

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 in 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



Public Health
Santé publique
SUDBURY & DISTRICTS

May 28, 2019

VIA ELECTRONIC MAIL

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

Dear Premier:

Re: North East Public Health Regional Boundaries – Modernization of the Ontario Public Health System

At its meeting on May 16, 2019, the Board of Health for Public Health Sudbury & Districts carried the following resolution #17-19:

WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005, enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and

WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and

WHEREAS the new public health entity for northeastern Ontario is proposed to include the existing public health units in the region (Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, Timiskaming Health Unit) along with Muskoka District and a part of Renfrew; and

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Sudbury ON P3E 3A3
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f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
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t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
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Espanola ON P5E 1J3
t: 705.222.9202
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Letter
Re: North East Public Health Regional Boundaries
May 28, 2019
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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 km²) 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
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705-789-8813
FAX: 705-789-7245

Midland:
B-865 Hugel Ave.
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FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
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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,

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

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

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

Working together for a healthier future for all.

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

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

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

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

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 Responsible 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



KFL&A
Public Health

April 25, 2019

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

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

Dear Premier Ford:

RE: 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

The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and
Minister Responsible 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



KFL&A
Public Health

April 25, 2019

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

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

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

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

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

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

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

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

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



- **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
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: 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,

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

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

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

Working together for a healthier future for all.

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

Kellie Leitch, MP Simcoe-Grey
Ben Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
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Ontario Health Units



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peterboroughpublichealth.ca

May 1, 2019

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

Dear Premier Ford:

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

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

Alcohol is a legal psychoactive substance, not a regular commodity. As with other psychoactive substances, alcohol causes changes in perception and behaviour and its use exists on a spectrum from beneficial, to problematic, to chronic dependence. Recent statistics show that approximately 21% of Ontarians who drink exceed the low-risk alcohol drinking guidelines¹, 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 use⁵, 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:

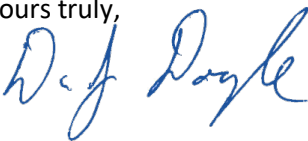
RE: Announcement re: Reversing Retroactive Funding Cuts to Municipal Funding

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

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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**Public Health
Santé publique**
SUDBURY & DISTRICTS

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 Gelin, 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

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

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T: 613-394-4831 | F: 613-965-6535

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
Medical Officer of Health



Jo-Anne Albert
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

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
<https://www.ontario.ca/health>

**Ministère de la Santé
et des Soins de longue durée**

Bureau du vice-premier ministre
et du ministre de la Santé et des
Soins de longue durée

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone : 416 327-4300
Télécopieur : 416 326-1571
<https://www.ontario.ca/sante>



JUN 07 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,

A handwritten signature in blue ink that reads '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

605 Rossland Rd. E.
Level 1
P.O. Box 623
Whitby, ON L1N 6A3
Canada

905-668-7711
1-800-372-1102
Fax: 905-668-9963

durham.ca

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

COPY

RECEIVED

JUN 05 2019

Medical Officer of Health

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**

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

aPHa 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

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

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

May 3, 2019

Dear Minister Elliott,

Re: Modernizing Ontario's Health Units

On behalf of the Association of Local Public Health Agencies (aPHa) 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 aPHa Executive Director, Loretta Ryan, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
aPHa 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

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 |
|-------------------------|-------------------------|------------------------------|----------------------|
| P.O. Box 194 | ELNOS Building | 294 Willow Avenue | 18 Ganley Street |
| 9B Lawton Street | 302-31 Nova Scotia Walk | Sault Ste. Marie, ON P6B 0A9 | Wawa, ON P0S 1K0 |
| Blind River, ON P0R 1B0 | Elliot Lake, ON P5A 1Y9 | Tel: 705-942-4646 | Tel: 705-856-7208 |
| Tel: 705-356-2551 | Tel: 705-848-2314 | TF: 1 (866) 892-0172 | TF: 1 (888) 211-8074 |
| TF: 1 (888) 356-2551 | TF: 1 (877) 748-2314 | Fax: 705-759-1534 | Fax: 705-856-1752 |
| 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 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



| | |
|---|----------------------------------|
| 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.



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:

- 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



| | |
|--|----------------------------------|
| 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:

- 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



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;

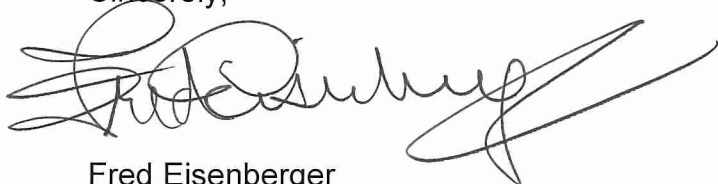
.../2

- 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,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a large, sweeping flourish extending to the right.

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**

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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 |

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 opportunity¹; 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 precipitation²⁻⁴; 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 seasons⁵
- 560 cancer cases per year attributable exposure to fine particulate matter air pollution⁶
- Vector borne disease including 138 cases of West Nile virus disease and 612 cases of Lyme disease in 2018⁷
- 67 deaths, 6,600 hospitalizations, and 41,000 emergency department visits per year related to foodborne illness⁸
- 73 deaths, 2,000 hospitalizations, and 11,000 emergency department visits per year related to waterborne disease⁹
- Community evacuations as a result of flooding or forest fires, with First Nation and northern Ontario communities particularly affected¹⁰⁻¹²;
- 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 change⁴, 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, respectively¹; 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 Association¹

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 climate¹⁸; 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 distribution⁴;

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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2. Bush E, Lemmen DS, eds. *Canada's Changing Climate Report*. Ottawa, ON: Government of Canada; 2019.
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12. CBC News. Smoke from forest fire near Kenora, Ont., prompts evacuation of Wabaseemoong F.N. *CBC News*. July 20, 2018, 2018.
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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.
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TITLE: Affirming the Impact of Climate Change on Health

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

WHEREAS climate change is defined as a shift in long-term worldwide climate phenomena associated with changes in the composition of the global atmosphere¹; and

WHEREAS the World Health Organization states climate change to be the greatest global health threat of the 21st century²; 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 cause³; 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 displacement⁴⁻⁶; 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.
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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.

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*

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/;](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*

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 homelessness²; 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 risk⁶; 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 clinics⁹;

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\(C1,C5001\);/](https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;provinceC5001;trend(C1,C5001);/)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AND FURTHER that the Association of Local Public Health Agencies (alPHa) call upon the Chief

Medical Officer of Health of Ontario and the Minister of Health and Long-Term Care to call upon their counterparts across Canada as well as their Federal counterparts to institute a National system of no-fault compensation for adverse outcomes following immunization;

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

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.

Juurlink, D. N., 2017. Rethinking "doing well" on chronic opioid therapy. *CMAJ*, Volume 189, pp. 1222-

3. Public Health Ontario, 2019. *Interactive Opioid Tool*. [Online]

Available at: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/dTrends>

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

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 |
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| 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 |
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| A19-12 | Public Health Modernization: Getting it Right! | Peterborough Public Health | 21-22 |

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 opportunity¹; 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 precipitation²⁻⁴; 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 seasons⁵
- 560 cancer cases per year attributable exposure to fine particulate matter air pollution⁶
- Vector borne disease including 138 cases of West Nile virus disease and 612 cases of Lyme disease in 2018⁷
- 67 deaths, 6,600 hospitalizations, and 41,000 emergency department visits per year related to foodborne illness⁸
- 73 deaths, 2,000 hospitalizations, and 11,000 emergency department visits per year related to waterborne disease⁹
- Community evacuations as a result of flooding or forest fires, with First Nation and northern Ontario communities particularly affected¹⁰⁻¹²;
- 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 change⁴, 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, respectively¹; 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 Association¹

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 climate¹⁸; 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 distribution⁴;

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.
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10. CBC News. Worrisome flood forecast has Kashechewan preparing for annual evacuation. *CBC News*. April 9, 2019, 2019.
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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.

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 atmosphere¹; and

WHEREAS the World Health Organization states climate change to be the greatest global health threat of the 21st century²; 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 cause³; 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 displacement⁴⁻⁶; 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.
3. Intergovernmental Panel on Climate Change. *Climate Change 2014: Synthesis Report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Geneva; 2014.
4. Government of Canada. Climate change and health: Health effects. <https://www.canada.ca/en/health-canada/services/climate-change-health.html>. Published 2018. Accessed April 11, 2019.
5. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission. *Lancet (London, England)*. 2009;373(9676):1693-1733.
6. Watts N, Amann M, Ayeb-Karlsson S, et al. The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. *Lancet (London, England)*. 2018;391(10120):581-630.
7. United Nations Permanent Forum on Indigenous Issues. *Climate Change: An Overview*. New York; 2007.
8. Government of Canada. Climate change and health: Populations at risk. <https://www.canada.ca/en/health-canada/services/climate-change-health/populations-risk.html>. Published 2018. Accessed April 11, 2019.

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

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/;](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*

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 homelessness²; 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 risk⁶; 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 clinics⁹;

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\(C1,C5001\);/](https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;provinceC5001;trend(C1,C5001);/)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AND FURTHER that the Association of Local Public Health Agencies (alPHa) call upon the Chief

Medical Officer of Health of Ontario and the Minister of Health and Long-Term Care to call upon their counterparts across Canada as well as their Federal counterparts to institute a National system of no-fault compensation for adverse outcomes following immunization;

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

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.

Juurlink, D. N., 2017. Rethinking "doing well" on chronic opioid therapy. *CMAJ*, Volume 189, pp. 1222-

3. Public Health Ontario, 2019. *Interactive Opioid Tool*. [Online]

Available at: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/dTrends>

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

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

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**

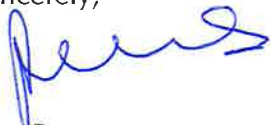
The Board of Health for the Porcupine Health Unit (PHU) is supportive of Simcoe Muskoka District Health Unit's (SMDHU) letter dated May 15, 2019, to remain intact and join with York Region Public Health to form a new regional Public Health entity on April 1, 2020.

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 400,000km² 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



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Kapusking, 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

DEFEATED


Chair - Board of Health



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Kapuskaing, Matheson,
Moosonee, Smooth Rock Falls

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

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Minister Elliott
June 20, 2019
Page 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

Kingston, Frontenac and Lennox & Addington Public Health

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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

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



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

Page 3

Health protection, disease prevention and health promotion are equally important and core functions of public health. Having a well-resourced public health system with the tools required to address both acute and chronic health threats is the best chance that Ontario has to make our health care system sustainable, to end hallway medicine, and to protect what matters most – health.

Yours truly,

A handwritten signature in blue ink that reads "Denis Doyle".

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

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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.ca



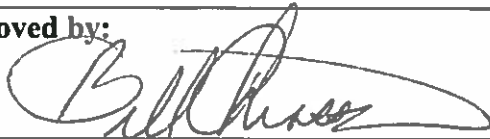



The Corporation of the Municipality of Wawa

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;



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 | YES | NO | PECUNIARY INTEREST |
|--|--------------------------|-----|----|--------------------|
| <input checked="" type="checkbox"/> CARRIED | MAYOR AND COUNCIL | | | |
| <input type="checkbox"/> DEFEATED | Ron Rody | | | |
| <input type="checkbox"/> TABLED | Bill Chiasson | | | |
| <input type="checkbox"/> RECORDED VOTE (SEE RIGHT) | Mitch Hatfield | | | |
| <input type="checkbox"/> PECUNIARY INTEREST DECLARED | Robert Reece | | | |
| <input type="checkbox"/> 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 |
|-------------------------|-------------------|
| | |

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

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