least one occasion in the previous year) is also increasing over time. In HPE, 41.6% of adults are binge drinkers. HPEC has higher overall rates of injury-related hospitalizations attributable to alcohol which include self-inflicted harm, falls and motor vehicle collisions when compared to Ontario and peer public health units as defined by Statistics Canada.

We are particularly concerned about our vulnerable residents, including youth, individuals living on low income and those with substance use concerns. The harms of

increasing financial and physical access to alcohol tend to concentrate within these specific populations. It is well known that alcohol is the most commonly used substance among grade 7-12 students in Ontario. Research demonstrates that alcohol consumption by youth and other vulnerable populations is strongly influenced by the density of alcohol outlets. Higher availability also facilitates alcohol becoming a normative commodity and experience. There is evidence that exposing young people to alcohol marketing can encourage some to start drinking at an earlier age and increase consumption in those individuals who already drink.

Canadian and international case studies demonstrate that an absence of, or government decision to loosen alcohol policies has significant, measurable impacts on alcohol consumption and related harms. Full and partial privatization of alcohol sales in Alberta and British Columbia (respectively) has been followed by significant increases in alcohol-related traffic incidents, suicides, deaths and lower compliance with age of sale policies. The World Health Organization (WHO) European Region lacked a coordinated alcohol strategy until 2011. As of 2018, the European Region still has the highest alcohol consumption and burden of numerous alcohol-related harms, including alcohol-attributable deaths, alcohol use disorders, injuries, and cancers compared to all other regions.

Alcohol policy that aims to increase choice and convenience relies heavily on the assumption that individuals will make decisions about their alcohol consumption based on their knowledge of its health and social harms. Interventions involving individual education and awareness-raising strategies have limited effectiveness without supportive policy level interventions. Policy measures that raise minimum pricing, limit privatization, and control alcohol availability are some of the most effective policies for preventing alcohol-related harms at a population level. Such policies help to create environments that support individuals to make low-risk decisions for alcohol consumption.

The evidence is clear. Increased access to alcohol results in increased harms. As part of your government's commitment to make evidence-informed decisions to improve the lives of Ontarians and end hallway medicine, we ask you to reconsider the extensive expansion of beverage alcohol sale.

We do note that the report, "Increasing Choice and Expanding Opportunity in Ontario's Alcohol Sector", released May 27 2019, states that your government will be working with public health experts to ensure that any changes do not lead to increased social costs. We also note that, as stated in Bill 100, "Protecting What Matters Most Act (Budget Measures), 2019", municipalities will be empowered to maintain their role in local policy-making which can assist in addressing alcohol-related harms. While the details of these plans currently remain to be determined, we are encouraged by these

statements. We support your commitment to safe and responsible consumption of alcohol and urge your government that any actions undertaken to achieve this use evidence-based policies and are funded and monitored for effectiveness.

We look forward to working with you on this important issue.

Sincerely,

Dr. Piotr Oglaza MD, CPHI(C), CCFP, MPH, FRCPC	Jo-Anne Albert
Medical Officer of Health	Chair, Board of Health

Copied to:

The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet
Todd Smith, MPP (Bay of Quinte)
Daryl Kramp, MPP (Hastings-Lennox and Addington)
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Ontario Boards of Health
Andrea Horwath, Leader, Official Opposition MPP Hamilton- Centre
John Fraser, MPP Ottawa South

Ministry of Health and Long-Term Care

Office of the Deputy Premier and Minister of Health and Long-Term Care

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JUN 0 7 2019

Ms. Trish Fulton
Chair, Board of Health
Middlesex-London Health Unit
50 King Street
London ON N6A 5L7

Dear Ms. Fulton:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Middlesex-London Health Unit up to $1,861,400 in additional base funding for the 2019-20 funding year to support the new dental program for low income seniors. This program aims to prevent chronic disease, reduce infections and improve quality of life, while reducing burden on the health care system.

Dr. David Williams, Chief Medical Officer of Health, will write to the Middlesex-London Health Unit shortly concerning the terms and conditions governing this funding.

A dental program for low-income seniors is a key example of the public health sector's important role in supporting and addressing the needs of vulnerable populations to help prevent disease, complications and hospitalizations.

We will be working closely with our key delivery partners in the public health sector over the coming weeks and months ahead to support implementation of this program.

Thank you for your dedication and commitment to public health in this province.

Sincerely,

Christine J. Elliott

Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

c: Dr. Christopher Mackie, Medical Officer of Health, Middlesex-London Health Unit

The Regional Municipality of Durham

Corporate Services Department – Legislative Services

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RECEIVED
JUN 05 2019
Medical Officer of Health

May 30, 2019

The Honourable Doug Ford
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Minister Ford:

RE: Correspondence from the Association of Local Public Health Agencies (alPHa) to the Minister of Health and Long-Term Care dated May 3, 2019 regarding Modernizing Ontario's Health Units Our File: P00

Council of the Region of Durham, at its meeting held on May 29, 2019, adopted the following recommendations of the Health and Social Services Committee:

"A) That the correspondence from the Association of Local Public Health Agencies regarding Modernizing Ontario's Health Units be endorsed; and

B) That whereas in the 2019 Ontario budget, the Government announced its plan to restructure Ontario's public health system and reduce public health funding by $200 million per year; and

Whereas it has proposed changing the cost-sharing arrangement such that the provincial share is reduced to 70% and the municipal share is increased to 30% for 2019-2020 and 2020-2021, with the provincial share to be further reduced to 60% in 2021-2022; and

Whereas the cost-sharing changes will apply to all 100% provincially funded programs; and

Whereas it is replacing 35 local boards of health and creating 10 Regional Public Health Entities, governed by autonomous boards of health; and

Whereas boards of health are mandated to provide public health programs and services in accordance with the Health Protection and Promotion Act, other relevant legislation and in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability; and

Whereas the creation of 10 Regional Public Health Entities is likely to cause major disruptions in every facet of the public health system; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas public health programs and services protect and promote the health and well-being of local residents thus reducing the demand on acute care services; and

Whereas the Regional Municipality of Durham is a member of the Association of Local Public Health Agencies (alPHa); and

Whereas alPHa has been fully engaged in representing and advancing its members' interests with respect to public health restructuring including the attached letter to the Deputy Minister & Minister of Health and Long-Term Care;

Now therefore be it resolved:

That the Ontario government is urged to:

- Maintain its current provincial funding level to the Durham Region Health Department for 2019-2020,

- Consider deferring any future changes to the cost-sharing formula until it has consulted with alPHa, AMO, boards of health and obligated municipalities, including the Regional Municipality of Durham;

- Consult with local municipalities to inform decisions regarding boundaries, funding, governance, mandate, organizational structure, operations, etc. of the proposed 10 Regional public health entities, and

Be it further resolved that the Premier of Ontario, Deputy Premier & Minister of Health and Long-Term Care, Minister of Finance, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa and all Ontario boards of health be so advised."

Ralph Walton,
Regional Clerk/Director of Legislative Services

RW/np

c: The Honourable Christine Elliot, Deputy Premier and Minister of Health and Long-Term Care
The Honourable Victor Fedeli, Minister of Finance and Chair of Cabinet
Rod Phillips. MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP (Northumberland-Peterborough South)
Dr. David Williams, Chief Medical Officer of Health
Pat Vanini, Executive Director, Association of Municipalities of Ontario (AMO)
Loretta Ryan, Executive Director, Association of Public Health Agencies (alPHa)
Ontario boards of health
Dr. R.J. Kyle, Commissioner & Medical Officer of Health

Association of Local
PUBLIC HEALTH
Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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May 3, 2019

Hon. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Modernizing Ontario's Health Units

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to seek clarity on several aspects of the government's proposed steps towards reorganizing public health in Ontario, as announced in the 2019 Ontario Budget.

We are supportive of focusing on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignments with the health care system, improved staff recruitment and retention, and improved public health promotion and prevention. We are ready and willing to assist you in meeting those goals, but in order to do so, we will need to be equipped with more information.

Our most immediate concern is related to public health funding. We appreciated receiving the memo from the Chief Medical Officer of Health on April 29th, which outlined the changes to the cost-sharing arrangement over the next three years. While this change is characterized as gradual, the municipalities' share of the cost of public health funding envelope will increase to varying degrees, effective immediately. Given that local budgets have already been set for the year, this will represent an unforeseen additional expense that will be difficult to absorb. Additionally, we have concerns about the decision to implement this change prior to finalizing the new public health governance structure that will ultimately be responsible for it. We are therefore looking forward to our upcoming calls with the Chief Medical Officer of Health for more specific and detailed descriptions of the Province's plans to ensure that any immediate local shortfalls are covered and that the total investment in local public health does not decrease over time.

We would also welcome the opportunity to draw on the wealth of expertise that currently exists within local public health to provide informed advice on the proposed replacement of Ontario's 35 public health units with 10 regional entities governed by new boards under a common governance model. We believe that our input will be vital to ensuring that all governance and operational aspects of the proposed transition are considered and that it can be achieved effectively and on time.

From a system standpoint, we eagerly anticipate more details about the plans to "streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities." Also known as Public Health Ontario, this agency is an essential partner to local public health and a most valuable resource for making the evidence-based decisions that are at the root of efficient and effective public health practice.

Finally, we would welcome a conversation about the status of the recently modernized Ontario Public Health Standards (OPHS), Protocols, and Guidelines within the Government's vision of a modernized public health system. For over three decades, population health in Ontario has benefitted from detailed mandatory health programs and services as itemized in Sections 5 through 9 of the Health Protection and Promotion Act, which include the enabling authority for the OPHS. Taken together, these form a comprehensive blueprint for addressing the public health needs of every Ontarian in every community. If changes are being considered, it is imperative that these be communicated and subject to inclusive and reciprocal stakeholder consultation.

We support modernizing the public health system in a way that improves population health. We find that the magnitude of the changes being proposed and achieving this within less than one year exceptionally ambitious given the intricacies of public health services and their deliberate and appropriate variation among communities. The pace and breadth of these changes will cause significant disruptions in every facet of the public health system. It is essential that attendant risks are mitigated, and Ontario's front-line public health professionals continue to have the local and provincial support that they require to carry out their essential duties to keep Ontarians healthy during this time of transition.

We also acknowledge the important contributions that such modernization can make to ensuring the province's fiscal health by identifying efficiencies and, more importantly, keeping Ontarians healthy. We look forward to learning more from the discussions that the Chief Medical Officer of Health has scheduled with each of Ontario's Boards of Health.

As the organization that represents the public health system's Medical Officers of Health, Boards of Health and Affiliate organizations, we would like to request a meeting with you to discuss opportunities for input into the design and implementation of these changes. To schedule a meeting, please contact alPHa Executive Director, Loretta Ryan, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,

Dr. Robert Kyle,
alPHa President

COPY: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Chris Murray, City Manager for Toronto

www.algomapublichealth.com

June 5, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
10th Floor Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliottco@ola.org

Dear Minister Elliott,

RE: Proposed changes to Public Health in Ontario

Public Health is a key function in the lives of people in Ontario. The work done by local Public Health agencies is cornerstone support to keeping people healthy and helping to reduce the load and expense incurred in the regular primary care system. Education and information dissemination are vital components for preventing disease transmission and promoting the overall healthy lifestyle that Ontarians need to maintain a good quality of life. As you are aware, public health programs and services are focused primarily in four domains: Social Determinants of Health; Healthy Behaviours; Healthy Communities; and Population Health Assessment.

The Board of Algoma Public Health would like to voice its concern over the recent changes that have been suggested and implemented to public health in Ontario. The Board is asking the Ministry to seriously look at how funding cuts and regionalization if they must occur, will be implemented based on historical and current health needs/concerns and common socio-economic factors which are extremely important determinants to public health goals and directives.

Public health has been stretched thin and underfunded for many years and has been able to efficiently meet the goals and standards given to it by the Province. Any reduction would have a serious consequence and jeopardize the health of all citizens in our area. Front line staff are vital. Funding cuts or redistribution of funds across a larger region would have an immediate impact upon access programs and goals that are vital to support our communities in the North. While there are similarities in population needs, there are also great differences in access and importance. "The work is diverse, including individual clinical service delivery, education, inspection, surveillance, and policy development, among other activities." (Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act. Revised: July 1, 2018) How is this to be settled with fewer funds and a larger area?

The board considers these specific issues of significant importance during a potential restructuring process:
• Guarantee that service levels in Algoma will be maintained, with no service losses nor reduction to quality of care.

Blind River	**Elliot Lake**	**Sault Ste. Marie**	**Wawa**
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Fax: 705-356-2494	Fax: 705-848-1911		

• Ensure meaningful involvement by the communities, municipalities, First Nations and networked organizations throughout Algoma if a change happens.
• Improve the effectiveness of collaboration by grouping health unit populations together that make sense. Take into account geography and whether the necessary the socioeconomic and health issues of areas are compatible over the long term.
• Ensure any regional Public Health Agency would maintain proper administrative ”back office” positions to meet the needs of employees and public welfare in a timely fashion and are of equal quality to the standards currently in place.
• Ensure that Algoma District has a strong voice in whatever governance structure is put in place should a regionalization come about.

Algoma Public Health has worked diligently to develop local partnerships with Municipalities and stakeholders so that a web of support can be created for all citizens, whether urban, rural or remote parts of the district. “No wrong number to call for assistance” is a pledge that was mentioned at a recent Board meeting when discussing access to resources from our catchment area and a commitment that each stakeholder shares. Regionalization must be able to maintain or enhance this standard to allow for all people in Algoma and the newly created area or it will have failed to live up to the basic purpose of public health: The work is diverse, including individual clinical service delivery, education, inspection, surveillance, and policy development, among other activities..

Reductions, efficiencies and regionalization all have pros and cons. We would ask that the Ministry of Health and Long-term Care and the Provincial Government take more time to consult with all stakeholders in an in-depth way to make sure the changes that may follow are done with careful thought and planning for each area of the province. One model applied based on numbers or geography is not the answer.

On behalf of the Board for Algoma Public Health, I look forward to hearing from you and working together to move public health in Ontario forward to meet the needs of people in Algoma and all across the province.

Sincerely,

Lee Mason
Board of Health Chair for the
District of Algoma Health Unit

Cc (via email): Minister of Health – Ginette Petitpas Taylor
R. Romano, MPP Sault Ste. Marie
M. Mantha, MPP Algoma-Manitoulin
J. West, MPP Sudbury
J. Vanthof, MPP Timiskaming, Cochrane
A. Horwath, Leader, Official Opposition
F. Gélinas, MPP Nickel Belt
Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
J. Stevenson, NE LHIN CEO
Ontario Boards of Health
Councils of Algoma municipalities

Board of Health

DATE: April 24, 2019	RESOLUTION NO.: 2019 - 41
MOVED: K. Raybould	SECONDED: A. Kappes
SUBJECT: Board of Health letter regarding changes to Public Health	

Resolution:

That the Board of Health of Algoma send a notice of concern related to the proposed changes to Public Health.

Whereas the role of public health is to promote health, prevent and control chronic diseases and injuries, prevent and control infectious diseases, prepare for and respond to public health emergencies.

Whereas public health is primarily focused on the social determinants of health, healthy behaviors, healthy communities and population health assessment.

Whereas section 5 of the Health Protection and Promotion Act gives boards of health power to ensure community sanitation and the prevention or elimination of health hazards; provision of safe drinking water systems, control of infectious and diseases of public health significance including immunization; health promotion, health protection, and disease and injury prevention; family health; collection and analysis of epidemiological data, and such additional health programs such as mental health and opioid prevention programs.

Whereas the work of public health is best done in the local urban and rural settings in partnership with government, nongovernment, community, Indigenous communities (inclusive of First Nations [Status and Non-Status], Métis, Inuit, and those who self-identify as Indigenous) to work together to address their public health needs.

Whereas the 12 great achievements of public health are acting on the social determinants of health, control of infectious diseases, decline in deaths from coronary heart disease and stroke, family planning, healthier environments, healthier mothers and babies, motor-vehicle safety, recognition of tobaccos use as a health hazard, safer and healthier foods, safer workplaces, universal policies, and vaccination. (Canadian Public Health Association)

Whereas the province of Ontario is in the midst of an opioid crisis, where the underlying issues include social determinants of health, upon which public health focuses.

Whereas the current provincial government proposes to amalgamate 35 health units into 10 provincial entities.

Board of Health

Whereas the health of Ontarians may be put at risk.

Now therefore be it resolved that the Board of Health for Algoma Public Health Board write to the Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to voice their concern over the amalgamation of health units and how it will impact the health of Ontarians, and;

Be it further resolved correspondence of this resolution be copied to the Federal Minister of Health, Members of parliament of northeastern Ontario, the leader of the official opposition, the health critic of both provincial parties, The Chief Medical Officer of Health of Ontario, the Boards of Health throughout Ontario, the councils of Algoma municipalities, and the North East LHIN CEO.

CARRIED: Chair's Signature: Lee Mason

- ☐ **Patricia Avery**
- ☐ **Louise Caicco Tett**
- ☐ **Randi Condie**
- ☐ **Deborah Graystone**
- ☐ **Micheline Hatfield**
- ☐ **Adrienne Kappes**
- ☐ **Lee Mason**
- ☐ **Heather O'Brien**
- ☐ **Ed Pearce**
- ☐ **Brent Rankin**
- ☐ **Karen Raybould**
- ☐ **Mathew Scott**

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Board of Health

DATE: May 22, 2019	**RESOLUTION NO.: 2019 - 47**
MOVED: H. O'Brien	**SECONDED: D. Graystone**
SUBJECT: Supporting Simcoe-Muskoka regarding proposed regional boundary	

Resolution:

Be it resolved that the Board of Health for Algoma shall send a letter of support to the Deputy Premier and Minister of Health and Long-Term care for the position of Simcoe-Muskoka as stated in their letter petitioning the MOH to keep their Health Unit territory intact and merge with the York Region rather than the Northeastern Regional Public Health entity.

CARRIED: Chair's Signature: Lee Mason

☐ **Patricia Avery**	☐ **Micheline Hatfield**	☐ **Ed Pearce**
☐ **Louise Caicco Tett**	☐ **Adrienne Kappes**	☐ **Brent Rankin**
☐ **Randi Condie**	☐ **Lee Mason**	☐ **Karen Raybould**
☐ **Deborah Graystone**	☐ **Heather O'Brien**	☐ **Mathew Scott**

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OFFICE OF THE MAYOR
CITY OF HAMILTON

June 14, 2019

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

Dear Minister Elliot,

At its May 22, 2019 meeting, Hamilton City Council discussed the changes being proposed for public health in Ontario and their potential effects. Before I convey the recommendations that arose from that discussion, I would like to commend you and your colleagues for your announcement on June 3rd that any changes to the provincial funding of public health will not affect the current fiscal year.

Hamilton's City Council recommends that any restructuring or modernization of local Public Health take into account the following principles:

- That its unique mandate to keep people and our communities healthy, prevent disease and reduce health inequities be maintained;
- That its focus on the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection and emergency management and response be continued;
- That sufficient funding and human resources to fulfill its unique mandate are ensured.
- That the focus for public health services be maintained at the community level to best serve residents and lead strategic community partnerships with municipalities, school boards, health care organizations, community agencies and residents;
- That there be local public health senior and medical leadership to provide advice on public health issues to municipal councils and participate in strategic community partnerships. The importance of this has been highlighted by the recent cluster of HIV among those using intravenous drugs in Hamilton;

.../2

71 MAIN STREET WEST, 2ND FLOOR, HAMILTON, ONTARIO L8P 4Y5 PHONE 905.546.4200 FAX: 905.546.2340

- That local public health services be responsive and tailored to the health needs and priorities of each local community, including those of vulnerable groups or those with specific needs such as the indigenous community;

- That representation of municipalities on any board of health be proportionate to both their population and to the size of the financial contribution of that municipality to the Regional Public Health Entity;

- That any transition be carried out with attention to good change management, and while ensuring ongoing service delivery.

For decades Hamilton has enjoyed and benefited from the knowledge, skills and implementation of 'preventive maintenance' that our public health staff have provided which we know has resulted in our community avoiding many costly health 'breakdowns' that would have arisen otherwise! As we move forward we also look forward to working directly with you and collaborating with our provincial colleagues through the relevant partnerships, such as the Association of Municipalities of Ontario (AMO), the Association of Local Public Health Agencies (alPHa).

In closing, we believe consultation directly with local public health agencies, such as ours, is critical to developing the best local public health system as we move forward.

Sincerely,

Fred Eisenberger
Mayor

CC: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton

DISPOSITION OF 2019 RESOLUTIONS

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

RESOLUTIONS CONSIDERED 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
A19-4	Asbestos-Free Canada	Peterborough Public Health	7
A19-5	Public Health Support for including Hepatitis A Vaccine in the School Immunization Program	Peterborough Public Health	8-10
A19-6	No-Fault Compensation for Adverse Effects Following Immunization (AEFI)	Kingston, Frontenac, and Lennox & Addington Public Health	11-12
A19-7	Considering the Evidence for Recalling Long-Acting Hydromorphone	Kingston, Frontenac, and Lennox & Addington Public Health	13-14
A19-8	Promoting Resilience through Early Childhood Development Programming	Northwestern Health Unit, Thunder Bay District Health Unit, and Middlesex-London Health Unit	15-16
A19-9	Public Health Support for Accessible, Affordable, Quality Licensed Child Care	Simcoe Muskoka District Health Unit	17-18
A19-10	Children Count Task Force Recommendations	Windsor-Essex County Board of Health	19
A19-11	Public Health Funding to Support Healthy Weights and Prevention of Childhood Obesity	Chatham-Kent Public Health Unit	20
A19-12	Public Health Modernization: Getting it Right!	Peterborough Public Health	21-22

alPHa RESOLUTION A19-1

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

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

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

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

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

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

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

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

WHEREAS the health harms and costs of climate change will continue to have a disproportionately worse impact on certain groups and regions of Ontario, including people who are elderly, infants and young children, people with chronic diseases,

people who are socially disadvantaged, Indigenous people, and residents of northern Ontario and rural Ontario[4,13]; and

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried as amended

References – Resolution A19-1

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

alPHa RESOLUTION A19-2

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

References – Resolution A19-2

1. United Nations. *United Nations Framework Convention on Climate Change*. New York; 1992.
2. World Health Organization. WHO calls for urgent action to protect health from climate change – Sign the call. https://www.who.int/globalchange/global-campaign/cop21/en/. Published 2015. Accessed April 11, 2019.
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7. United Nations Permanent Forum on Indigenous Issues. *Climate Change: An Overview*. New York; 2007.
8. Government of Canada. Climate change and health: Populations at risk. https://www.canada.ca/en/health-canada/services/climate-change-health/populations-risk.html. Published 2018. Accessed April 11, 2019.

alPHa RESOLUTION A19-3

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

SPONSOR: **Toronto Public Health**

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

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

WHEREAS 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;

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.

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-4

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;

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

ACTION FROM CONFERENCE: Carried

alPHa RESOLUTION A19-5

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; 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) ; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness[2]; and

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

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

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

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

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; 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; and

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

References – Resolution A19-5

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

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

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

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

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

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

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

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

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

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

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

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

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

alPHa RESOLUTION A19-6

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;

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.

ACTION FROM CONFERENCE: Carried

alPHa RESOLUTION A19-7

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.

ACTION FROM CONFERENCE: Carried

References – Resolution A19-7

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

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

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

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

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

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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.

alPHa RESOLUTION A19-8

TITLE:	**Promoting Resilience through Early Childhood Development Programming**
SPONSORS:	**Northwestern Health Unit** **Thunder Bay District Health Unit** **Middlesex-London Health Unit**
WHEREAS	one in five Canadians are affected by mental illness or an addiction issue every year, and the burden of illness is more than 1.5 times the burden of all cancers and 7 times the burden of all infectious diseases; and
WHEREAS	suicide is the second leading cause of mortality among young Canadians aged 10-24 and suicide accounted for 24% of all deaths among youth 15 to 24 years old from 2009-2013; and
WHEREAS	there were more than 9,000 deaths in Canada from 2016 to 2018 and more than 1,250 deaths in Ontario in 2017 related to opioids; and
WHEREAS	the annual economic burden of mental illness is approximately 51 billion in Canada with a substantial impact on emergency room departments and hospitals; and
WHEREAS	70% of mental health and substance use problems begin in childhood; and adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict and neglect, have been clearly linked to risk for mental illness and addiction later in life; and
WHEREAS	programming that enhances the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system and utilization of social services; and
WHEREAS	every $1 invested in early childhood development can save $9 in future spending on health, social and justice services; and
WHEREAS	the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and
WHEREAS	the HBHC program provides home visiting services and home visiting programs have demonstrated effectiveness in enhancing parenting skills and promoting healthy child development in ways that prevent child maltreatment; and
WHEREAS	the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family

relationships, and financial instability and addressing parental mental illness and substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-9

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 and burdensome workplace conditions;

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 maintain and, 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, in particular the College of Early Childhood Education.

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-10

TITLE: **Children Count Task Force Recommendations**

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

alPHa RESOLUTION A19-11

TITLE:	**Public Health Funding 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 ensure a sustained financial commitment to the Healthy Kids Panel's recommendations involving all Ontario health units to support childhood overweight and obesity prevention efforts in all Ontario communities.

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-12

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; and

WHEREAS boards of health are accountable to both the province and their "obligated municipalities" 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 that the Province continues to financially support public health units to adequately implement the Standards;

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 ongoing consultations with the province, that alPHa propose the establishment of a joint task force made up of both political representatives and professional staff from existing public health agencies, alPHa, 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 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.

ACTION FROM CONFERENCE: Carried as amended

DISPOSITION OF 2019 RESOLUTIONS

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

RESOLUTIONS CONSIDERED
at June 2019 alPHa Annual General Meeting

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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
A19-4	Asbestos-Free Canada	Peterborough Public Health	7
A19-5	Public Health Support for including Hepatitis A Vaccine in the School Immunization Program	Peterborough Public Health	8-10
A19-6	No-Fault Compensation for Adverse Effects Following Immunization (AEFI)	Kingston, Frontenac, and Lennox & Addington Public Health	11-12
A19-7	Considering the Evidence for Recalling Long-Acting Hydromorphone	Kingston, Frontenac, and Lennox & Addington Public Health	13-14
A19-8	Promoting Resilience through Early Childhood Development Programming	Northwestern Health Unit, Thunder Bay District Health Unit, and Middlesex-London Health Unit	15-16
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A19-10	Children Count Task Force Recommendations	Windsor-Essex County Board of Health	19
A19-11	Public Health Funding to Support Healthy Weights and Prevention of Childhood Obesity	Chatham-Kent Public Health Unit	20
A19-12	Public Health Modernization: Getting it Right!	Peterborough Public Health	21-22

alPHa RESOLUTION A19-1

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

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

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

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

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

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

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

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

WHEREAS the health harms and costs of climate change will continue to have a disproportionately worse impact on certain groups and regions of Ontario, including people who are elderly, infants and young children, people with chronic diseases,

people who are socially disadvantaged, Indigenous people, and residents of northern Ontario and rural Ontario[4,13]; and

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried as amended

References – Resolution A19-1

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alPHa RESOLUTION A19-2

TITLE:	**Affirming the Impact of Climate Change on Health**
SPONSOR:	**Kingston, Frontenac, and Lennox & Addington Public Health**

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

References – Resolution A19-2

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alPHa RESOLUTION A19-3

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

SPONSOR: **Toronto Public Health**

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

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

WHEREAS 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;

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.

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-4

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;

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

ACTION FROM CONFERENCE: Carried

alPHa RESOLUTION A19-5

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; 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) ; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness[2]; and

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

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

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

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

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; 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; and

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

References – Resolution A19-5

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

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

alPHa RESOLUTION A19-6

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;

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.

ACTION FROM CONFERENCE: Carried

alPHa RESOLUTION A19-7

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.

ACTION FROM CONFERENCE: Carried

References – Resolution A19-7

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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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.

alPHa RESOLUTION A19-8

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

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

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

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

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

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

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

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

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

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

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

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family

relationships, and financial instability and addressing parental mental illness and substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-9 (Corrected)

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 and burdensome workplace conditions;

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, in particular the College of Early Childhood Educators.

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-10

TITLE: **Children Count Task Force Recommendations**

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

alPHa RESOLUTION A19-11

TITLE:	**Public Health Funding 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 ensure a sustained financial commitment to the Healthy Kids Panel's recommendations involving all Ontario health units to support childhood overweight and obesity prevention efforts in all Ontario communities.

ACTION FROM CONFERENCE: Carried as amended

alPHa RESOLUTION A19-12

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; and

WHEREAS boards of health are accountable to both the province and their "obligated municipalities" 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 that the Province continues to financially support public health units to adequately implement the Standards;

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 ongoing consultations with the province, that alPHa propose the establishment of a joint task force made up of both political representatives and professional staff from existing public health agencies, alPHa, 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 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.

ACTION FROM CONFERENCE: Carried as amended

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

June 17, 2019

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

Dear Minister MacLeod:

Re: Changes to Provincial Autism Supports

At its meeting on April 10, 2019, the Board of Health for Peterborough Public Health received a delegation from a local resident, Ms. Kristen Locklin regarding changes to provincial autism supports. Ms. Locklin provided a detailed presentation of the planned changes to the Ontario Autism Program. She also shared her personal story regarding her four-year-old autistic son who since starting Applied Behaviour Analysis therapy in late 2018 has been making incredible progress.

As you are aware, autism is a neurodevelopmental disorder, which affects 1/66 children. Autism affects a child's ability to communicate, and socially interact with their environment.

The Board of Health supports the province's plan to address the long waitlist, and to expand Ontario's five autism diagnostic hubs. However, we share Ms. Locklin's concern that funding will be provided directly to families rather than towards the provision of evidence-based programs. We also believe that the amount should be based upon the child's needs rather than their age. Children with autism need access to appropriate interventions by qualified practitioners at the right time and with the appropriate intensity. These are referred to as needs-based supports.

We are pleased that the province has struck an Autism Program Advisory Panel with experts in the field of needs-based supports and we look forward to hearing their recommendations regarding the future of the Ontario Autism Program.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Ms. Kristen Locklin
Hon. Lisa Thompson, Minister of Education
Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Marie Bountrogianni, Co-Chair, Ontario Autism Program Advisory Panel
Margaret Spoelstra, Co-Chair, Ontario Autism Program Advisory Panel
Council, City of Peterborough
Council, County of Peterborough
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

June 19, 2019

The Honourable Christine Elliott
Minister of Health and Long-Term Care
Deputy Premier
777 Bay Street, 5th Floor
College Park
Toronto, Ontario M7A 1E9
christine.elliott@ontario.ca

Dear Minister Elliott:

Re: Letter of Support for Simcoe-Muskoka District Health Unit and Proposed Northeastern Boundaries

The Board of Health for the Porcupine Health Unit (PHU) is supportive of Simcoe Muskoka District Health Unit's (SMDHU) letter dated May 15, 2019, to remain intact and join with York Region Public Health to form a new regional Public Health entity on April 1, 2020.

As the largest geographical public health unit in the Province, the Porcupine Health Unit (PHU) is aware of the challenges inherent to ensuring strong and nimble public health coverage while maintaining a local voice and connections.

With the proposed Northeast regional public health entity including the existing five public health units (Public Health Sudbury and Districts, North Bay Parry Sound District Health Unit, Algoma Public Health, Timiskaming Health Unit and Porcupine Health Unit), it will be challenging to ensure the local voice and priorities are represented at the regional level. Increasing this area to over 400,000km^2 to include Muskoka District will create even further challenges to respond to local public health needs. In addition to concerns with capacity and greater geography, there is a risk of increasing health inequities as the Northeast is unique in terms of socioeconomic status, health status, and health care referral patterns compared to Muskoka District.

The Porcupine Health Unit urges the government to reconsider the proposed boundary for the Northeast regional public health entity and keep Simcoe-Muskoka District Health Unit intact to join York Region Public Health. We remain committed to ensuring a strong, nimble and locally informed public health system in the Northeast and firmly believe this would contribute to those goals.

Sincerely,

Sue Perras
Chairperson, Board of Health for the Porcupine Health Unit

cc Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Association of Local Public Health Agencies
Gilles Bission, MMP Timmins-James Bay
John Vanthof, MPP Temiskaming-Cochrane
Guy Bourgouin, MPP Mushkegowuk-James Bay
Porcupine Health Unit Member Municipalities

Years of Public Health

Années de santé publique

1944-2019

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

alPHa RESOLUTION A19-9 (Corrected)

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 and burdensome workplace conditions;

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, in particular the College of Early Childhood Educators.

ACTION FROM CONFERENCE: Carried as amended

Date: 19 / 06 / 19
y m d

R-2019 - 44

MOVED BY: Kristin Murray

SECONDED BY: Sebastien Lessard

WHEREAS since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the *Northeast Public Health Collaboration Project* to identify opportunities for collaboration and potential shared services; and

WHEREAS the *Northeast Public Health Collaboration Project* work to date has been supported by two one-time funding grants from the Ministry of Health and Long-Term Care (MOHLTC); and

WHEREAS subsequent to the proposed transformation of public health announced in the April 11, 2019 provincial budget, the work of the Collaboration has been accelerated and reoriented as the *Northeast Public Health Transformation Initiative* with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and

WHEREAS the Board understands there will be opportunities for consultation with the MOHLTC on the regional implementation of public health transformation;

THEREFORE, be it resolved that the Board of Health for the Porcupine Health Unit supports the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing MOHLTC support for this work;

AND FURTHER that the Board, having engaged in this work since 2017, anticipates sharing with the MOHLTC its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East;

AND FURTHER that this motion be shared with the Premier of Ontario, the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, the Association of Local Public Health Agencies, all Ontario Boards of Health and Porcupine Health Unit member municipalities.

(circle as appropriate)

CARRIED (circled) **DEFEATED**

Chair - Board of Health

Years of
Public Health

Années de
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1944-2019

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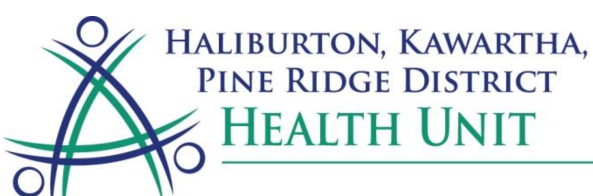
Web site: www.porcupinehu.on.ca

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



1-866-888-4577 • www.hkpr.on.ca • info@hkpr.on.ca

June 20, 2019

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

At its meeting held on June 20, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence from The Kingston, Frontenac and Lennox & Addington Public Health Unit regarding health promotion as a core function of public health.

The core functions of public health, as outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, include assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management. Boards of health are responsible for programs and services within these core functions.

Programs supported through the core function of health promotion and policy development have recently been publicly highlighted by the Government as areas where public health should not be investing its resources. These examples have included studies on energy drinks and bike lane development.

Health promotion is the process of enabling people to increase control over and improve their health (World Health Organization). The components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy and re-orienting health services. Health promotion within public health has played a significant role in improving health outcomes among Ontarians over many years, an example of this is the *Smoke-Free Ontario Act, 2017*. Policy development, advocacy, and community action were all health promotion tools used in the development of the Act. The same tools are used in addressing the dietary factors leading to the consumption of energy drinks and developing local active transportation initiatives.

Health promotion and policy development are as equally important as health protection and disease prevention within the public health system.

…/2

At its June 20, 2019 meeting, the Board of Health endorsed the recommendations made by Kingston, Frontenac, and Lennox & Addington Public Health (attached) and supported the mandate/function of health promotion and policy development as stated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

We appreciate your support of this important public health issue.

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

Cammie Jaquays, Chair, Board of Health

CJ/aa

Cc (via email) : Honourable Doug Ford, Premier
Dr. David Williams, Chief Medical Officer of Health
Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Health Promotion Ontario (HPO)
Association of Municipalities of Ontario (AMO)

Attachment

May 23, 2019

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

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its May 22, 2019 meeting:

THAT the KFL&A Board of Health strongly urge the Government of Ontario to maintain the current health promotion mandate of local public health units; and

THAT the KFL&A Board of Health ask the Government of Ontario to consult with Medical Officers of Health across Ontario should they consider any changes to the health promotion mandate and/or functions of local public health units or future public health entities.

There has been a recent flurry of media attention on public health in Ontario in response to announced changes to the public health system including decreased funding, a change in how public health units are funded, and the transition of 35 public health units to ten regional public health entities. In this media maelstrom, there has been recognition of the importance of public health and the programs and services it provides; however, the current media rhetoric regarding the benefits of public health is almost exclusively focused on the health protection and disease prevention mandates of public health agencies (e.g., preventing and mitigating infectious diseases such as measles and SARS). While these are critical aspects of the work public health provides to our communities, the Provincial Government has been silent on the importance of health promotion as a core function of public health. Furthermore, when health promotion work is mentioned, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages or has noted that the work (e.g., a study of energy drinks or bike lanes) is not where public health should invest its resources. This is worrisome.

. . . / 2

Health promotion is more than just crafting messages and making posters. It is the methodical and scientific application of a comprehensive approach to address health issues. Components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy, and re-orienting the health care system. Health promotion, when used with fidelity, has demonstrated great success. Tobacco is a great example of a health promotion success story. While most people would agree that the policy and taxation levers used by the federal and provincial governments are responsible for the dramatic and sustained drop in smoking rates, it is the work of health promotion that enabled those tools to be created and enacted. It was through successful knowledge translation activities informing the general public of the evidence that smoking causes lung cancer, the evaluation of prevention and cessation programs, and community action and advocacy from non-smokers—all the result of health promotion—that put tobacco on the public's agenda. Once tobacco was on the public's agenda, and recognized as a health hazard, policies were implemented, and continue to be implemented to this day, to protect the public from the harms of tobacco use. Clearly, health promotion is an effective tool to improve the health of the population.

Furthermore, effective health promotion is needed now more than ever as communities across Ontario grapple with the epidemic of chronic diseases. In Ontario, chronic diseases are the leading cause of disability and death and account for nearly 80% of all deaths. With a rapidly aging population, the prevalence of chronic diseases is expected to rise along with a significant associated financial toll on the provincial health care budget. Health care costs in Ontario are projected to account for 70 percent of the provincial budget by 2022 and 80 percent by 2030, making the prevention of chronic diseases a health and financial priority.

Medical Officers of Health -- highly trained and trusted professionals with the expertise to address health threats in their communities -- are well-positioned to determine effective strategies to address common risk factors for chronic disease (i.e., tobacco use, alcohol use, unhealthy eating and physical inactivity) and other factors that impact health such as early childhood development, mental health and the social determinants of health. Medical Officers of Health must be afforded the full slate of public health tools to protect and promote the health of their communities.

. . . / 3

Kingston, Frontenac and Lennox & Addington Public Health www.kflaph.ca

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Sharbot Lake 613-279-2151 Fax: 613-279-3997

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

File No. 9.1

Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON
P6B 0A9

June 24, 2019

Dear Sir/Madam:

Re: Proposed Changes to Public Health in Ontario

Please find attached a copy of Resolution No. RC19160, which was passed at the Regular meeting of Council held on Tuesday, June 18, 2019, regarding concerns with proposed changes to Public Health in Ontario and the amalgamation of 35 health units into 10 provincial entities.

If you have any questions or concerns, please feel free to contact me at (705) 856-2244 ext. 222 at your convenience.

Sincerely,

Cathy Cyr
Clerk/Director of Corporate Services

c.c. Ginette Petitpas Taylor, Minister of Health,
Mike Mantha, MPP Algoma-Manitoulin
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
Ross Romano, MPP Sault Ste. Marie
Terry Sheenan, MP Sault Ste. Marie
Andrea Horwath, Leader of Official Opposition
Christine Elliott, Ontario Minister of Health
Dr. D. Williams, Chief Medical Officer of Health
J. Stevenson, NE LHIN CEO
Ontario Boards of Health
Councils of Algoma Municipalities

P.O. BOX 500, 40 BROADWAY AVENUE, WAWA, ONTARIO, P0S 1K0
Telephone: (705) 856-2244, Fax: (705) 856-2120, Website: www.wawa.cc

The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, June 18, 2019

Resolution # RC19160	Meeting Order: 7
Moved by:	Seconded by:

WHEREAS the role of public health is to promote health, prevent and control chronic diseases and injuries, prevent and control infectious diseases, prepare for and respond to public health emergencies;

WHEREAS public health is primarily focused on the social determinants of health, healthy behaviors, healthy communities and population health assessment;
WHEREAS section 5 of the Health Protection and Promotion Act gives boards of health power to ensure community sanitation and the prevention or elimination of health hazards; provision of safe drinking water systems, control of infectious and diseases of public health significance including immunization; health promotion, health protection, and disease and injury prevention; family health; collection and analysis of epidemiological data, and such additional health programs such as mental health and opioid prevention programs;

WHEREAS the work of public health is best done in the local urban and rural settings in partnership with government, nongovernment, community, Indigenous communities (inclusive of First Nations [Status and Non-Status], Métis, Inuit, and those who self-identify as Indigenous) to work together to address their public health needs;

WHEREAS the 12 great achievements of public health are acting on the social determinants of health, control of infectious diseases, decline in deaths from coronary heart disease and stroke, family planning, healthier environments, healthier mothers and babies, motor-vehicle safety, recognition of tobaccos use as a health hazard, safer and healthier foods, safer workplaces, universal policies, and vaccination. (Canadian Public Health Association);

WHEREAS the province of Ontario is in the midst of an opioid crisis, where the underlying issues include social determinants of health, upon which public health focuses;

p.2

The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

WHEREAS the current provincial government proposes to amalgamate 35 health units into 10 provincial entities;

WHEREAS the health of Ontarians may be put at risk;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health Board write to the Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to voice their concern over the amalgamation of health units and how it will impact the health of Ontarians, and;

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of parliament of northeastern Ontario, the leader of the official opposition, the health critic of both provincial parties, The Chief Medical Officer of Health of Ontario, the Boards of Health throughout Ontario, the councils of Algoma municipalities, and the North East LHIN CEO.

RESOLUTION RESULT	RECORDED VOTE			PECUNIARY INTEREST
☑ CARRIED	MAYOR AND COUNCIL	YES	NO	
☐ DEFEATED	Ron Rody			
☐ TABLED	Bill Chiasson			
☐ RECORDED VOTE (SEE RIGHT)	Mitch Hatfield			
☐ PECUNIARY INTEREST DECLARED	Robert Reece			
☐ WITHDRAWN	Pat Tait			

Disclosure of Pecuniary Interest and the general nature thereof.

☐ Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk:______________________________

DEPUTY MAYOR – PAT TAIT	CLERK – CATHY CYR
[signature]	[signature]

This document is available in alternate formats.

Peterborough Public Health
1889-2019 LOCAL & STRONG
Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

June 24, 2019

Councillor Carmen McGregor
Board President
Association of Local Public Health Agencies
c/o Loretta Ryan, Executive Director
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Sent via e-mail: loretta@alphaweb.org

Dear Councillor McGregor,

Thank you for your board's organization and hosting of the 2019 Association of Local Public Health Agencies (alPHa) Annual General Meeting (AGM). During this critical period of transition the opportunity to exchange information and hear different perspectives is very important.

As you are aware, Peterborough's late resolution was accepted for consideration. After a thorough discussion and debate, the resolution was approved with minor wording changes. The Peterborough Board appreciates the support of other boards of health and those who were in attendance.

With the adoption of the resolution at the AGM, the alPHa board is now bound by its content. In that respect I am inquiring about alPHa's plan to implement the approved actions. More specifically, could you please copy Peterborough Public Health on your follow-up to the province in respect of:

a. Calling upon the Ontario government to delay the implementation of any organizational and financial changes to local public health until April 1, 2021;
b. Calling upon the Ontario government to commit to engage in meaningful consultation over the next 18 months; and
c. Calling upon the Ontario government to phase in any changes to the cost shared funding formula over five years commencing in fiscal 2021-22;

In addition could you also provide us a copy of your request of the Association of Municipalities of Ontario and the City of Toronto to establish a joint task force mandated to undertake:

a. Establishing a set of principles that should guide any reorganization of public health in Ontario that include
b. Conducting public outreach to municipal, public health and other stake holders to validate and strengthen the comprehensive set of principles to shape future re-organization; and
c. Meeting with provincial politicians and officials to provide a municipal and public health perspective on any proposed changes and including the outcomes of consultation

My board is anxious to see progress on our resolution and would like to ensure a more robust response to our 2019 resolution than was provided to our 2018 resolution.

In response to our request, at our June 12th board meeting, your Executive Director, Loretta Ryan, provided us with the ultimate disposition of our 2018 resolution, entitled "Sustainable Funding for Local Public Health in Ontario". It is clear that not all of the recommended actions contained in that resolution were acted on and we are disappointed that commitments made at the 2018 AGM appear to have been ignored without accountability to the membership. We are sincerely hopeful that this will not be the case yet again.

I look forward to your timely reply.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Ontario Boards of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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June 25, 2019

The Honourable Todd Smith
Minister of Children, Community and Social Services
Sent via e-mail: ***todd.smith@pc.ola.org***

The Honourable Stephen Leece
Minister of Education
Sent via e-mail: ***minister.edu@ontario.ca***

The Honourable Christine Elliott
Minister of Health and Long-Term Care
Sent via e-mail: ***christine.elliott@pc.ola.org***

Dear Ministers,

Re: Support for Children Count Task Force Recommendations

On behalf of the Board of Health for Peterborough Public Health (PPH), I am writing in support of the recommendations of the Children Count Task Force. These recommendations support the health and wellbeing of Ontario's children and youth by streamlining and improving the systems that monitor and assess their health.

Peterborough Public Health is required as outlined in the Ontario Public Health Standards, 2018 (OPHS) to: "collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to the health of school-aged children and youth and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018".[1]

Unfortunately, measuring the status of child health is not a straight-forward task. Although the assessment and surveillance requirements outlined in the OPHS specify which aspects must be measured and reported, a comprehensive system for monitoring the status of child health in the province has yet to be developed, and there are gaps in indicator development and data collection.[2,3] The existing data only partially measure the health of children in the province, and in some cases even less information is available at the local public health agency level. The collection of relevant provincial and regional data on the full spectrum of child health indicators, with such data being made freely accessible to public health agencies, should be a future goal for Ontario.[4]

As such, we strongly support the Children Count Task Force's overarching recommendation to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario.[5] Additionally, to further support this secretariat, we support the following five recommendations made by the task force:

- ***Recommendation 1:*** Create an interactive web-based registry of database profiles resulting from child and youth health and well-being data collection in Ontario schools.
- ***Recommendation 2:*** Mandate the use of a standardized School Climate Survey template in Ontario schools and a coordinated survey implementation process across Ontario.
- ***Recommendation 3:*** Develop and formalize knowledge exchange practice through the use of centrally coordinated data sharing agreements.
- ***Recommendation 4:*** Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.
- ***Recommendation 5:*** Work with the Information and Privacy Commissioner (IPC) of Ontario to develop a guideline for the interpretation of privacy legislation related to student health and wellbeing data collection in schools.[6]

A strength of the Children Count Task Force and its recommendations is the broad range of perspectives, knowledge and expertise shared by leaders in federal and provincial government agencies and ministries, academics, local public health agencies, boards of education, and non-government organizations. We believe that implementing the recommendations will provide the information that all stakeholders need to properly assess the health status of our children and youth and the return on investment of related programs and services. Furthermore, implementation will result in a more efficient and improved data collection system.

We respectfully request that the Honourable Ministers seriously consider implementing these recommendations and welcome any opportunities to consult or engage in future actions that would support this work.

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Children Count Task Force (c/o Nicole Dupuis, Windsor Essex County Health Unit)
Ontario Boards of Health

References:

1. Ministry of Health and Long-Term Care (2018) Protection and Promoting the Health of Ontarians, Ontario Public Health Standards: Requirements of Programs, Services and Accountability.
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2013) Measuring the Health of Infants, Children and Youth for Public Health in Ontario: Indicators, Gaps and Recommendations for Moving Forward. Queen's Printer for Ontario, Toronto, ON.
3. Association of Public Health Epidemiologists in Ontario (2012).Gaps in Public Health Indicators and Data in Ontario. Public Health Ontario, Toronto.
4. Peterborough Public Health (2018). Early Growth and Development: supporting Local Evidence-informed Decision Making. Peterborough, ON. Gail Chislett, Andrew Kurc and Asma Razzaq.
5. Children Count Task Force. (2019). Children Count: Task Force Recommendations. Windsor, ON. Windsor-Essex County Health Unit.
6. Ibid