CORRESPONDENCE – February 2020

a) Date: 2020 January 17
Topic: "Modernization of Public Health in Ontario, A Position Paper: Recommendations from the Board of Health for Peterborough Public Health"
From: Peterborough Public Health
To: All Health Units

Background:

On January 17, 2020, the Board of Health for Peterborough Public Health released its position paper, "Modernization of Public Health in Ontario."

Recommendation: Receive.

b) Date: 2020 January 17
Topic: Public Health Modernization Consultation
From: Southwestern Public Health
To: All Health Units

Background:

On January 17, 2020, the Board of Health for Southwestern Public Health released its consultation paper on Public Health Modernization.

Recommendation: Receive.

c) Date: 2020 January 21
Topic: alPHa Speaking Points, Standing Committee on Finance and Economic Affairs
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

On January 17, 2020 the Standing Committee on Finance and Economic Affairs for the Association of Local Public Health Agencies (alPHa) met to discuss the 2020 Ontario budget. Highlights from the funding announcements made over the course of the past year are summarized in alPHa's speaking notes from this meeting.

Recommendation: Receive.

d) Date: 2020 January 20
Topic: Deputy Premier and Minister Christine Elliott's speech at the 2020 Rural Ontario Municipal Association's annual conference
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

On January 20, 2020, the Association of Local Public Health Agencies (alPHa) published a link to Minister Elliott's speech at the 2020 Rural Ontario Municipal Association's (ROMA) annual conference, which includes comments on the current Public Health Modernization process.

Recommendation: Receive.

e) Date: 2020 January 20
Topic: 2020 alPHa annual general meeting and conference, June 7–9
From: Association of Local Public Health Agencies (alPHa)
To: alPHa members

Background:

On January 20, 2020, the Association of Local Public Health Agencies (alPHa) announced that it will hold its annual general meeting and conference this June 7–9 at the Chestnut Conference Centre, in Toronto.

Recommendation: Receive.

f) Date: 2020 January 22
Topic: alPHa Information Break – January 22, 2020
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

On January 22, 2020, the Association of Local Public Health Agencies (alPHa) provided updates related to Public Health Modernization and confirmed that alPHa's submission to the provincial discussion paper will be circulated when it becomes available. It was also announced that registration is now open for the Winter 2020 Symposium and Section Meetings to be held February 20–21 at the YMCA in downtown Toronto. The Council of Medical Officers of Health (COMOH) Digital Health Steering Committee announced that it is preparing a response to the Ministry's consultation on Public Health Modernization.

Recommendation: Receive.

g) Date: 2020 January 22 (received January 28)
Topic: E-cigarette and aerosolized product prevention and cessation
From: Peterborough Public Health
To: The Honourable Christine Elliott, All Health Units

Background:

On January 22, 2020, the Board of Health for Peterborough Public Health wrote to Minister Elliott in support of the correspondence received from Public Health Sudbury & Districts regarding e-cigarette and aerosolized product prevention and cessation. Refer to correspondence item d) in the January 23, 2020 Board of Health agenda.

Recommendation: Receive.

h) Date: 2020 January 17 (received January 28)
Topic: Children Count Pilot Study Project
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott, All Health Units

Background:

On January 17, 2020, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Elliott regarding the resolution to endorse the Healthy Living Module of the Children Count Pilot Study Project as a feasible approach to resolve the issue of local, regional, and provincial population health data gaps for children and youth. The Healthy Living Module is a toolkit that was developed to help implement coordinated monitoring and assessment for health service planning using the School Climate Survey for Ontario children and youth. The Healthy Living Module helped to identify areas requiring further work to support student health and well-being. The Board of Health for the Windsor-Essex County Health Unit encourages the Ministry of Health and the Ministry of Education to adopt the Healthy Living Module as part of the Ontario Public Health Standards and the Ontario Climate Survey.

Recommendation: Receive.

i) Date: 2020 January 17 (received January 28)
Topic: Healthy Smiles Ontario funding
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott, All Health Units

Background:

On January 17, 2020, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Elliott regarding the resolution to endorse the recommendation that Healthy Smiles Ontario retain its current (100%) funding and structure, and that it be merged with the Ontario Senior Dental Care Program to create a comprehensive dental care program for vulnerable children and seniors in Ontario.

Recommendation: Receive.

j) Date: 2020 January 28
Topic: Monitoring of food insecurity and food affordability
From: KFL&A Public Health
To: The Honourable Patti Hajdu

Background:

On January 28, 2020, the Board of Health for KFL&A Public Health wrote to Minister Hajdu recommending that the federal government commit to annual local measurement of food insecurity in all provinces and territories by making the Household Food Security Survey Module a core component of the Canadian Community Health Survey. Making this a mandatory module would

facilitate effective and consistent food affordability surveillance and monitoring. Furthermore, it was recommended that foods included in the National Nutritious Food Basket be updated to reflect the 2019 *Canada's Food Guide* recommendations, and that a national protocol be developed to ensure consistency in monitoring food costing across Canada.

Recommendation: Receive.

k) Date: 2020 January 29
Topic: Off-road vehicles and Bills 107 and 132
From: Peterborough Public Health
To: The Honourable Christine Elliott, The Honourable Caroline Mulroney

Background:

On January 29, 2020, the Board of Health for Peterborough Public Health wrote to Ministers Elliott and Mulroney expressing concerns regarding anticipated changes to Ontario Regulation 316/03: Operation of Off-Road Vehicles on Highways. It is recommended that, in the revision of O. Reg 316/03, equipment and operations requirements be made applicable to all off-road vehicles permitted on roads as per Bill 107, Getting Ontario Moving Act (Transportation Statute Law Amendment), 2019.

Recommendation: Receive.

l) Date: 2020 February 4
Topic: Public Health Modernization Discussion Paper
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

On February 4, 2020, the Association of Local Public Health Agencies (alPHa) published a response to the Public Health Modernization Discussion Paper. alPHa's response is intended to be complementary to the individual responses of its members. Feedback was synthesized and presented with the framework of themes and questions laid out in the consultation survey. The Statement of Principles for Public Health Modernization released by alPHa in November 2019 formed the foundation of the response to the Discussion Paper.

Recommendation: Receive.

m) Date: 2020 February 4
Topic: Fully funded Universal Healthy School Food Program
From: Public Health Sudbury & Districts
To: The Honourable Patti Hajdu, The Honourable Christine Elliott

Background:

On January 31, 2020, the Board of Health for Public Health Sudbury & Districts wrote to Minister Hadju in support of a fully funded Universal Healthy School Food Program in Canada and calling

upon the federal and provincial governments to ensure it is aligned with Canada's Dietary Guidelines.

Recommendation: Receive.

n) Date: 2020 February 3
Topic: alPHa Information Break
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

On February 3, 2020, the Association of Local Public Health Agencies (alPHa) provided updates related to Public Health Modernization, Novel Coronavirus, alPHa's Winter 2020 Symposium and Section Meetings, and the upcoming TOPHC 2020.

Recommendation: Receive.

o) Date: 2020 February 13
Topic: Association of Municipalities of Ontario response to Public Health and Emergency Health Services consultation and notification of ongoing cannabis consultations
From: Association of Local Public Health Agencies (alPHa), Association of Municipalities of Ontario (AMO)
To: All Health Units

Background:

On February 13, 2020, the Association of Local Public Health Agencies (alPHa) notified its members of the release of the Association of Municipalities of Ontario (AMO) response to the Public Health and Emergency Health Services consultation, and provided notification of the cannabis consultations currently underway.

Recommendation: Receive.

p) Date: 2020 January 22
Topic: Nicotine vaping in Canada
From: Public Health Agency of Canada, Council of Chief Medical Officers of Health (CCMOH)
To: All Health Units

Background:

On January 22, 2020, the Public Health Agency of Canada and the Council of Chief Medical Officers of Health (CCMOH) issued a statement regarding nicotine vaping devices, highlighting their concern with the substantial increase in nicotine vaping among youth. The statement outlines key recommendations and policy and regulatory actions for federal, provincial, and municipal jurisdictions. CCMOH also recommends that governments continue to enhance public awareness, establish cessation initiatives, and monitor the health effects of vaping products. To read the full statement, visit the Public Health Agency of Canada website.

Recommendation: Receive.

q) Date: 2020 February 14
Topic: alPHa resolution: sufficient local public health funding
From: Simcoe Muskoka District Health Unit
To: Dr. Chris Mackie, Medical Officer of Health/CEO, MLHU

Background:

On February 14, 2020, the Simcoe Muskoka District Health Unit forwarded a briefing note and advocacy resolution to Dr. Chris Mackie for consideration by the Middlesex-London Board of Health. This advocacy resolution aims to address stable public health funding and will be submitted to the Association of Local Public Health Agencies (alPHa) for discussion at its annual general meeting in June. The resolution calls for 2020 mitigation funding to continue into future years; for the reduction in provincial funding, to 70%, to be reconsidered; and for provincial grants in future years to allow board of health budgets to increase sufficiently to maintain their resource bases, and to address pressures related to population growth and emerging public health issues.

Recommendation: Endorse, and offer via the Chair to second the resolution at the alPHa AGM in June.

Peterborough Public Health

EMBARGOED
until January 21, 2020

The Modernization of Public Health in Ontario

A Position Paper:
Recommendations from the Board of Health for Peterborough Public Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

January 8, 2020

Executive Summary

Ontario's public health system delivers value for money, and helps to ensure Ontarians are fully able to contribute to a prosperous, sustainable and healthy future. Investments in public health are vital to maximizing prevention efforts in order to protect the Province and reduce demands for downstream health care services. Public health recognizes that it plays an important role in reducing hallway health care.

Peterborough Public Health (PPH) does not support the changes to the Ontario public health system put forward by the Provincial Government as part of its April 2019 budget. Although modifications to the system designed to make it more effective should be considered, the proposals of the Provincial Government were overly broad and did not target key areas for reform. If adopted, their impact would have significantly and irrevocably damaged the governance and delivery of public health services in the province. They were akin to using a sledgehammer to crack open a peanut. Public health in Peterborough is not broken – with the exception of issues related to capacity and funding, our communities benefit from services that are responsive, timely and effective.

PPH has worked hard to inform the Province and other stakeholders about its concerns including:

- Responding to local media in order to inform the public and local stakeholders on the potential negative impacts
- Making written submissions to the Minister and Ministry
- Engaging local government MPPs in discussion with the board and local political leaders
- Developing and presenting an emergency resolution to the Annual General Meeting of the Association of Local Public Health Agencies (alPHa)
- Engaging in discussions with neighbouring boards of health
- Engaging in the Eastern Ontario Wardens Caucus resolution
- Engaging in the formal Provincial consultation
- Completing the Ministry survey on public health modernization
- Engaging decision makers at both the Association of Municipalities of Ontario (AMO) and Rural Ontario Municipal Association (ROMA) conferences

We applaud the Provincial Government for seeking public input before proceeding with any structural changes however PPH continues to express concern that the Government is continuing with its plan to transfer $180 million of public health costs unto the local tax base, although at a slower pace than originally announced.

Principles of Reform

PPH believes that public health in Ontario must be shaped and delivered at the local level and that any proposed changes to public health governance and delivery need to be consistent with the following principles:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;

3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven; and,
8. Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

Recommendations

In addressing the reform of public Health in Ontario, PPH has developed a series of recommendations in **three** broad thematic areas consistent with the principles noted above:

1. Structure and Governance

1.1. Negotiate boundaries for a local public health agency (LPHA) with an optimal size of 300,000 to 500,000[1] that reflects a community of interests and recognizes the rights and interests of First Nations.
1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.
1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.
1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).
1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.

[1] Mays et al. Institutional and Economic Determinants of Public Health System Performance. Amer J Pub Health2006;96;3;523-531.

2. Program Delivery

2.1. Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
2.2. Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
2.3. Ensure local financial contributions are reflective of municipalities' abilities to pay.
2.4. The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
2.5. The local delivery of public health programming should include:

- Community engagement in design and delivery;
- Nurturing of local relationships with delivery partners;
- Supporting local decision makers with healthy public policy;
- Program delivery which encompasses consistent local staffing;
- Promotion of provincial policy development based on local needs and issues;
- Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
- Ensuring the social determinants of health are a lens through which local policies are developed; and,
- Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.

3. Implementation

3.1. Provide sufficient time to implement any proposed changes.
3.2. Build on best practices learned from past amalgamations.
3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
3.4. Implement changes using an integrated and comprehensive approach.

Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.

Peterborough Public Health provides catch up vaccinations for new Canadians, including this boy originally from Syria.

Introduction

Peterborough's board of health believes public health must be shaped and delivered at the local level. We were encouraged by the current Provincial Government's recognition that this is a strength of our system, and one which we want to build upon. Coupled with a well-designed provincial and regional framework, we can work together to achieve the strategic alignment and efficiencies desired from a public health system.

Any restructuring, including the potential for amalgamations, deserves thoughtful consideration to ensure clear value-added outcomes, limited potential for disruption or paralysis, and minimal risk of unintended consequences.

PPH endorses the following principles and recommends that they be used as a tool to ensure that the best interests of our communities are served well by any changes to our province's local public health system:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;
3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven, and,
8. Change must be driven from the bottom up, in a process that respects both provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

Many of these principles have been echoed elsewhere in other tables and forums that have emerged in response to the 2019 announcements. It is of utmost importance that the goal of this restructuring be the improvement of population health through enhanced protection and promotion of population health and health equity.

Furthermore, "obligated municipalities", whether municipal or First Nation (Section 50, Health Protection and Promotion Act (HPPA)), must be engaged in a meaningful way in decision-making to ensure public health remains responsive and accountable to the local communities it serves. This means that autonomous boards must continue to contain a majority of municipal representatives. It also means the structure and delivery of services and programs must meet the needs of the communities served. Any new organizational structure should build on the strong collaborative relationships currently existing between the current LPHAs and delivery partners including municipalities. Where there is common interest and benefit at the provincial or regional level, it makes sense to organize and deliver work at these levels. Any new regions established for

this purpose should therefore reflect similar demographics, history and culture, and be flexible enough to enhance planning, priority-setting and delivery in an efficient and effective manner, without adding another layer of bureaucracy.

The funding model/formula for local public health must be sustainable and take into account factors such as equity, population demographics and density, and the rural-urban mix. Any efficiencies identified should be optimized without sacrificing the quality and effectiveness of services provided. And it goes without saying that the best available evidence should be considered as part of policy decision making.

Acknowledging the key challenges raised through the discussion document on Public Health Modernization and this opportunity to improve the impact on the wellbeing of Ontarians through strategic changes to the formal public health system and delivery models, and with consideration of the principles listed above, we respectfully submit the following key recommendations in three key areas.

Peterborough Public Health has a proud 130-year history of improving the health of our communities.

Section 1: Structure and Governance

As a smaller LPHA, PPH has experienced the challenges and vulnerability of limited capacity. We therefore support expanded boundaries for LPHAs where they are strategic. In consideration of the evidence for effectiveness of LPHAs that serve a population size of 300,000 – 500,000 (Mays et al., 2006), PPH would benefit from a larger area composed of neighbouring municipalities and First Nations, where interested. However, increasing the size of a health unit needs to be carefully balanced with the need to ensure strong local accountability and representation for participating municipalities and First Nations. Amalgamations should be negotiated, and be based on existing collaborative efforts and alignment with other key sectors.

PPH has worked diligently to develop and nurture strong relationships with our partners - both municipal governments and local organizations. Local governments value public health as a key partner and contact. Extreme caution must be applied if any restructuring of local boards is pursued. Such action could seriously handicap the ability of a new board to positively influence the social determinants of health at the local level. These strong credible relationships take years to establish. We are very proud to be a valued partner within the population we serve.

In addition to strategic amalgamations, further coordination can be achieved through a regional and provincial approach that supports and incentivizes collaboration where appropriate. LPHAs could come together to plan at a regional level, establish mutual aid agreements and develop back office integration. These could create opportunities to share expertise across the region. As an example, the LPHAs currently included in the Eastern Ontario Warden's Caucus and Eastern Ontario Mayor's Caucus could work together through established municipal partnerships and public health leadership to strengthen coordination without necessarily adding another layer that requires additional staffing and funding.

But for any modernization effort to work, there is a need to strengthen provincial leadership for public health.

Increasing the size of a health unit needs to be carefully balanced with the need to ensure strong local accountability and representation of municipalities and First Nations.

This will require stronger collaboration between the Ministry of Health, other Ministries, sector partners and provincial associations and PHO. The establishment of leadership tables and themed work groups can ensure relevant voices can contribute to establishing provincial priorities and plans. PHO should continue its role as advisor and support to all three levels of public health planning: provincial, regional and local; and should be given an expanded role in data collection and analysis, training and research. Data systems need to be adequately resourced to produce information that can be applied at the provincial, regional and local level and support setting and monitoring of targets.

When all three levels of program planning and delivery are functioning optimally, there will be added value and improved outcomes. This requires a bottom up and top down approach, bringing together frontline knowledge and central expertise to develop solutions.

We have 5 recommendations to make regarding potential changes to the structure of public health that would address this vision:

1.1. Negotiate boundaries for a local public health agency with an optimal size of 300,000 to 500,000 (Mays et al., 2006) that reflects a community of interests and recognizes the rights and interests of First Nations.
1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.
1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.
1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).
1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.

Improving food systems to address food security is an example of public health work that requires coordination and support from multiple provincial ministries and local partners.

Section 2: Program Delivery

Public health is an investment that prevents future costs and contributes to creating a healthy and productive population. The formal public health system does much more than deliver services. Through strong partnerships at all levels, public health builds community capacity and influences health outcomes through built environment and policy changes. To achieve optimal efficiency and effectiveness, resources need to be invested wisely with actions taken at the appropriate level (provincial – regional – local) and support systems and evidence-based resources must be readily available.

As planning at the provincial, regional and local levels occur, through the system noted above, areas of work such as communications, technology, staff development, continuous quality improvement, knowledge translation and risk management can be optimised through improved alignment with the avoidance of duplication of effort. In addition to the provincial and regional planning tables, ongoing support for existing and potential communities of practice, constituent groups and provincial task groups will create a stronger and more coordinated local system.

Provincially-developed communication campaigns and tools can significantly reduce duplication. These need to be developed with local input and local adaptability with recognition that target audiences and media vehicles vary significantly from community to community. There are, however, significant opportunities with tools such as a common evidence-based website, provincial and regional market research and polling data, and common branding. Common technology platforms provide an opportunity for reduced duplication as well as the improved ability to share and compare data across the system.

To deliver high quality programs, staff at each LPHA must have the appropriate competencies. Organizational leaders (including governors), frontline and back office staff must have core public health competencies and specialized knowledge and skills to meet the provincial standards and requirements. Standards for staffing of

Teaching food skills in PPH's Community Kitchen supports better nutrition for families, preventing hallway health care.

LPHAs should be established with consideration for balancing the benefits of specific disciplines, the core competencies required and adequate flexibility at the local level to their own context.

Ongoing support to maintain and further develop competencies should be supported at the provincial and regional level. Existing provincial agencies (including but not limited to PHO) should be leveraged to respond to priorities and needs. These agencies can also act as resource leads for key areas to support the broader public health system.

Provincial priority setting will enhance alignment and focus at all levels of implementation. This should not, however, supersede the Ontario Public Health Standards and expectations for local flexibility. The Annual Service Plan process should be used to set expectations for provincial priorities and ensure a minimum level of service across all areas of the public health mandate.

Healthy Smiles Ontario provides dental care to low-income children. It used to be 100% funded by the Province, and is now part of the 70-30 provincial-municipal cost-shared budget.

Relationships with Indigenous communities should be retained as a core requirement, with recognition that knowledge keepers within these communities have a great deal to teach us and that relationships are built on trust, self-determination and that each community is unique.

We make 5 recommendations to improve the delivery of services:

2.1 Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
2.2 Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
2.3 Ensure local financial contributions are reflective of municipalities' abilities to pay.
2.4 The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
2.5 The local delivery of public health programming should include:
- Community engagement in design and delivery;
- Nurturing of local relationships with delivery partners;
- Supporting local decision makers with healthy public policy;
- Program delivery which encompasses consistent local staffing;
- Promotion of provincial policy development based on local needs and issues;
- Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
- Ensuring the social determinants of health are a lens through which local policies are developed; and,
- Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.

Section 3: Implementation

The process for implementation of the recommended changes to system and delivery models is equally important to success. Change management principles should be applied with the appropriate support and time to implement. Changes to health unit boundaries and formation of new organizations and regions requires financial support and will benefit from the learnings of past experiences within public health and beyond. Advice and best practices should inform timelines and keys to success.

The resulting system of local public health agencies, regional groupings and strengthened provincial coordination and support systems will require adequate resources to achieve expected outcomes. At the local level, a cost-shared model for public health continues to be accepted as the most appropriate model. There must be recognition, however, of the limited capacity the varied obligated municipalities have to fund beyond existing levels. This varied ability to pay has historically and could continue to create a disparity in service levels across the province. A funding formula needs to be created that will ensure a sustainable delivery of public health service without undue pressure on obligated municipalities.

PPH's 50-year+ partnership with Curve Lake First Nation is an important asset moving forward in modernizing public health.

PPH benefits from a partnership with Curve Lake and Hiawatha First Nations that goes back over 50 years and predates the current HPPA Section 50 language. Modernization of public health presents an opportunity to strengthen First Nation engagement and the process of reconciliation. This requires the active participation and leadership of First Nation communities, as well as that of the federal government.

PPH has 4 recommendations to offer on implementation:

3.1. Provide sufficient time to implement any proposed changes.
3.2. Build on best practices learned from past amalgamations.
3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
3.4. Implement changes using an integrated and comprehensive approach.

Conclusion

As an autonomous board, Peterborough currently has strong relations with both funders and stakeholders. The board has had representation from Curve Lake First Nation (CLFN) and Hiawatha First Nation (HFN) since 1968. We wish to retain our "autonomous", or independent, board structure with meaningful representation from all three categories of funding partners: municipal, Indigenous and provincial.

We do not believe a one-size-fits-all approach to board governance is necessary, or even recommended, for the maximization of local public health benefits. For example, on the topic of the built environment, which is a powerful determinant of illness and health, some of the most ground-breaking work in Ontario has been done by health departments that are integrated into regional councils. We see the variability in governance models as a strength that can benefit us all. As long as provincial requirements for governance are clearly articulated and diligently met, the sector can be stronger.

The 2017 Auditor General's report called for a provincial strategy to reduce and prevent chronic disease.

By amalgamating smaller public health units like PPH to achieve a minimum target population of between 300,000 and 500,000 (Mays et al., 2006), which is supported by evidence, all local boards of health should have the capacity required to ensure consistent and uninterrupted provision of service. Amalgamating with neighbouring boards to achieve a population of this size would represent a doubling of our current capacity and staff size. We caution that any amalgamated health units not become so large as to compromise access, efficiency, representative governance and the possibility of a shared logical cohesive identity for participating municipalities and First Nations.

Peterborough has benefited from the contributions of PHO and we wish to see these continue and grow, both provincially, as well as in the field. As our technical and scientific arm, having PHO advise and assist all levels of a modernized public health system makes sense.

The Ministry, PHO and other public health leaders in the province have the potential to improve coordination and establish clear provincial priorities through assessment of provincial data and weighing needs against potential impact and appropriateness of action by the public health sector. Provincial planning tables should bring together representatives from the field with key provincial stakeholders on a regular basis to establish strategic directions and to set provincial and regional targets. In addition to a priority setting and coordination table at the provincial level, there will be a need for issue-based planning groups to be established that can facilitate development of more detailed provincial plans and engage the field to facilitate implementation.

The 2017 Auditor General's report identified duplication, inconsistencies and lack of coordination in the

efforts to reduce and prevent chronic disease. We agree with recommendations for a provincial strategy, provincial goals and targets that would be applicable to all partners across both the health care sector and public health, were applicable.

Since the Auditor General's report was released, public health's mandate, the Ontario Public Health Standards (OPHS), has been modernized. PPH supports the recommendations of the Standing Committee on Public Accounts which calls for greater coordination by the Ministry of Health. We believe this could occur as a result of establishing provincial goals and targets for chronic disease and injury prevention, which could then be reflected and established locally, across health, municipal and public health sectors. As described in the section above, provincially-developed priorities and strategies will be most successful when the field is engaged in the process and the strategies allow for enough variability to accommodate the needs of each local health unit.

PPH supports establishing provincial goals and targets for chronic disease and injury prevention.

The modernized OPHS is currently implemented through provincial approval of the Annual Service Plan (ASP) for each LPHA. The ASP established accountability to ensure that local planning is based on local needs and resources are allocated appropriately to meet minimum requirements and address local needs. This accountability process is still relatively new and evolving, but presents an opportunity for integrating provincial priority setting with local implementation. By adjusting the timing for submissions, and appropriate direction from the Province, these submissions can provide accountability for setting delivery targets for provincial priorities and demonstrating need and appropriate action for local priorities. In doing so, this will preserve the split between "standardized" and "locally-flexible" program areas within the OPHS, but set expectations for areas of flexible programming where there is a clear provincial priority.

Following SARS, 103 recommendations were made and many were implemented, including a shift in provincial/municipal funding to 75/25 provincial/municipal funding formula. In its January 2019 Compendium of Municipal Health Activities and Recommendations, the Association of Municipalities of Ontario (AMO) requested that a forum be established to "guide policy, funding, and planning decisions concerning local public health delivery". Peterborough respectfully requests that the AMO recommendations be considered at this time of modernization. Funding of public health is important because without adequate funding, programs and services will be eroded. PPH is concerned that the new funding formula, which now has local funders paying for 30% of all Ministry of Health-funded public health programs, with the exception of the newly announced Seniors Dental Care Program, is not affordable, sustainable, or fair.

In conclusion, Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

We are all Treaty people.

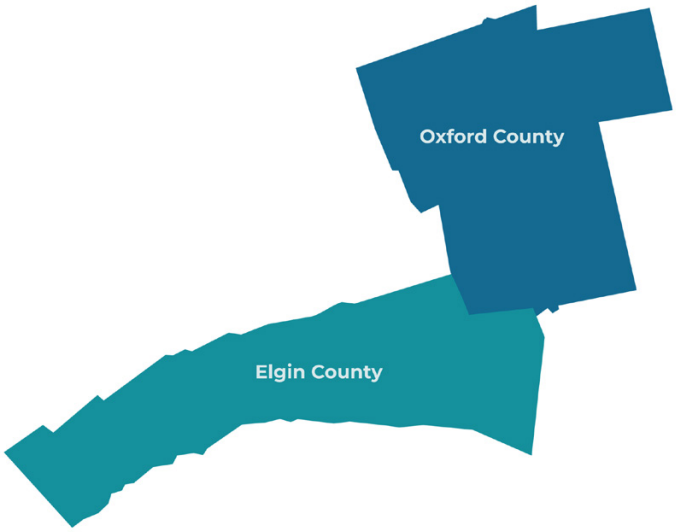
Aerial view of Rice Lake and the surrounding area.

Public Health Modernization Consultation

Southwestern Public Health
Oxford • Elgin • St.Thomas

Southwestern Public Health (SWPH) is excited about the Ministry of Health's review of the public health sector. We know that the Ministry values the important role that public health plays in helping Ontarians achieve optimal health and well-being.

Southwestern Public Health takes this opportunity to provide the Ministry with some key points for consideration as it modernizes public health. SWPH is in a unique position to participate in this consultation, not only because of its value in the communities that it serves, but also because of its recent amalgamation. We see benefits and challenges with the latter and we are pleased to share these in the spirit of assisting the Ministry in making needed changes in the system.



STRENGTHS OF PUBLIC HEALTH

Maintain the strengths in the existing public health system:

- Local presence that supports deep and diverse partnerships with municipalities, schools, community and social agencies; engagement with community leaders; for example, the Community Leaders' Cabinet and Healthy Communities Partnership
- Comprehensive models of care delivery ranging from disease prevention (e.g. safe water) to health protection (e.g. vaccination) to health promotion (e.g. walkability)
- Legislative authority under the HPPA that supports ability to protect and promote the health of the public
- Access to support of Public Health Ontario for clinical decision-making, evidence-informed decision-making, coordination of response to public health outbreaks, laboratory services
- Programs and services that meet a range of local client needs be they individuals, families, communities, priority populations, the system. Cradle to grave programs and services that support communities (e.g. the environment) and people to be healthier
- Programs and services that focus more resources on areas of greater need and groups of people who face the greatest challenges getting what they need to be healthy
- Programs and services that always include interventions that will support the community to be healthier. Even individual health interventions benefit the community e.g. vaccinating individuals contributes to building population immunity which protects everyone

LOCAL VERSUS PROVINCIAL

There are opportunities to strengthen the system by keeping some core functions local and other elements provincially coordinated and/or delivered.

Local (Current Health Unit Region)

- Data-sharing and affiliation agreements
- Planning and implementation of programs and services according to the Ontario Public Health Standards and local needs
- Customization/targeting of provincial responses to align with needs of priority populations
- Daily management of human resources, communications, finance, facilities and information technology services
- Emergency preparedness and response work with municipalities and first responders

Provincial

- Strategy and system design work in the areas of communications, procurement, information technology such as Electronic Medical Record development, databases to support program/service delivery, development of communications platforms, etc.
- Planning and oversight of specific elements of Human Resources, Communications, Finance and IT Support through best practices and resources e.g. workplace violence assessments, software maintenance, support and template creation
- Aspects of Foundational Standards, specifically population health assessments, evaluation, continuous quality improvement planning, performance measurement
- Healthy public policy initiatives
- Mandating a health-in-all policies approach across provincial Ministries
- Health education campaigns such as "Rethink Your Drink"
- Work of provincial associations like Ontario Public Health Association (OPHA) and Association of Local Public Health Agencies (alPHa) that unite public health units around shared issues and support advocacy beyond the public health system
- Expertise provided by Public Health Ontario that assists local planning and program/service delivery, evidence-informed decision making

PUBLIC HEALTH'S CONNECTION WITH THE HEALTH SECTOR AND BEYOND

While public health is not about the care of sick people, it needs to maintain and strengthen its connections with other sectors to achieve optimal health and wellbeing for all.

Public health has had significant success:

- Collecting, analyzing, and sharing local data with local partners
- Connecting with diverse groups of stakeholders. We work beyond the health care system to build a healthier society in partnership with others including government, non-government and citizen organizations
- Working with local Ontario Health Teams to develop these new entities in our communities
- Actively participating in citizen organizations at a local level e.g. Bridges Out of Poverty
- Participating in municipal planning and local initiatives i.e. age friendly strategy, walkability work, access to affordable public transit
- Forming relationships with priority populations and those involved in supporting them e.g. Low German-speaking Mennonites

How to better connect?

- Legislated cooperation with other sectors would assist significantly in our efforts to build a healthier society (e.g. reciprocal data-sharing with school boards that would provide us with better understanding of students' health needs and allow us to design and implement more tailored programs and services)
- Leverage technology to bridge rural and regional boundaries (e.g. video conferencing for internal meetings, community partner meetings)

BOUNDARIES/LEADERSHIP/GOVERNANCE

There are several previous Ministry reports that discuss this area. It is recommended that:

- Any Health Unit mergers be based in part on consideration of shared core attributes that they share (e.g. rural/urban/mixed)
- 100,000 – 500,000 population is ideal to achieve optimal public health performance
- Multimillion-dollar agencies require both a CEO position and a MOH position given they perform different functions and they require different competencies and qualifications
- Autonomous boards of health are optimal for governance allowing the Health Unit's sole focus to be on public health priorities
- "Pay for Say" – Contributing municipalities are represented within the boards of health based on their municipal levy percentage
- If a different model is chosen by the Ministry that doesn't have "pay for say," consider a new funding model that has public health 100% provincially funded

THE BENEFITS AND CHALLENGES OF AMALGAMATIONS

SWPH is in a unique position to offer its thoughts on the benefits and challenges of public health amalgamations given its recent experience.

Benefits

- Voluntary mergers that naturally make sense are much more effective and efficient than involuntary mergers
- Realized cost savings over time
- Increased capacity in program and services area as well as administrative areas
- Innovation and resetting of static ideas and approaches to organizing the work
- Sharing and expansion of best practices as diverse experiences inform program and service design and delivery

Challenges

- Change fatigue of staff and board is real
- Increased money and time required upfront to save money and time down the road
- Mergers are hard work. Greater energy, time and financial investment is needed initially at the administrative level (systems development, strategic direction, policies and procedures, organizational culture development, amalgamation of collective agreements) leaving less of these resources available to support program and service delivery, ongoing organizational culture development
- New local relationship development is time and resource intensive yet necessary for program and service success
- The bulk of the hard work happens after the merger and can take years to yield results (e.g. culture change)

SOUTHWESTERN Public Health
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VISION

Healthy people in vibrant communities.

MISSION

Leading the way in promoting and protecting the health of people in our communities, resulting in better health for all.

VALUES

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Collaboration
Accountability
Quality
Equity

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Association of Local Public Health Agencies
Speaking Points
Standing Committee on Finance and Economic Affairs
Re: 2020 Ontario Budget
Friday, January 17, 2020

- Good afternoon, Chair and Members of the Standing Committee on Finance and Economic Affairs.

- I am Dr. Eileen de Villa, Vice-President of the Association of Local Public Health Agencies, better known as alPHa, and Toronto's Medical Officer of Health and with me is Loretta Ryan, alPHa's Executive Director.

- alPHa represents all of Ontario's 34 boards of health and medical officers of health (MOHs).

- As you may know, in essence, the work of public health is organized in the Ontario Public Health Standards as follows:

    - Chronic Disease Prevention and Well-Being
    - Emergency Management
    - Food Safety
    - Health Equity
    - Healthy Environments
    - Healthy Growth and Development
    - Immunization
    - Infectious and Communicable Diseases Prevention and Control
    - Population Health Assessment

- Safe Water
- School Health
- Substance Use and Injury Prevention

- Last January, in the alPHa Pre-Budget Submission, alPHa noted that:

  - Public Health is on the Front Line of Keeping People Well
  - Public Health Delivers an Excellent Return on Investment
  - Public Health is an Ounce of Prevention that is Worth a Pound of Cure
  - Public Health Contributes to Strong and Healthy Communities
  - Public Health is Money Well Spent

- Furthermore, alPHa recommended that:

  - The integrity of Ontario's public health system be maintained
  - The Province continue its funding commitment to cost-shared programs
  - The Province make other strategic investments, including in the public health system, that address the government's priorities of improving services and ending hallway medicine

- As regards to this last point, Public Health's contribution to ending hallway medicine is summarized in alPHa's Public Health Resource Paper .

- Despite this advice, the 2019 Ontario Budget announced that the Government would be changing the way the public health system was organized and funded.

- On October 10, 2019, Ontario named Jim Pine as its Advisor on Public Health (and Emergency Health Services) consultations.

- Subsequently, on November 18, the Ministry of Health launched renewed Public Health consultations and released a Discussion Paper.

- alPHa was pleased with these recent announcements and has been fully engaged with the consultation.

- For example, on November 15, alPHa released a Statement of Principles respecting Public Health Modernization.

- On a funding note, as was reported by alPHa on September 11, the Ministry of Health confirmed the cost-sharing formula for public health will change to 70% provincial/30% municipal to be applied to almost all mandatory public health programs and services.

- That said, as the Premier announced on August 19 at the AMO Conference, and which alPHa welcomed, municipalities would be receiving one-time transitional funding to limit the increase in costs borne by municipalities in 2020 to no more than 10%.

- Despite this, many boards of health have reported that they have had to draw on their reserves to ease the financial burden that this decision has placed on their obligated municipalities .

- A more positive announcement in the 2019 Ontario budget was the decision to proceed with a new 100% provincially funded, public health unit delivered Ontario Seniors Dental Care Program (OSDCP), which was officially launched on November 20.

- alPHa believes that a modernized, effective and efficient public health system that is adequately resourced is needed more than ever.

- alPHa agrees, for example, with the Standing Committee on Public Accounts Report about the importance of addressing key chronic disease risk factors such as physical inactivity, unhealthy eating, alcohol consumption and

tobacco use of which the attributable burden of illness places huge demands on the health care system.

- Moreover, in its presentation to the Standing Committee on Social Policy, alPHa warned about the unforeseen consequences of the legalization of cannabis and the promotion of vapour products, such as e-cigarettes and other similar products.

- Finally, as the Office of the Chief Medical Officer of Health has recently noted, the Public Health Agency of Canada is tracking a novel coronavirus outbreak in Wuhan, China; as our experience with SARS demonstrated, infectious diseases "know no borders".

- With all the foregoing in mind, alPHa respectfully recommends the following:

    - Led by Ontario's Advisor, the Ministry of Health continue to pursue meaningful consultations with key stakeholders, including alPHa, respecting Public Health Modernization
    - Any changes to the public health system be implemented in accordance with alPHa's Statement of Principles and pending response to the Public Health Modernization discussion paper
    - The public health system receives sufficient and sustainable funding to address population health needs
    - Ontario preferably restore the previous provincial-municipal cost-sharing (75/25) formula for Public Health and, at the very least, make no further changes to the current (70/30) formula
    - Ontario continue to invest in Public Health operations and capital, including 100% funding for priority programs, such as OSDCP

- Thank you for your attention. We would be pleased to answer any questions.

Elizabeth Milne

From: Gordon Fleming <gordon@alphaweb.org>
Sent: Monday, January 20, 2020 3:35 PM
To: All Health Units
Subject: Newsroom : Deputy Premier and Minister Christine Elliott's Speech at the 2020 Rural Ontario Municipal Association's Annual Conference

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
SENIOR MANAGERS, ALL PROGRAMS
****

Please find herein and link to the Minister of Health's remarks from today's ROMA conference. Comments on the current Public Health Modernization process are included.

Deputy Premier and Minister Christine Elliott's Speech at the 2020 Rural Ontario Municipal Association's Annual Conference

https://news.ontario.ca/mohltc/en/2020/01/deputy-premier-and-minister-christine-elliotts-speech-at-the-2020-rural-ontario-municipalities-assoc.html

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
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Toronto ON M5G 1V2
416-595-0006 ext. 223

Elizabeth Milne

From: Susan Lee <susan@alphaweb.org>
Sent: Monday, January 20, 2020 2:22 PM
To: All Health Units
Subject: 2020 alPHa Annual General Meeting & Conference - Notice & Calls

PLEASE ROUTE TO:

All Board of Health Members / Members of Regional Health & Social Services Committee
All Senior Public Health Managers
****

alPHa will be holding its 2020 Annual General Meeting and Conference on June 7, 8 and 9 at the Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario.

Click on the link below to download the following conference-related documents:

- Notice of the 2020 alPHa Annual General Meeting
- Call for 2020 alPHa Resolutions (if submitting, click here for a Word template for drafting a resolution)
- Call for 2020 alPHa Distinguished Service Awards
- Call for Board of Health Nominations to the 2020-21 and 2021-22 alPHa Board of Directors.

June 2020 alPHa AGM Notice and Calls

Further details on registration and program will be available in the coming weeks, so please stay tuned!

Regards,

Susan Lee
Manager, Administrative and Association Services
Association of Local Public Health Agencies (alPHa)
480 University Avenue, Suite 300
Toronto ON M5G 1V2
Tel: (416) 595-0006 ext. 225
Email: susan@alphaweb.org
Visit us at www.alphaweb.org

Please note our address and phone extensions have changed

Elizabeth Milne

From: Susan Lee <susan@alphaweb.org>
Sent: Wednesday, January 22, 2020 1:19 PM
To: All Health Units
Subject: alPHa Information Break - January 22, 2020

PLEASE ROUTE TO:

All Board of Health Members / Members of Health & Social Services Committees

alPHa
Association of Local PUBLIC HEALTH Agencies

Information Break

January 22, 2020

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence and events.

Update on Public Health Modernization

Thank you to the health units that sent in their responses to the provincial discussion paper on public health modernization to alPHa. As previously announced, the Association is collating this information to develop a formal response to the Ministry of Health consultation on public health modernization. alPHa's response will reflect the common themes and top priorities identified by the local public health sector. It is not intended to replace, but will be in addition to the individual submissions by health units, who are encouraged to share their feedback directly with the Ministry.

A copy of the finalized alPHa submission will be circulated when it becomes available within the next two weeks. Please stay tuned.
Visit alPHa's Public Health Modernization web page
Go to the Ministry of Health's public health consultations website

This week, members and alPHa staff attended the annual conference of the Rural Ontario Municipal Association (ROMA) where Ministry officials provided an update on the consultations on public health modernization and emergency health services. Click the link below to learn more.
Download the Ministry of Health update on consultations at ROMA

On January 17, Dr. Eileen de Villa, alPHa Vice President, made a deputation before the Standing Committee on Finance and Economic Affairs in pre-budget hearings.
Read Dr. de Villa's speaking notes and the Committee transcript

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Registration Open for Winter 2020 Symposium & Section Meetings

Registration is now open for alPHa's Winter 2020 Symposium and Section Meetings. These events will be held respectively on February 20 and 21 at the Central YMCA in downtown Toronto. A great program has been planned, including a leadership workshop led by Tim Arnold of Leaders for Leaders and a consultation session with Ministry of Health representatives on public health modernization, among other sessions. Members are advised to book their hotel accommodations now, if they haven't already, at nearby hotels listed on the event page (click link below).
Register here to attend
Visit the Winter 2020 Symposium & Section Meetings page

Members' Corner

Digital Health Update (submitted by Peel Public Health)

The COMOH Digital Health Steering Committee is preparing a response to the Ministry's consultation on Public Health Modernization, which will speak to the following recommendations:

That the province:

- Together with the input of public health units, lead and resource the development and implementation of a province-wide digital public health strategy.
- Strategically invest in the deployment of common digital services and interoperable applications across all pertinent areas of the public health system.
- Prioritize the development of common data standards and terminology and deploy interoperable systems to realize the full benefits and return on investment of digital connectivity, such as integration of public health data with the provincial Electronic Health Record, OLIS and iPHIS,

primary care EMR with the DHIR, workflow efficiencies and improved data quality.
- Ensure legislative and policy changes in digital health includes the priorities and approaches of local public health agencies.

For strength in numbers, we kindly request that alPHa member agencies consider also including these important digital recommendations in your own responses to the consultation. These responses will also be incorporated into alPHa's and COMOH section's overall response to the consultation as well.

Please also stay tuned for information on how to register for a pre-TOPHC workshop on the afternoon of March 24. To be hosted by Public Health Ontario, this event will explore opportunities for improved data governance and developing a province-wide digital strategy for Ontario's public health sector.

Resource on Healthy Built Environments in Ontario - Planning for Health (submitted by Simcoe Muskoka District Health Unit)

Communities designed to improve health are also well designed to mitigate and adapt to climate change. Compact, complete, connected and green communities reduce our collective footprint while making us healthier by increasing walking, cycling and public transit. They can also incorporate features that reduce heat and better withstand adverse weather.

On January 16, Simcoe Muskoka District Health Units released website-based reports on promising practices for the promotion of healthy community design. These were the result of a Locally Driven Collaborative Projection (LDCP) hosted by Public Health Ontario, and overseen by a steering committee with representation from a large number of Ontario health units and other organizations. The study included participation by 32 of Ontario's 35 health units.

Government News Roundup

Council of CMOHs highlights increasing e-cigarette use among Canadian youth - 2020/01/22

Minister of Health speaks at Rural Ontario Municipal Association's conference - 2020/01/20

Council of CMOHs makes statement on sale of new cannabis products entering market - 2020/01/06

Ontario releases Minister's Annual Report on Drinking Water 2019 and 2018-2019 Chief Drinking Water Inspector Annual Report - 2019/12/20

Federal government proposes e-cigarette advertising ban to address rising use among youth - 2019/12/19

Chief Public Health Officer releases 2019 annual report, Addressing Stigma: Towards a More Inclusive Health System - 2019/12/18

Federal health minister makes statement on sale of new cannabis products - 2019/12/17

Ontario launches new public consultation on poverty reduction strategy - 2019/12/16

Prime Minister releases new mandate letters for ministers - 2019/12/13

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alPHa's New Address

In case you missed the announcement, alPHa relocated its office in December to 480 University Avenue, Suite 300, Toronto ON M5G 1V2. E-mails and phone numbers remain the same; however, our extensions are now three digits --a '2' has been added to the beginning of our previous extensions. Please update your records accordingly.

Upcoming Events - Mark your calendars!

Winter 2020 Symposium/Section Meetings - February 20 & 21, 2020, Central YMCA, 20 Grosvenor St., Toronto. Register **here** before the February 13 deadline. View the draft program.

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. Register here. Early bird registration ends February 12, 2020.

June 2020 Annual General Meeting & Conference - June 7-9, 2020, Chestnut Conference Centre, 89 Chestnut St., Toronto. View the notice and calls.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

Peterborough Public Health

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peterboroughpublichealth.ca

January 22, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Sent via e-mail: ***Christine.elliott@pc.ola.org***

Dear Minister Elliott:

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received correspondence from Public Health Sudbury & Districts (enclosed) regarding e-cigarette and aerosolized product prevention and cessation.

Foremost, we wish to congratulate the Ministry for the recently announced changes to the *Smoke-Free Ontario Act* that, effective January 2020, ban the promotion of e-cigarettes/vapour products in corner stores and gas stations. The Board of Health for Peterborough Public Health also urges **the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment program of youth cessation and public education.**

The previous Smoke-Free Ontario Strategy, released in May 2018, provided an updated framework for tobacco control, guiding direction across the province on tobacco prevention, cessation, protection and enforcement. Considering the increase in use of vapour products and the ongoing prevalence of tobacco use impacting the lives of Ontarians, it is a critical in this time of public health modernization for the Ministry of Health to develop a new comprehensive tobacco and e-cigarette strategy.

A greater proportion of the Peterborough population 12 years and older are currently smoking (2013/2014) compared to both the province and the Peer Group, at 27.0%, 17.3%, and 20.6% respectively.[1] These rates have the potential to increase with 24.1% of Peterborough area students in grades 9 to 12 trying electronic cigarettes.[2] Further to this, Professor David Hammond of the University of Waterloo, found that among Ontario youth 16-19 years old, vaping increased by a stunning 74% from 2017 to 2018, from 8.4% to 14.6%.[3]

The recent rise in youth addiction to vaping products seen in local secondary schools and requests for prevention supports in elementary schools, speak to the current situation and the need for a coordinated and comprehensive tobacco and e-cigarette strategy to improve the health of Ontarians and stay on course for achieving the lowest smoking prevalence rates in Canada.

We look forward to working with the Ministry and local partners to develop and implement a comprehensive tobacco and e-cigarette strategy that will ultimately protect the health of all Ontarians.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
Hon. Doug Downey, Attorney General of Ontario
France Gélinas, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Peterborough County-City Health Unit (2016). Tobacco Use in Peterborough: Priorities for Action Peterborough, ON: Beecroft, K., Kurc, AR.

[2] During the 2014/2015 school year, the Peterborough County City Health Unit (PCCHU) collected data on 1,358 students at six (out of nine) different secondary schools across Peterborough with support from the Propel Centre for Population Health Impact at the University of Waterloo. This represents approximately 15% of the population 15 through 19 according to Statistics Canada's 2011 Census. Source: University of Waterloo. Canadian Student Tobacco, Alcohol, and Drugs Survey. Available: https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about

[3] Hammond, D., Reid, J., Rynard, V., Fong, G., Cummings, K.M., McNeill, A., Hitchman, S., Thrasher, J., Goneiwicz, M., Bansal-Travers, M., O'Connor, R., Levy, D., Borland, R., White, C. (2019) Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *British Medical Journal* 365:l2219.

Public Health
Santé publique
SUDBURY & DISTRICTS

December 3, 2019

VIA EMAIL

The Honourable Christine Elliott
Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

Re: E-Cigarette and Aerosolized Product Prevention and Cessation

On behalf of the Board of Health for Public Health Sudbury & Districts, I am very pleased to convey our congratulations on your recent decision to protect Ontarians by banning the promotion of vapour products in corner stores and gas stations. This is an important first step in reducing exposure and accessibility to vapour products and working toward improving the health of Ontarians.

By the enclosed resolution, the Board of Health further urges the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education.

Minister, we recognize that your Ministry is committed to establishing a patient centered system for health, and to ensuring system sustainability for Ontarians now and into the future. To this end, we strongly endorse that any vaping strategy is firmly grounded in the connect between vaping and tobacco use.

As you are aware, although vaping is not without risk, tobacco causes nearly 16 000 deaths per year[i] and costs Ontario nearly $7 billion ($2.7 billion direct health care, $4.2 billion indirect costs) annually.[ii] Cigarettes are known to be toxic and cause cancer, lung, and heart disease when used as intended[iii] and nearly one in five Ontarians continue to smoke[iv]. Reducing supply and exposure to products must be part of the system sustainability goal. This holds true for tobacco and anything that may

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promote or normalize its use, such as vaping. Below, we are sharing a compelling infographic developed by Public Health Sudbury & Districts to convey this important message to our publics.

Thank you again for your leadership in the protection of youth from the risks of vaping. We urge you to consider in your next steps the linkages between vaping and tobacco and develop a comprehensive tobacco and e-cigarette strategy. Please know that the Board of Health for Public Health Sudbury & Districts is a committed local partner in this important work.

Sincerely,

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

Enclosures (2)

cc: The Honourable Doug Ford, Premier, Minister of Intergovernmental Affairs
All Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable Jamie West, MPP, Sudbury
The Honourable France Gélinas, MPP, Nickel Belt
The Honourable Michael Mantha, MPP, Algoma-Manitoulin
Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Constituent Municipalities within Public Health Sudbury & Districts
The Honourable Doug Downey, Attorney General of Ontario

[i] Ministry of Health and Long-Term Care. (2018, May 3) Minister of Health and Long-Term Care. Letter. Smoke-Free Ontario Strategy.

[ii] CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2019). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

[iii] Health Canada. (2019). Smoking, vaping and tobacco. Retrieved from https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html

[iv] Ministry of Health and Long-Term Care. (2018). Smoke-Free Ontario: The Next Chapter – 2018. Toronto: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/SFO_The_Next_Chapter.pdf

The need for a comprehensive tobacco and e-cigarette strategy

The **rapid** proliferation of e-cigarette use is fuelling mass recruitment of new consumers by an established industry, which profits from nicotine addiction.

Many e-cigarette users are **unaware** of the potential harms of regular or occasional use. There is evidence that e-cigarette use **increases youth uptake of tobacco**.

Tobacco continues to kill its users and cause cancer, lung and heart disease, and grips 1.8 million Ontarians daily.

Ingredients of a **comprehensive tobacco and e-cigarette strategy** include cessation, prevention (denormalization, education, taxation), and protection (enforcement, controls, regulations).

In time, e-cigarettes may be proven to help people quit smoking. What's the message to everyone else?

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

Public Health
Santé publique
SUDBURY & DISTRICTS

December 2019

Moved by Hazlett - Thain
Approved by Board of Health for Public Health Sudbury & Districts, November 21, 2019

48-19 E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian youths and 10% of local youths reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

CARRIED WITH FRIENDLY AMENDMENTS

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On January 16, 2020, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Children Count Pilot Project. WECHU's resolution as outlined below recognizes that the Children Count Pilot Study Project, Healthy Living Module, is a feasible approach to fulfil local, regional and provincial population health data gaps for children and youth:**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT – Children Count Pilot Project

January 16, 2020

ISSUE

The behaviours initiated in youth create a foundation for health through the life course (Toronto Public Health, 2015). Supporting student achievement and improving overall quality of life for children and youth is a priority shared across multiple sectors, including health and education. Both the Ministry of Health and the Ministry of Education have identified the importance of this stage of development through the Ontario Public Health Standards (OPHS) and the Ontario Curriculum (2019), and the interrelationship between health, well-being and educational outcomes. Collecting, analyzing and reporting data at the local level is essential for the planning, delivery and evaluation of effective and efficient services that meet the unique needs of students and ensure the responsible public stewardship of the resources allocated to these services (Windsor-Essex, 2017). The lack of a coordinated provincial system for the assessment and monitoring of child and youth health that meets local needs has been the focus of many reports, including the 2017 Annual Report of the Ontario Auditor General. The Auditor General's report identified that children are a public health priority population and that epidemiological data on children are not readily available to public health units for planning and measuring effective programming (Office of the Auditor General of Ontario, 2017).

In the initial report, Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units (Populations Health Assessment LDCP Team, 2017), public health units and school boards identified a need for local data related to mental health, physical activity and healthy eating for school-aged children and youth. In 2017, the Children Count Locally Driven Collaborative Projects (LDCP) Team convened a Task Force of leaders in education, public health, research, government and non-governmental organizations to explore solutions and make recommendations for improving assessment and monitoring of child and youth health. The Task Force recommendations have been endorsed by many organizations including the Council of Directors of Education (CODE) and Council of Medical Officers of Health (COMOH). In their report, the Children Count Task Force (Children Count Task Force, 2019) recommended building on existing infrastructure by using the Ministry of Education's mandated school climate survey (SCS). The SCS provides population level data for children and youth grades 4 to 12 and represents a significant opportunity to understand local health needs of students.

BACKGROUND

In follow up to this previous work, the Children Count LDCP Team, with a renewal grant from Public Health Ontario (PHO), embarked upon The Children Count Pilot Study Project. The Children Count Pilot Study began in December 2017 with the goal to explore the feasibility of coordinated monitoring and assessment of child and youth health, utilizing the SCS, to address local health data gaps. This provincial project included six school board and public health unit pairings who developed and piloted a Healthy Living Module (HLM) as part of the school board's SCS. The HLM covered the topics previously prioritized of mental health, healthy eating, and physical activity.

The objectives of the Pilot Study were:

1. To work collaboratively to develop a HLM for the SCS;

2. To pilot test and evaluate the applicability and feasibility of the partnership between public health units and school boards in coordinated monitoring and assessment utilizing the SCS; and

3. To develop a toolkit for implementation of coordinated monitoring and assessment for health service planning using the SCS for child and youth health in Ontario.

Using a Participatory Action Research (PAR) model, the steering committee (comprised of school board and public health leadership), worked together to build the HLM. The HLM was successfully integrated into the SCS led by participating school boards. Collaboratively school boards and local public health units analyzed and interpreted the results for knowledge sharing and planning.

The HLM enriched each school boards' SCS and identified areas for further work to support student health and well-being. The process of piloting the HLM with multiple and diverse school boards using different methods demonstrated that the overall process of coordinating a HLM into the SCS is feasible and adaptable to suit local needs while still enabling consistency in data across regions. The Children Count Pilot Project captured the process and lessons learned in their final report (December 2019) as well as developed the *Children Count Pilot Study Project: Healthy Living Module Toolkit* as a guide for school boards and health units across the province.

PROPOSED MOTION

Whereas, boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends over time, 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 Pilot Study Project, Healthy Living Module is a feasible approach to fulfill local, regional and provincial population health data gaps for children and youth, and

Now therefore be it resolved that the Windsor-Essex County Board of Health receives and endorses the Healthy Living Module, and

FURTHER THAT, the Windsor-Essex County Board of Health encourage the Ministry of Health and the Ministry of Education to adopt the Healthy Living Module as part of the Ontario Public Health Standards and the Ontario School Climate Survey.

References

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

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

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Terry Lyons
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis, Dave Epp

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..\..\2020 BOARD MEETINGS\01-JANUARY 16-20\RESOLUTION\Children Count Pilot Study Toolkit ENG 2019.pdf

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

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Leamington 33 Princess Street, Leamington, ON N8H 5C5

January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On December 18, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Healthy Smiles Ontario Funding. WECHU's resolution as outlined below recognizes the growing need, and increase in dental decay, among vulnerable children in Windsor-Essex and existing barriers to access to care. The WECHU recommends that HSO retain its current funding and structure as 100% funded, merging it with the Ontario Seniors Dental Care Program to be a comprehensive dental care program for vulnerable children and seniors in Ontario:**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT – Healthy Smiles Ontario Funding

December 19, 2019

ISSUE

Healthy Smiles Ontario (HSO) is a publically funded dental care program for children and youth 17 years old and under from low-income households. The Ministry of Health introduced HSO in 2010 as a 100% provincially funded mandatory program for local health units, providing $1,529,700 in funding for children in Windsor-Essex (2019). HSO covers regular visits to a licensed dental provider within the community or through public health units.

In April 2019, the provincial government introduced its 2019 Budget Protecting What Matters Most (Minister of Finance, 2019). Following the release of the provincial budget, the Ministry of Health introduced changes to the funding models for health units effective January 2020. The changes in funding for local health units include a change from a 25% municipal share, 75% provincial cost-shared budget for mandatory programs to 30% and 70% respectively. In addition, the Ministry notified health units that formerly 100% provincially funded mandatory programs such as HSO would now share these costs with municipalities at the rate of 30%, a download of approximately $458,910.00 to local municipalities.

BACKGROUND

Oral health is vital to our general health and overall well-being at every stage of life. Most oral health conditions are largely preventable and share common risk factors with other chronic diseases, as well as the social determinants of health, such as income, employment and education, whereby those in the lowest income categories have the poorest oral health outcomes. Approximately 26% of children (0-5 yrs) and 22.6% of children and youth (0-17yrs) in Windsor-

Essex County live in low-income households, compared to 19.8% and 18.4% in Ontario (Windsor-Essex County Health Unit, 2019). Tooth decay is one of the most prevalent and preventable chronic disease, particularly among children. In Windsor-Essex from 2011 to 2016, the number of children screened in school with decay and/or urgent dental needs increased by 51%. Tooth decay is also the leading cause of day surgeries for children ages one to five. The rate of day surgeries in Windsor-Essex in 2016 was 300.6/100K compared to 104.0/100K for Ontario, representing a significant cost and burden to the healthcare system (WECHU Oral Health Report, 2018). For children, untreated oral health issues can lead to trouble eating and sleeping, affect healthy growth and development, speech and contribute to school absenteeism.

In 2016, the MOHLTC integrated six publicly funding dental programs into one 100% funded program, providing a simplified enrolment process and making it easier for eligible children to get the care they need. The HSO program was part of Ontario's Poverty Reduction Strategy commitment to build community capacity to deliver oral health prevention and treatment services to children and youth from low-income families in Ontario. Windsor-Essex Health Unit operates two dental clinics, one in Windsor and one clinic in Leamington. The WECHU provides preventative and restorative services with a team of registered dental hygienists, general dentists and a pediatric dentist. There is about a six-month wait list for services in our current clinics. The number of preventative oral health services provided through the WECHU dental clinics has increased year over year from 1,931 in 2011 to 7,973 in 2017 (WECHU Oral Health Report, 2018).

Community dentists are not required to take patients under the Healthy Smiles Ontario program which can create barriers to accessing services. Changes to the funding model for HSO will not affect the services provided by local dentists and is only applied to local health units. Mixed model funding for public health units and private fee-for-service dental providers, poses a risk to the delivery of the HSO program in Ontario. Based on the data and analysis in the 2018 Oral Health report, the Windsor-Essex County Health Unit proposed recommendations to improve the oral health status in Windsor-Essex including: Improve access to oral health services within Windsor-Essex and advocate for improved funding for oral health services and expansion of public dental programs such as Healthy Smiles Ontario to priority populations. Given the growing urgent need and increase in dental decay among vulnerable children in Windsor-Essex and recognizing the existing barriers to access to care, the WECHU recommends that HSO retain its current funding and structure as 100% funded, merging it with the Ontario Seniors Dental Care Program to be a comprehensive dental care program for vulnerable children and seniors in Ontario.

PROPOSED MOTION

Whereas the WECHU operates a dental clinic in Leamington and Windsor for HSO eligible children with wait times for services exceeding 6 months, and

Whereas one in four children under five years (26.0%), one in five children under 17 years (22.6%), and one in ten seniors (11.4%) in Windsor and Essex County live in poverty, and

Whereas inadequate access and cost remain barriers to dental care for Windsor and Essex County residents, 23.7% report that they lack dental insurance that covered all or part of the cost of seeing a dental professional, and

Whereas indicators show an overall trend of declining oral health status among children in Windsor and Essex County compared to Ontario, and

Whereas the rate of oral health day surgeries for children in Windsor and Essex County (300.6/100K) far exceeds that of Ontario (100.4/100K), and

Whereas there is an increased difficulty in obtaining operating room time for dental procedures in Windsor-Essex with wait times exceeding 1 year for children in need of treatment, and

Whereas there is a chronic underfunding of the Healthy Smiles Ontario program creating barriers to accessing services among local dentists, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recognizes the critical importance of oral health for vulnerable children and youth, and

FURTHER THAT, urges the Ministry of Health to reconsider its decision to download 30% of the funding of the Healthy Smiles Ontario Program to local municipalities, and

FURTHER THAT this resolution be shared with the Ontario Minister of Health, the Chief Medical Officer of Health, the Association of Municipalities of Ontario, local MPP's, the Association of Public Health Agencies, Ontario Boards of Health, the Essex County Dental Society, the Ontario Association of Public Health Dentistry, the Ontario Dental Association and local municipalities and stakeholders .

References:

Windsor-Essex County Health Unit. (2019). Community Needs Assessment 2019 Update. Windsor, Ontario
Windsor-Essex County Health Unit. (2018). Oral Health Report, 2018 Update. Windsor, Ontario

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Patty Hadju, Minister of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Essex County Dental Society
Ontario Association of Public Health Dentistry
Ontario Dental Association
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis, Dave Epp

KFL&A Public Health

January 28, 2020

VIA: Electronic Mail (Patty.Hajdu@parl.gc.ca)

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

RE: Monitoring of food insecurity and food affordability

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its January 22, 2020 meeting:

THAT the KFL&A Board of Health recommend that the Federal Government

- **commit to annual local measurement of food insecurity in all the provinces and territories by making the Household Food Security Survey Module a core module in the Canadian Community Health Survey, and**
- **update the foods included in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and develop a national food costing protocol.**

FURTHER THAT a copy of this letter be forwarded to:

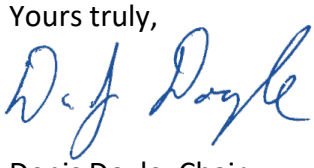
1) **Honourable Christine Elliott, Minister of Health, Ontario**
2) **Honourable Navdeep Bains, Minister of Innovation, Science and Industry**
3) **Mark Gerretsen, MP Kingston and the Islands**
4) **Scott Reid, MP Lanark-Frontenac Kingston**
5) **Derek Sloan, MP Hastings-Lennox and Addington**
6) **Ian Arthur, MPP Kingston and the Islands**
7) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
8) **Daryl Kramp, MPP Hastings-Lennox and Addington**
9) **Loretta Ryan, Association of Local Public Health Agencies**
10) **Ontario Boards of Health**
11) **Mary Ellen Prange, The Ontario Dietitians in Public Health**
12) **Kim Loupos, The Ontario Dietitians in Public Health**

Monitoring food insecurity and food affordability supports KFL&A Public Health in assessing trends over time, identifying community needs and priority populations, supporting and promoting access to safe and healthy food, and informing healthy public policy. Requiring the Household Food Security Survey Module as mandatory rather than optional for provinces and territories would facilitate effective and consistent food affordability surveillance and monitoring.

KFL&A Public Health completes the Ontario Nutritious Food Basket survey tool annually to monitor the cost of healthy food in KFL&A. The National Nutritious Food Basket which serves as the basis for the Ontario Nutritious Food Basket survey tool was last updated using the 2007 Canada's Food Guide. KFL&A Public Health recommends that the Federal Government take leadership in developing a national protocol that would accompany the National Nutritious Food Basket to ensure consistency in monitoring food costing across Canada.

The consistent, systematic and relevant measurement of food insecurity is foundational for measuring and surveilling food insecurity in Canada.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. C. Elliott, Minister of Health, Ontario
Hon. N. Bains, Minister of Innovation, Science and Industry
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac Kingston
D. Sloan, MP Hastings-Lennox and Addington
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
M. E. Prange, The Ontario Dietitians in Public Health
Kim Loupos, The Ontario Dietitians in Public Health

Peterborough Public Health

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

January 29, 2020

The Honourable Caroline Mulroney
Minister of Transportation
Sent via e-mail: minister.mto@ontario.ca

The Honourable Christine Elliott
Minister of Health
Sent via e-mail: christine.elliott@ontario.ca

Dear Honourable Ministers,

Re: Off Road Vehicles (ORV) and Bills 107 and 132

Peterborough Public Health (PPH) is mandated by the Ontario Public Health Standards and the Health Promotion and Protection Act to deliver public health programs and services that promote and protect the health of Peterborough City and County residents.[1] One of our stated goals is to reduce the burden of preventable injuries, where road safety is an important factor. Given the Provincial Government's recent passing of Bills 107 and 132, we anticipate changes to Ontario Regulation 316/03 are being drafted and wish to express several concerns and propose recommendations to consider. For the purpose of this letter, the term ORV is inclusive of all-terrain vehicles (ATVs), side-by-side ATVs, utility-terrain vehicles, and off-road motorcycles (i.e., dirt bikes), and does not include snowmobiles.

The popularity of ORVs has greatly increased over the last 30 years and with increased use, ORV-related injuries and deaths have also risen.[2,3] In Canada in 2010 there were 435 ORV users seriously injured and 103 ORV-related fatalities. This compares to 149 seriously injured users in 1995 and 45 fatalities in 1990.[2] These statistics are based on police reported data and medical examiner files. Hospital records are another source of data where Emergency Department (ED) visits, hospitalizations, and deaths may be identified to be caused by an ORV injury. In Ontario in 2015 to 2016, there were over 11,000 ORV-related ED visits and over 1,000 ORV-related hospitalizations.[4] There have been between 29 and 52 fatalities each year relating to ORV or snowmobile use from 2005 to 2012.[4] The most affected demographic group has been males aged 16-25.[2,4] Rollovers, falling off the vehicle, and ejection are the most commonly cited mechanisms for ORV injury.[4] The most common cause of death is due to head and neck injuries.[4]

ORV-related incidents are classified according to whether they occur on roadways ("traffic") or off-roadways ("non-traffic"). Research indicates that there are higher rates of fatalities and serious injuries for ORV riders on roadways compared to off-roadways.[5,6,7] Riding on roadways increases the risk of collisions with other motor vehicles.[5,8,9] Also, design characteristics of certain classes of ORVs make them unsafe on roadways.[5,10,11] Indeed, across the border in 2007 it was found that 65% of ATV rider deaths occurred on roads. There was also a greater increase in on-road than off-road deaths between 1998 and 2007, which coincided with more states increasing legal ATV access to roads in some way.[11]

Some of the associated risk factors related to ORVs used in Ontario include alcohol and drug use, riding at night, lack of helmet use, and excessive speed.[4,12] It has been found that the majority of ORV-related ED visits occur on the weekend (Friday to Sunday), and almost all are related to recreational use of ORVs.[4]

With these factors in mind, in revision of O. Reg 316/03, we recommend the following in PART III:

- Equipment requirements:
    - Maintain current* contents of section, ensuring content is up-to-date and is applicable to all classes of ORVs that will be permitted on roads.
- Operation requirements:
    - Maintain current* contents of section and requirements. Specifically:
        - Requiring the driver to hold a valid driver's licence, with restrictions on number of passengers at night for novice young drivers;
        - Requiring all riders to wear an approved helmet; and
        - Setting maximum speed limits of 20 kilometres per hour, if the roads speed limit is not greater than 50 kilometres per hour, and 50 kilometres per hour, if the roads speed limit is greater than 50 kilometres per hour.
    - Under "Driver's licence conditions", include the condition that the blood alcohol concentration level of young or novice drivers be zero, as per the Highway Traffic Act (2019).

Finally, we encourage the Ministry of Transportation and the Ministry of Health to establish an effective communication strategy to educate all road users about forthcoming changes to ORV road-use laws, as well as to communicate the risks of riding ORVs on roads.

In summary, ORV-related accidents continue to be a significant cause of injury, with on roadway accidents resulting in higher proportions of severe injury (hospitalization) and fatalities than off roadway accidents. We appreciate your consideration of the safety implications of on-road ORV use as you revise O. Reg. 316/03.

If you have any questions or would like additional information about our comments, please contact Deanna Leahy, Health Promoter, at 705-743-1000 ext. 354, dleahy@peterboroughpublichealth.ca.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

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

**"current" refers to O. Reg. 316/03: Operation of off-road vehicles on highways, dated January 1, 2018*

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Public Health Modernization Discussion Paper Response Submitted to the Public Health Modernization Team

The Association of Local Public Health Agencies (alPHa) is pleased to present the following response to the Public Health Modernization Discussion Paper. We invited our members to provide answers to the questions that are posed in the paper to help us identify themes common to the local public health sector throughout the province. This feedback has been synthesized and presented within the framework of themes and questions laid out in the consultation survey.

alPHa's response is intended to be complementary to the individual responses of its members, not a summary or a substitute. alPHa urges the Public Health Modernization team to take the unique local circumstances and perspectives presented in its members' and partners' direct feedback to the survey and in-person consultations into careful consideration as it formulates its advice to the Minister.

PREAMBLE and PRINCIPLES

alPHa agrees with the Ministry's vision of a "coordinated public health sector that is nimble, resilient, efficient and responsive to the province's evolving health priorities". alPHa also agrees with improving consistency where it makes sense to do so and improving clarity and alignment of the related roles and responsibilities of the province, Public Health Ontario (PHO), and local public health. alPHa certainly agrees that enhanced investment in health promotion and prevention will be critical to the success of Ontario's plan to end hallway health care.

In November of 2019, alPHa transmitted its Statement of Principles for Public Health Modernization to the Minister and the Public Health Modernization Team and these remain the foundation of alPHa's present response. These principles are incorporated into the responses to the survey questions as appropriate and the full document is attached.

The foundational principle is that any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services. Public health unit (PHU) realignments, identification of efficiencies, clarification of roles and strengthening of institutional relationships must all have that central aim as their starting point.

It must be recognized that Ontario already has an enviable public health system, based on a network of 34 PHUs with expert staff, strong partnerships and a clear and authoritative mandate to protect and promote health within their local communities. These are supported by the central research and evidence functions of PHO and the oversight of the Chief Medical Officer of Health (CMOH) within the Ministry. Building on the Ontario system's existing strengths must be the strategic foundation for any proposed changes.

Theme: Insufficient Capacity

What is currently working well in the public health sector?

- Actions taken in response to the Walkerton and SARS crises in the early 2000s (e.g., increased provincial responsibility for funding, strengthened role of the Chief Medical Officer of Health (CMOH), creation of PHO) have led to measurable improvements to the Ontario public health sector's capacity to detect and respond to emerging threats. The swift collective and thorough response to the developing Novel Coronavirus (2019-nCoV) epidemic is a clear application by Ontario's public health sector of the lessons learned from the 2003 SARS outbreak.

- Ontario's public health sector is already an effective network of 34 local public health units (PHUs)with a strong and detailed mandate to identify and meet the health protection and promotion needs of their communities. That mandate is clearly spelled out in the Health Protection and Promotion Act (HPPA) and the Ontario Public Health Standards (OPHS), with explicit flexibility built in to ensure that programs and services can be adapted according to local circumstances.

- Within each of the existing PHUs' boundaries, strong partnerships have been forged with local municipalities, social services, school boards and health care providers among others to support this work.

- The sector benefits from the collaborative work of province-wide professional (e.g., alPHa, COMOH, ASPHIO, ODPH, OPHNL, APHEO) and topic-specific (e.g. TCAN, LDCP) groups. These groups provide ongoing opportunities for collaboration and information exchange across PHU boundaries throughout Ontario.

- There is clear public and political recognition of the critical importance of investments in health protection and promotion to improving population health and ensuring the sustainability of the health care system.

- There is an invaluable range of professional, political and technical expertise resident in the public health sector (public health physicians, elected officials, epidemiologists, nurses, public health inspectors, health promoters, policy analysts, dentists, dietitians, business administrators, lawyers and highly skilled support staff).

- Local representation on boards of health (in a variety of models that includes elected municipal officials in all cases, with provincial appointees and citizen representatives serving in many) reflects community characteristics and values within the PHU boundary and provides direct accountability.

- Collaboration among PHUs including the development of consistency of practice (e.g., HIV case management, immunization enforcement in schools and child care centres, infection prevention and control inspections in the health care sector, electronic medical record use, records retention policies), mutual aid agreements, cross-coverage, outbreak management, and voluntary mergers (Southwestern and Huron-Perth).

- PHO is a unique and invaluable resource within the sector that has strong roles in research, professional development, ethics review, knowledge translation and response to emerging threats.

- The cost-sharing model provides the framework to ensure a stable and predictable source of adequate funding for public health programs and services while ensuring accountability at both the provincial and municipal levels.

- PHUs with large populations have budgets that allow them to deliver services efficiently and cost-effectively while also ensuring surge capacity.

- PHUs that are integrated with Regions (e.g., Halton, Durham) and cities (e.g., Toronto, Ottawa) benefit from support services (e.g. administrative, IT) embedded within those structures. This integration also facilitates coordination among public health, social services, emergency health services and public works.

What are some changes that could be considered to address the variability in capacity in the current public health sector?

- Formal mechanisms and commitment at both the provincial and municipal levels to ensure that the total annual public health funding envelope is stable, predictable, protected and sufficient to cover all costs for the full delivery of all public health programs and services in all PHUs whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the HPPA.

- Provincial support for voluntary mergers of PHUs with complementary characteristics where it can be demonstrated that functional capacity will be improved. Any realignments of present PHU boundaries must be considered only to ensure critical mass to efficiently and equitably deliver public health programs and services. As a general rule, existing PHUs should be left intact, particularly with regard to municipal boundaries, and complementary geographic, demographic and organizational characteristics should be key factors in deciding which mergers should be considered. Evidence about the relationship between critical population mass and the effective allocation of public health resources should also be examined.

- Enhance centralized provincial supports, to increase efficiency and the capacity of all public PHUs to deliver the full scope of the OPHS. PHO already has important research and evidence roles but is also well-positioned to coordinate the strengths of different PHUs. Provincial-level strategic and topic-specific advisory tables that include PHO, the CMOH and local public health leadership have also proven very useful in the past.

- In partnership with local public health, educational institutions and other relevant organizations, develop a provincial public health human resources strategy to build on the successful recruitment and retention of a skilled and competent public health workforce. Maintaining the visibility of the public health sector, demonstrating its stability and importance, presenting the wide range of opportunities within it, providing incentives to work in remote areas and keeping salaries competitive will be vital components.

- Increase decision-making flexibility at the local level to develop their own models for the provision of mandated services according to local circumstances and resources, as well as to develop more formal arrangements to share resources if surge capacity is needed (e.g. epidemiology, analysis, evaluation).

What changes to the structure and organization of public health should be considered to address these challenges?

- alPHa does not believe that systemic structural and organizational changes are necessary to address capacity challenges. As we have demonstrated in our answers to the other discussion questions, any capacity issues can be appropriately addressed within the existing framework by building on its strengths.

- Capacity for most PHUs has been steadily eroding over the years largely due to the Ministry putting caps (often 0%) on annual budget increases that are necessary to cover the costs of delivery of new programs, annual Consumer Price Index (CPI) increases and honouring collective agreements. This erosion will be significantly magnified by the Province's decision to shift 5% of the cost-shared and 30% of previously 100% provincially funded public health programs to municipalities. More details on this were presented by alPHa to the Standing Committee on Finance and Economic Affairs on January 17, 2020 as part of its pre-budget consultation. Speaking notes and the transcript of this presentation are linked above and attached below.

- The autonomy of each local board of health (BOH) must be maintained and stronger mechanisms should be considered to reinforce their sole focus on and local decision-making authority over public health matters as well as to protect them from intrusive policies (e.g., municipal hiring freezes, vacancies on local boards and Associate Medical Officer of Health (AMOH) positions due to inappropriate delays in the provincial appointment and approval processes).

- Several organizational considerations are outlined in the attached alPHa Statement of Principles.

Theme: Misalignment of Health, Social, and Other Services

What has been successful in the current system to foster collaboration among public health, the health sector and social services?

- alPHa respectfully observes that the use of the term "misalignment" in the wording of this theme is misleading, as it creates the false impression that misalignments are a significant systemic problem. On the contrary, PHUs are very well aligned with municipalities, social services, school boards and other community-based services and partners. Previous proposals to align PHU boundaries with those of the health sector (i.e., LHINs) has threatened these existing local relationships without demonstrating the necessity for doing so. If misalignments in certain areas are identified, they must be measured against and prioritized in context of existing alignments in others.

- The reciprocal mandate between the local MOH and LHIN CEO became an important enabler for public health's relationship with the health care sector and this is being expanded upon with most PHUs having direct involvement in the new Ontario Health Teams (OHTs).

- Our members provided us with many specific examples of successful local collaborations with the health care sector related to such topics as injury prevention, substance use, perinatal health, infectious disease prevention and health equity in program design. These will surely be presented in more detail in their individual submissions to the present survey.

- Our members provided us with many specific examples to demonstrate the strength of local collaboration with social services, boards of education and community agencies. The existing geographical alignments of these different groups was cited as critically important. Where public health is integrated within a municipal or regional government, links to their social services

departments are particularly strong. In other cases, formal service agreements and partnerships are highly dependent on shared community boundaries and characteristics.

- The OPHS are explicit in their requirement of all boards of health to carry out their mandated obligations in partnership with local stakeholders. Public health is in turn seen as a credible broker within the local community that can support multi-stakeholder engagement and community mobilization for healthy public policy.

How could a modernized public health system become more connected to the health care system or social services?

- Strengthen the health and social services sectors' focus on prevention and the social determinants of health. Explore the implementation of a "health in all policies" approach with parallel mandates, clear role expectations and accountability for protecting population health across related provincial government ministries and government-funded agencies.

- The Ministry of Health (Ministry) could provide a reciprocal and clearly defined mandate for PHUs and OHTs to utilize public health's surveillance and analysis expertise to conduct population-based needs assessments to inform the effective local allocation of primary health care resources and build capacity among health service providers to offer evidence-based health promotion and prevention interventions.

- Improvements to information technology to support interoperability and data standards to accelerate the appropriate inclusion of public health information into electronic health records and facilitate public health's receipt of vital information from primary care and the broader health care system. This collaboration would support disease prevention and health promotion at the individual to population-level to end hallway health care. More details on digital modernization will be provided in a separate submission by the COMOH Digital Health Committee.

What are some examples of effective collaborations among public health, health services and social services?

- Our members provided us with many specific examples of successful local collaborations among public health, health services and social services. These will surely be presented in more detail in their individual submissions to the present survey.

- The mandated reciprocal relationship between the local Medical Officer of Health (MOH) and Local Health Integration Network (LHIN) CEO was cited as instrumental in promoting a better understanding of public health's mandate, focus and functions to the health care conversation. Direct involvement of public health in local OHTs is expected to increase the momentum.

- The partnership between the Council of Ontario Directors of Education and COMOH (CODE-COMOH) is expected to contribute to the well-being of Ontario's children and students through enhancing PHU and school board partnerships in order to achieve optimal delivery of services and ongoing supports for children and students.

Theme: Duplication of Effort

As with the previous theme, alPHa would argue that the use of the term "Duplication of Effort" suggests that it is a systemic problem that underlies widespread inefficiencies. While we agree that

there are public health functions that could in fact be carried out jointly, regionally or centrally, the local nature of public health requires certain programs and services with similar aims to be developed and implemented in different ways to meet unique local needs.

Care must therefore be taken in defining the term and in identifying and eliminating duplication that is in fact redundant. Care must also be taken when examining alleged duplication of effort between sectors. Public health has a unique set of roles and responsibilities and it would be a mistake to assume that they are transferrable. For example, health promotion in public health differs fundamentally from health promotion in primary care. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur, and success often depends on strong existing relationships with community partners.

What functions of public health units should be local and why?

- The health protection functions of public health are local by definition. Health hazard investigation and response, infection prevention and control, communicable disease outbreak management, water quality and food safety are examples of areas where local public health has clearly prescribed and detailed roles and responsibilities under the HPPA and OPHS. Carrying these out relies heavily on interaction with individuals, institutions, businesses and service providers throughout the local community. Timeliness and efficiency are supported by preexisting positive relationships.

- Health promotion work is also informed in large part by understanding the local population's characteristics, identifying local priorities and strategically developing approaches for policy development and program and service delivery that will be most responsive to local population health needs. Ongoing population health assessment and surveillance ensures that local data are at the root of program planning as well as healthy public policy development through public health's relationship with municipalities.

- Some public health services (e.g. harm reduction, screening programs, prenatal education, Healthy Babies Healthy Children, neighbourhood groups) focus on individuals and families with high needs. Public health's knowledge of the community and partnerships are a valuable resource for connecting clients with necessary services, which are also primarily local.

What population health assessments, data and analytics are helpful to drive local improvements?

- The epidemiological capacity to collect and access data to conduct detailed local population health assessments within local contexts must be enhanced. Public health programs and services benefit from solid data at the sub-health unit level (e.g., priority neighbourhoods, planning zones, ER admissions). Local epidemiologists have a keen understanding of the local context and are well positioned to collaborate with stakeholders to gather data, conduct analysis and inform recommendations for action and priority setting.

- The CMOH's 2017 Annual Report recommended a provincial population health survey to collect data at the local community and neighbourhood levels to contribute to a better understanding of community wellness. The survey would need to be flexible and nimble, with the ability to customize questions to local needs.

- The Rapid Risk Factor Surveillance System is an ongoing local health telephone survey conducted collaboratively since 2001 by numerous PHUs and the Institute for Social Research at York

University. Information is gathered using questionnaires on a wide variety of health topics to inform service planning for the broad range of public health programs that are required by the OPHS, to advocate for healthy public policy development and to improve community awareness of health risks.

- Strategies to identify and address gaps in data and information must be considered. The Children Count Locally Driven Collaborative Project is an important current example of a strategy to improve available data and interventions to improve child and youth health in Ontario.

What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?

- alPHa believes that the most important development in this regard was the establishment of the Ontario Agency for Health Protection and Promotion, a.k.a. PHO. PHO has been instrumental in supporting our health protection activities with excellent standards of practice developed in communicable disease control, vaccination, and infection prevention and control. We believe that there is an important opportunity to reinforce PHO's capacity to strengthen similar work in the areas of environmental health and non-communicable diseases (which account for over 70% of ill health in Ontario) by focusing on evidence, translating it into recommended practice, and setting common implementation standards. PHO is the key agency for scientific expertise, research and knowledge exchange and is one of the Ontario public health sector's strongest assets. This is one of the strengths that needs to be built upon as the Ministry seeks to achieve the outcomes outlined in this discussion paper.

What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

- As noted above, the existing roles and responsibilities of PHO should be reinforced and expanded.

- Increased centralized supports, provided by PHO or the Ministry, have the potential to reduce duplication of effort, and contribute to increased consistency and improved delivery of public health programs and services. Examples include a provincial immunization registry, provincial electronic medical records, centralized digital supports including facilitation of data sharing, provincial health communication campaigns, continuing professional education opportunities, centralized reviews of evidence, bulk purchasing, access to data repositories, provincial advisory committees etc. Centralized supports must be designed to sustain the local capacity to develop and implement innovative and locally relevant campaigns.

- Developing provincial leadership on surveillance and population health assessment, technical direction (especially on emerging public health issues), emergency management, healthy policy development and chronic disease prevention coordination. Setting provincial population health goals with targets and cross-sectoral strategies would be a useful foundation upon which to carry out these functions.

- The Ministry, likely via the independent authority of the CMOH, needs to be more active in providing local public health with guidance and / or direction when asked to ensure consistent approaches where there is agreement that they are required. There have been instances (ISPA enforcement, IPAC investigations and HIV Case management for recent examples) where local public health asked for direction to address disparate and sometimes conflicting local practices. With none provided, local MOHs were compelled to work together to develop their

own recommendations for a collective approach.

Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

- The COMOH Digital Health Committee will be making a detailed submission to the Public Health Modernization consultation. It will call on the Province to develop a digital strategy for public health; provide sufficient resources to support aligned and necessary information systems and common applications; work with public health partners to facilitate the incorporation of public health information into a provincial electronic health record; centralized coordination and technical support for digital solution integration and Provincial leadership on data standards and interoperability.

- Other suggestions put forth by our members included bulk purchasing of information technology hardware and software, a centralized website with important public health information, a seamless provincial immunization registry, a centralized online inspection disclosure system, enhanced technology to reduce travel requirements (e.g., video calls for client interactions and videoconferencing for health unit staff in rural areas). Inequities in access to technology solutions and tech-mediated opportunities for collaboration were also raised. We expect that many other suggestions will be made in other submissions to the survey question.

Theme: Inconsistent Priority Setting

As with previous themes, alPHa would argue that the use of the term "Inconsistent Priority Setting" suggests a systemic problem that underlies widespread inefficiencies. The existence of different public health priorities in different parts of the province is a feature of the system, not a bug, and is one of its strengths. Local authority over priority setting must be preserved to ensure that the unique health needs of each community can be served. This should include the authority to adapt programs and services to address province-wide public health priorities according to the local context.

What processes and structures are currently in place that promote shared priority setting across public PHUs?

- PHUs are required, through the HPPA, to meet the requirements of the OPHS. These standards provide a framework to support consistent priority setting across Ontario and the related Accountability Agreements ensure provincial approval and awareness of each BOH's plan for the delivery of mandated programs and services each year.

- Ontario's 34 PHUs are connected to a wide range of networks that provide opportunities for sharing of information, priority setting and collective action. alPHa, including COMOH, BOHs and Affiliate Sections, is the most important of these at the systemic level as it brings the governance, medical and programmatic aspects of the entire system together at a single table, which in turn provides an ideal point of contact for government and other stakeholders.

- Profession-specific associations such as ASPHIO, OPHNL, APHEO, AOPHBA, OAPHD, ODPH and HPO provide similar opportunities for the collective identification of priorities within their purview. Each of these groups is represented at the alPHa table.

- Topic-specific collaboratives, spanning regions or the province, provide opportunities to share information and resources, and to collectively address common goals. For example, regional

TCANs allow for shared priority setting and planning related to reducing smoking behavior in regions spanning multiple PHUs. Similar collaborative groups have addressed cannabis, alcohol and opioids.

- Regional PHU groupings (South West, Central West, Central East, North East, North West, East) are networks that provide similar opportunities for neighbouring PHUs that share geographic and demographic characteristics.

- 100% provincially funded public health programs (e.g. Universal Influenza Immunization Program, Ontario Seniors Dental Care Program (OSDCP)) are a clear demonstration of priorities that are shared province wide.

What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

- PHO's mandate is to provide a foundation of sound information, knowledge and evidence to support policy, action and decisions of government, public health practitioners, front-line health workers and researchers. Centralized and timely evidence reviews, provision of provincial and local data, guidance documents and best practices, research ethics, and coordination of tables to address significant province-wide needs (e.g., Healthy Human Development table, Provincial Infectious Disease Advisory Committee) are key functions that underlie evidence-based setting of priorities throughout the public health sector. Reinforcing PHO's capacity to perform these functions in the areas of health promotion and non-communicable disease prevention should be considered.

- PHO's "hub and spoke" model, which was the basis for the former Regional Infection Control Networks, could be used to establish collaborative regional tables in the various public health areas of focus to inform common priorities and joint projects. Such an approach would be valuable in setting province-wide priorities as common themes emerge.

- PHO would be instrumental in providing the evidentiary basis for the establishment of provincial population health goals as proposed above.

What models of leadership and governance can promote consistent priority setting?

- A model of leadership and governance to promote consistent priority setting is already in place. The HPPA provides a clear, detailed and specific framework for the organization and delivery of public health programs and services, including the composition, authority and duties of boards of health. The HPPA is in turn the enabling legislation for the OPHS, which set out clear, detailed and specific requirements for the delivery of public health programs and services in each of the province's 34 PHUs.

- The Office of the CMOH is responsible for ensuring that the OPHS continue to be relevant and based on evidence, and for supporting local public PHUs in meeting the requirements of the standards. Each BOH is required to submit annual business plans to the Ministry through this office as part of the budget and accountability processes.

- Leadership and governance principles are outlined in the attached alPHa Statement, including preserving the autonomy and authority of the local MOH and reinforcing local boards' autonomy, skill sets, effective governance and public health focus.

Theme: Indigenous and First Nation Communities

What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

- PHUs with significant indigenous populations long ago identified the importance of improving their access to public health programs and services, especially in First Nations communities. Many have independently entered into formal agreements with local bands under Section 50 of the HPPA for the provision of programs and services.

- The 2018 OPHS added a requirement for boards of health to engage with First Nations and Indigenous communities and organizations under the Health Equity Standard. The *Relationship with Indigenous Communities Guideline, 2018* was developed to support this work and a *Relationship with Indigenous Communities Toolkit* is said to be under development by the Ministry.

- The widespread acceptance of and commitment to the Truth and Reconciliation Calls to Action throughout the public health sector. Staff training in cultural awareness / competency /safety, the local involvement of Indigenous leaders in decision making, program planning and relationship development, and local partnerships and initiatives have sprung forth from that commitment in all of Ontario's PHUs.

Are there opportunities to strengthen Indigenous representation and decision- making within the public health sector?

- In its Statement of Principles, alPHa notes the necessity of special consideration being given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the PHUs within which they are located. It is further notes that opportunities to formalize and improve these relationships must be explored as part of the modernization process. alPHa recommends that this exploration, including consideration of the above question, be conducted in full consultation with Indigenous communities and organizations as well as boards of health that have already demonstrated commitment to and experience with Indigenous engagement and service delivery to these populations.

- In its Statement of Principles, alPHa recommends that local BOHs be reflective of the communities that they serve. In areas with large indigenous populations and / or First Nations communities, consideration should be given to appointing one or more members of those communities to the BOH itself. This has already been done, for example, in Peterborough. This could be reinforced with the formation of local Indigenous health advisory committees with more widespread stakeholder involvement. These committees would be especially important for identifying and addressing the health needs of Indigenous people living off-reserve in a culturally sensitive way.

- Provincially, the Office of the CMOH should ensure that central resource and policy supports are in place to facilitate local engagement with Indigenous communities and reinforce pathways to increasing representation and decision-making. The Health Equity requirements of the OPHS that are specific to improving the health of First Nations, Métis, and Inuit people living in Ontario should be the foundation of these supports. The CMOH will also have an important role to play as a liaison with the Government of Canada (through the Public Health Agency of Canada) to ensure that it abides by its complementary obligation to contribute to the improvement of health care and health outcomes for these communities.

Theme: Francophone Communities

What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?

- alPHa's members have extensive experience in providing programs and services aimed at different cultural and linguistic groups within their communities, including Ontario's significant Francophone population. PHUs with significant Francophone populations are best equipped to share what has been successful, identify the gaps and provide advice on how to address them. This is in fact a good example of the importance of ensuring that local boards of health retain decision-making authority over program planning and service delivery to best serve local needs.

What improvements could be made to public health service delivery in French to Francophone communities?

- The provision of a 100% provincially funded centralized translation service that is accessible to all boards of health was cited repeatedly in our members' feedback to this question, as was support for French-language training programs for health unit staff.

Theme: Learning from Past Reports

What improvements to the structure and organization of public health should be considered to address these challenges?

- Most past reports have recommended PHU mergers, and alPHa is not opposed to this in principle, as long as such mergers are of entities with complementary community characteristics and values, will lead to a demonstrable positive impact on capacity, are worth the extraordinary cost and disruption, and are favoured by all concerned parties. The Simcoe-Muskoka, North Bay-Parry Sound, Southwestern and Huron-Perth PHUs are the results of mergers that have taken place since 2005, and valuable insights on the process, including the identification of driving forces, key success factors and challenges, are readily available.

- As noted above, alPHa does not believe that structural and organizational changes are necessary to address capacity challenges. While we agree that health unit mergers as a means to finding efficiencies and reducing duplication of efforts are worth considering, we have not been presented with a clear and convincing argument that a wholesale restructuring of the Ontario's public health system – with its concomitant major costs and disruptions - is a prerequisite for making it nimble, resilient, efficient and responsive.

What about the current public health system should be retained as the sector is modernized?

From alPHa's Statement of Principles:

- Ontario's public health system must remain financially and administratively separate and distinct from the health care system.

- The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.

- Parts I-V and Parts VI.1 – IX of the HPPA should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".

- The OPHS should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.

- The leadership role of the local MOH as currently defined in the HPPA must be preserved with no degradation of independence, leadership or authority.

What else should be considered as the public health sector is modernized?

- Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

- Achieving efficiencies must be defined in terms of improvements to service delivery and not cost savings. Each of the completed health unit mergers for example has had the former as their central aim but the merger process itself has always been costly.

- Provincial supports (financial, legal, administrative) must be provided to assist existing local PHUs in their transition to any new state without interruption to front-line services. Any costs associated with Public Health Modernization should be fully covered by the Ministry, including additional funding to address technology changes associated with any structure or governance changes.

- alPHa is very pleased with the format and process of the current consultation. That said, in the period between the initial 2019 budget announcement and the formal launch of this consultation (a period of over seven months), there was an unacceptable scarcity of information available to Ontario's considerable public health workforce. This has had a measurable and possibly irreversible negative impact on culture and morale within Ontario's public health workplaces. It has also put a considerable hindrance on the working relationship between local public health leadership and its partners within the Ministry. We hope that the transparency, comprehensiveness and reciprocity of this consultation will continue throughout the analysis and implementation phases to restore trust and demonstrate that the Government of Ontario values the public health professionals that are the foundational strength of the system.

ABBREVIATIONS

alPHa	Association of Local Public Health Agencies
AOPHBA	Association of Ontario Public Health Business Administrators
APHEO	Association of Public Health Epidemiologists in Ontario
ASPHIO	Association of Supervisors of Public Health Inspectors of Ontario
BOH	Board of Health
CMOH	Chief Medical Officer of Health
COMOH	Council of Ontario Medical Officers of Health
HPO	Health Promotion Ontario
HPPA	*Health Protection and Promotion Act*
HIV	Human Immunodeficiency Virus
IPAC	Infection Prevention and Control
ISPA	*Immunization of School Pupils Act*
LDCP	Locally Driven Collaborative Project
OAPHD	Ontario Association of Public Health Dentistry
OPHNL	Ontario Association of Public Health Nursing Leaders
ODPH	Ontario Dietitians in Public Health
OPHS	Ontario Public Health Standards
PHO	Public Health Ontario
PHU	Public Health Unit
TCAN	Tobacco Control Area Network

Enclosures:

alPHa Statement of Principles (November 2019), also attached.
alPHa Deputation, Standing Committee on Finance and Economic Affairs (January 17, 2020), also attached

Statement of Principles
Public Health Modernization
November 2019

BACKGROUND

On April 11, 2019 the Minister of Finance announced the 2019 Ontario Budget, which included a pledge to modernize "the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention".

Plans announced for this initiative included regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, adjustments to the provincial-municipal cost-sharing of public health funding and an emphasis on digitizing and streamlining processes.

On November 6, 2019, further details were presented as part of the government's Fall Economic Statement, which reiterates the Province's consideration of "how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities". To this end, the government is renewing consultations with municipal governments and the public health sector under the leadership of Special Advisor Jim Pine, who is also the Chief Administrative Officer of the County of Hastings. The aim of the consultation is to ensure:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

In preparation for these consultations and with the intent of actively supporting positive systemic change, the alPHa Board of Directors has agreed on the following principles as a foundation for its separate and formal submissions to the consultation process.

PRINCIPLES

Foundational Principle

1) Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

Organizational Principles

2) Ontario's public health system must remain financially and administratively separate and distinct from the health care system.

3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.

4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".

5) The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.

6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

Capacity Principles

7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.

8) Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

9) Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Governance Principles

10) The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.

11) The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.

12) The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership or authority.

DESIRED OUTCOMES

- Population health in Ontario will benefit from a highly skilled, trusted and properly resourced public health sector at both the provincial and local levels.
- Increased public and political recognition of the critical importance of investments in health protection and promotion and disease prevention to population health and the sustainability of the health care system.
- Local public health will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at at-risk / vulnerable / priority populations.
- The geographical and organizational characteristics of any new local public health agencies will ensure critical mass to efficiently and equitably deliver public health programs and services in all parts of the province.
- The geographical and organizational characteristics of any new local public health agencies will preserve and improve relationships with municipal governments, boards of education, social services organizations, First Nations communities, Ontario Health Teams and other local stakeholders.
- The geographical and organizational characteristics of any new local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve in order to ensure that local public health needs are assessed and equitably and efficiently addressed.
- Local public health will benefit from strong provincial supports, including a robust Ontario Agency for Health Protection and Promotion (Public Health Ontario) and a robust and independent Office of the Chief Medical Officer of Health.
- The expertise and skills of Ontario's public health sector will be recognized and utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.

Association of Local Public Health Agencies
Speaking Points
Standing Committee on Finance and Economic Affairs
Re: 2020 Ontario Budget
Friday, January 17, 2020

- Good afternoon, Chair and Members of the Standing Committee on Finance and Economic Affairs.

- I am Dr. Eileen de Villa, Vice-President of the Association of Local Public Health Agencies, better known as alPHa, and Toronto's Medical Officer of Health and with me is Loretta Ryan, alPHa's Executive Director.

- alPHa represents all of Ontario's 34 boards of health and medical officers of health (MOHs).

- As you may know, in essence, the work of public health is organized in the Ontario Public Health Standards as follows:

    - Chronic Disease Prevention and Well-Being
    - Emergency Management
    - Food Safety
    - Health Equity
    - Healthy Environments
    - Healthy Growth and Development
    - Immunization
    - Infectious and Communicable Diseases Prevention and Control
    - Population Health Assessment

- Safe Water
- School Health
- Substance Use and Injury Prevention

- Last January, in the alPHa Pre-Budget Submission, alPHa noted that:

  - Public Health is on the Front Line of Keeping People Well
  - Public Health Delivers an Excellent Return on Investment
  - Public Health is an Ounce of Prevention that is Worth a Pound of Cure
  - Public Health Contributes to Strong and Healthy Communities
  - Public Health is Money Well Spent

- Furthermore, alPHa recommended that:

  - The integrity of Ontario's public health system be maintained
  - The Province continue its funding commitment to cost-shared programs
  - The Province make other strategic investments, including in the public health system, that address the government's priorities of improving services and ending hallway medicine

- As regards to this last point, Public Health's contribution to ending hallway medicine is summarized in alPHa's Public Health Resource Paper .

- Despite this advice, the 2019 Ontario Budget announced that the Government would be changing the way the public health system was organized and funded.

- On October 10, 2019, Ontario named Jim Pine as its Advisor on Public Health (and Emergency Health Services) consultations.

- Subsequently, on November 18, the Ministry of Health launched renewed Public Health consultations and released a Discussion Paper.

- alPHa was pleased with these recent announcements and has been fully engaged with the consultation.

- For example, on November 15, alPHa released a Statement of Principles respecting Public Health Modernization.

- On a funding note, as was reported by alPHa on September 11, the Ministry of Health confirmed the cost-sharing formula for public health will change to 70% provincial/30% municipal to be applied to almost all mandatory public health programs and services.

- That said, as the Premier announced on August 19 at the AMO Conference, and which alPHa welcomed, municipalities would be receiving one-time transitional funding to limit the increase in costs borne by municipalities in 2020 to no more than 10%.

- Despite this, many boards of health have reported that they have had to draw on their reserves to ease the financial burden that this decision has placed on their obligated municipalities .

- A more positive announcement in the 2019 Ontario budget was the decision to proceed with a new 100% provincially funded, public health unit delivered Ontario Seniors Dental Care Program (OSDCP), which was officially launched on November 20.

- alPHa believes that a modernized, effective and efficient public health system that is adequately resourced is needed more than ever.

- alPHa agrees, for example, with the Standing Committee on Public Accounts Report about the importance of addressing key chronic disease risk factors such as physical inactivity, unhealthy eating, alcohol consumption and

tobacco use of which the attributable burden of illness places huge demands on the health care system.

- Moreover, in its presentation to the Standing Committee on Social Policy, alPHa warned about the unforeseen consequences of the legalization of cannabis and the promotion of vapour products, such as e-cigarettes and other similar products.

- Finally, as the Office of the Chief Medical Officer of Health has recently noted, the Public Health Agency of Canada is tracking a novel coronavirus outbreak in Wuhan, China; as our experience with SARS demonstrated, infectious diseases "know no borders".

- With all the foregoing in mind, alPHa respectfully recommends the following:

    - Led by Ontario's Advisor, the Ministry of Health continue to pursue meaningful consultations with key stakeholders, including alPHa, respecting Public Health Modernization
    - Any changes to the public health system be implemented in accordance with alPHa's Statement of Principles and pending response to the Public Health Modernization discussion paper
    - The public health system receives sufficient and sustainable funding to address population health needs
    - Ontario preferably restore the previous provincial-municipal cost-sharing (75/25) formula for Public Health and, at the very least, make no further changes to the current (70/30) formula
    - Ontario continue to invest in Public Health operations and capital, including 100% funding for priority programs, such as OSDCP

- Thank you for your attention. We would be pleased to answer any questions.

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS
FRIDAY 17 JANUARY 2020
PRE-BUDGET CONSULTATIONS

Full Transcript (all presentations)

Association of Local Public Health Agencies

The Chair (Mr. Amarjot Sandhu): Next, I would like to call upon the Association of Local Public Health Agencies. Please state your name for the record. You have seven minutes for your presentation.

Dr. Eileen de Villa: Thank you very much. Good afternoon, Chair and members of the Standing Committee on Finance and Economic Affairs. I'm Dr. Eileen de Villa, vice-president of the Association of Local Public Health Agencies, better known as ALPHA, and I'm also Toronto's medical officer of health. I'm joined today by my colleague Loretta Ryan, ALPHA's executive director.

ALPHA represents all of Ontario's 34 boards of health and medical officers of health. As you may know, in essence, the work of public health is organized in the Ontario Public Health Standards as follows: chronic disease prevention and well-being, emergency management, food safety, health equity, healthy environments, healthy growth and development, immunization, infectious and communicable diseases prevention and control, population health assessment, safe water, school health, substance use, and injury prevention.

Last January, in the ALPHA pre-budget submission, ALPHA noted that public health is on the front line of keeping people well. Public health delivers an excellent return on investment. Public health is an ounce of prevention that is worth a pound of cure. Public

health contributes to strong and healthy communities, and public health is money well spent.

Furthermore, ALPHA recommended that the integrity of Ontario's public health system be maintained, that the province continue its funding commitment to cost-shared programs and that the province make other strategic investments, including in the public health system, that address the government's priorities of improving services and ending hallway health care. In regard to this last point, public health's contribution to ending hallway health care is summarized in ALPHA's public health resource paper.

Despite this advice, the 2019 Ontario budget announced that the government would be changing the way the public health system was organized and funded.

On October 10, 2019, Ontario named Jim Pine as its adviser on public health and on emergency health services for the consultations. Subsequently, on November 18, the Ministry of Health launched renewed public health consultations and released a discussion paper. ALPHA was pleased with these recent announcements and has been fully engaged with the consultation. For example, on November 15, ALPHA released a statement of principles respecting public health modernization.

On a funding note, on September 11, the Ministry of Health confirmed that the cost-sharing formula for public health will change to 70% provincial and 30% municipal, to be applied to almost all mandatory public health programs and services. This said, as the Premier announced on August 19 at the AMO conference—and which ALPHA welcomed—municipalities would be receiving one-time transitional funding to limit the increase in costs borne by municipalities in 2020 to no more than 10%. Despite this, many boards of health have reported that they have had to draw on their reserves to ease the financial burden that this decision has placed on their obligated municipalities.

A more positive announcement in the 2019 Ontario budget was the decision to proceed with a new, 100% provincially funded, public-health-unit-delivered Ontario Seniors Dental Care Program, or OSDCP, which was officially launched on November 20.

ALPHA believes that a modernized, effective and efficient public health system that is adequately resourced is needed more than ever. ALPHA agrees, for example, with the Standing Committee on Public Accounts report about the importance of addressing key chronic disease risk factors, such as physical inactivity, unhealthy eating, alcohol consumption and tobacco use, of which the attributable burden of illness places huge demands on the health care system. Moreover, in its presentation to the Standing Committee on Social Policy, ALPHA warned about the unforeseen consequences of the legalization of cannabis and the promotion of vapour products, such as e-cigarettes and other similar products.

Finally, as the Office of the Chief Medical Officer of Health has recently noted, the Public Health Agency of Canada is tracking a novel coronavirus outbreak in Wuhan, China. As our experience with SARS demonstrated, infectious diseases know no borders.

With all the foregoing in mind, ALPHA respectfully recommends the following:

—led by Ontario’s adviser, the Ministry of Health continue to pursue meaningful consultations with key stakeholders, including ALPHA, respecting public health modernization;

—any changes to the public health system be implemented in accordance with ALPHA’s statement of principles and pending response to the public health modernization discussion paper;

—that the public health system receive sufficient and sustainable funding to address population health needs—

The Chair (Mr. Amarjot Sandhu): One minute.

Dr. Eileen de Villa:—that Ontario preferably restore the previous provincial-municipal cost sharing 75-25 formula for public health and, at the very least, make no further changes to the current 70-30 formula; and

—that Ontario continue to invest in public health operations and capital, including 100% funding for priority programs such as the Ontario Seniors Dental Care Program.

I'll thank you for your attention, and we would be very pleased to address any questions you might have.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll go to the opposition side this time. MPP Shaw.

Ms. Sandy Shaw: Thank you very much for your presentation. I commend you for your work. I would say that people didn't understand what public health did previous to these abrupt changes; we understand it now.

I would also like to say, we remember when SARS happened, and Dr. Sheela Basrur—the heroic efforts that we took to prevent that from being a full-blown crisis. It was 15 or 16 years ago; how quickly we forget, right? So I think we need to keep reminding ourselves that when we need public health to be able to mobilize, we really, really need it.

So I want to commend you. I understand the work that you do. I always did. I want to say that we're fully supportive of what you do. There's no misunderstanding on the part of the New Democrats of what you do.

My question is very specific because we've got a short time. About the changes to the public health unit, the geographic deployment—so 35 units that are going to now, perhaps, be shrunk down to 10. This is a question about my riding in Hamilton, where our medical officer of health, Dr. Richardson, has expressed some of her concerns, particularly now that we are an Ontario health team and we do not know how the Ontario health team is trying to get on with their work without any direction—really clear direction, I would say—from the government and without the understanding that this public health unit will now maybe be beyond the geographic area of the Ontario health team.

So there's a lot of confusion out there in terms of what's happening. I'm wondering if you have any understanding of that or any advice around what the impact will be when these health units shrink.

1620

Dr. Eileen de Villa: Thank you for the question. At this stage of the game and as alluded to in my remarks, there are ongoing consultations right now in respect of public health modernization as proposed by the current provincial government. My understanding at this stage is that there is still open discussion with respect to what will be the configuration of local public health units. You're right: Right now, there are currently 34. There were some original proposals made last year. We're understanding at this stage of the game that there is some revisiting, a "reset," I believe, is the word that has been used. So we don't know yet where the discussions will land.

However, I would say that there are some important questions to ask here and some important considerations for the committee. First public health as a system is separate from the health care system. There are important areas of interaction that we need to have between public health and health care, but they are in fact distinct and separate. The Ontario health teams fall more within the context of health care, and that's a very important role that needs to be played. I think there are certainly some questions as to how that will manifest itself in the future. However, it is in fact separate from public health.

The Chair (Mr. Amarjot Sandhu): One minute.

Dr. Eileen de Villa: That's not to take away from its importance.

Ms. Sandy Shaw: Thank you.

The Chair (Mr. Amarjot Sandhu): MPP Arthur.

Mr. Ian Arthur: Thank you so much for your presentation. I echo the sentiments of my colleague.

Just very quickly: The upstream causes of health care costs were talked about for a long time. It seems to have receded a bit in terms of the discussion. With skyrocketing health care costs, do you see any avenue other than dealing with those upstream causes for bringing those expenditures under control?

Dr. Eileen de Villa: Thank you for the question. As a public health practitioner, we are all about the upstream. That is our focus. That is where we live, and that's where we provide the most value to the system. There will always be some need for health care, which is downstream. However, we know that what constitutes and what maintains

health are the social determinants of health, the conditions within which people live and the environments within which they live—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We'll have to move to the government side now. MPP Skelly.

Ms. Donna Skelly: Thank you for your presentation. This year our government committed over $700 million—close to $800 million—in funding for public health units right across Ontario. Yes, we believe that there is an opportunity and several challenges moving forward in the restructuring and modernization of delivery of those services, and we are consulting, I believe under the leadership and direction of Jim Pine. He is the emergency health services adviser. He is leading the dialogue, meeting with representatives from municipalities, meeting with health service sector representatives from right across the province, in order to understand what the challenges are, in order to identify perhaps some of the duplication of services. We have seen examples that have been brought forward to our government.

I'm just wondering if maybe you could, while we have this opportunity at this committee hearing, share with this committee some of the areas that you have identified as duplication in the delivery of health care services under these current boards.

Dr. Eileen de Villa: Thank you for the question. I'm going to talk about duplication in respect of public health as opposed to health care.

Ms. Donna Skelly: I should say "public health." Thank you.

Dr. Eileen de Villa: Yes, because they are quite distinct, as I indicated earlier. You're quite right around the consultations; I think that there is an opportunity to engage in conversation around what's best for public health. The public health system, however, does require the co-operation and collaboration of several partners. There's certainly a

role for provincial entities. There's a role for local entities, some of which are governmental and some of which are community-based.

Where are there areas that we could improve? There are always areas for improvement, whether we're talking about public health or health care. When it comes to public health, I think what we have seen through the various reports—some of which emanated from local public health; some of which have come through Auditor General-type reports—would include areas like research.

I think there is an opportunity, as well, to confer across the province around what are some of the directions and priorities that we should be seeking together, because we know that where we have had success in public health in the past, most of the successes have come through the collaborative efforts of a variety of local or regional public health entities, as well as the province.

I think those are just a few examples of some areas where we could collaborate better and perhaps reduce duplication.

Ms. Donna Skelly: One of the programs that you raised involves dental care for seniors, which is, of course, something I think most of us really believe is long overdue.

The Chair (Mr. Amarjot Sandhu): One minute.

Ms. Donna Skelly: Can you speak to some of the limitations, some of your observations, since we've started introducing that program?

Dr. Eileen de Villa: It's a relatively new program, launched in November and currently being delivered through public health units. I would say that for many of my colleagues around the province, one of the challenges is that they did not have pre-existing seniors'

dental care programs, or facilities through which to deliver such clinical services. Certainly, establishing those facilities is one of the challenges that exist right now.

But as mentioned in our remarks, we at ALPHA are extremely pleased. This was certainly one of the positives in respect of recent funding announcements when it came to public health and public health delivery programs.

Ms. Donna Skelly: Thank you.

The Chair (Mr. Amarjot Sandhu): Thank you so much for your presentation.

Public Health
Santé publique
SUDBURY & DISTRICTS

January 31, 2020

VIA ELECTRONIC MAIL

The Honourable Patti Hajdu
Minister of Health
Government of Canada
Tunney's Pasture
Ottawa, ON K1A0K9

The Honourable Christine Elliott
Minister of Health
Government of Ontario
Toronto, ON M7A 2J3

Dear Ministers:

Re: Fully Funded Universal Healthy School Food Program

At its meeting on January 16, 2020, the Board of Health for Public Health Sudbury & Districts carried the following resolution #02-20:

> *WHEREAS a universal publicly funded healthy school food program in Canada enables all students to have the opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise, or volunteer with the program; and*
>
> *WHEREAS only 19% of Sudbury & District youth (ages 12-19) reported meeting the recommended intake of fruit and vegetables, an indicator of nutrition status and a risk factor for the development of nutrition-related chronic diseases;*
>
> *THEREFORE BE IT RESOLVED THAT That the Board of Health for Public Health Sudbury & Districts support resolutions by Federation of Canadian Municipalities, and Boards of Health for Grey Bruce Health Unit, Toronto Public Health, Peterborough Public Health and Windsor-Essex County Health Unit for a universal publicly funded healthy school food program.*

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

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

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais
1.866.522.9200

phsd.ca

FURTHER THAT the Board calls on federal and provincial Ministers of Health to work in consultation with all provinces, territories, Indigenous leadership, and other interest groups to collaboratively develop a universal publicly funded school food program that is aligned with Canada's Dietary Guidelines.

In Ontario, the school or student nutrition program aims to support students' learning and healthy development through additional nourishment. The current model of the school nutrition programming includes contributions from the province, community groups, organizations, grants, food donations, and fundraising efforts. The patchwork funding model threatens the quantity and quality of food served to children. The lack of sustainable funding also impacts the availability of infrastructure and human resources to effectively run the program.

A publicly fully-funded universal school food program model can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success. This proposed universal program model with leadership by Canada and Ontario's Ministers of Health would enable all students to have the equal opportunity to eat healthy meals at school every day, and that no child is left out due to their family's ability to pay, fundraise, or volunteer with the program.

Further, this motion is in support of Senator Art Eggleton's motion (#358, 2015) that urges an adequately funded national cost-shared universal nutrition program. Given the impact of nutrition related chronic diseases, we trust you will advance this work quickly and so that no child is left out.

Sincerely,

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

cc: Paul Lefebvre, Member of Parliament for Sudbury
Marc Serré, Member of Parliament for Nickel Belt
Carol Hughes, Member of Parliament for Algoma-Manitoulin-Kapuskasing
Hon. Todd Smith, Ontario Minister of Children, Communities, and Social Services
Association of Local Public Health Agencies
Federation of Canadian Municipalities
Ontario Boards of Health

Elizabeth Milne

From: Susan Lee <susan@alphaweb.org>
Sent: Monday, February 3, 2020 12:16 PM
To: All Health Units
Subject: alPHa Information Break - February 3, 2020

PLEASE ROUTE TO:

All Board of Health Members / Members of Health & Social Services Committees

alPHa
Association of Local PUBLIC HEALTH Agencies

Information Break

February 3, 2020

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence and events.

Update on Public Health Modernization

On January 30, alPHa submitted its response to the Ministry of Health's discussion paper on public health modernization and shared a copy with all health units afterward. The submission followed a teleconference held the previous day between the alPHa Board of Directors and Ministry of Health representatives that included Jim Pine, Special Advisor. Mr. Pine updated the board on feedback received to date from stakeholders since the release of the discussion paper. He also noted that while several in-person consultations with stakeholders have been completed to date, others will be taking place in different regions over the next month or so. He further indicated that the February 10 cutoff to respond to the consultation paper is no longer a fixed deadline.

Download alPHa's response on public health modernization
Go to the Ministry of Health's public health consultations website

alPHa invites health units and their boards to share their submissions to the provincial discussion paper with us by emailing them to Gordon Fleming at gordon@alphaweb.org. These will be uploaded to alPHa's dedicated resource page on public health modernization (link below), which contains announcements, responses and updates on related matters.
Visit alPHa's Public Health Modernization resource web page

Novel Coronavirus

As part of the collective effort to communicate timely information about novel coronavirus (2019-nCoV), alPHa is attending daily ministry-led briefings and sending daily situation reports from the Ministry of Health to update health units on this emerging issue. COMOH members are monitoring the situation closely and, through the COMOH Chair, are in frequent contact with provincial officials, including Chief Medical Officer of Health Dr. David Williams, to ensure the health and well-being of the public. For convenience, alPHa has provided links to the Ministry's dedicated website and others on its home page and below.
Go to the Ministry of Health's novel coronavirus website
Visit the Ministry's page for health professionals here
Go to Public Health Ontario's novel coronavirus website
Visit the Government of Canada's website on novel coronavirus

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Winter 2020 Symposium & Section Meetings

alPHa looks forward to members' participation at the upcoming Winter 2020 Symposium and Section Meetings on February 20 and 21 at the Central YMCA in downtown Toronto. The not-to-miss program includes a leadership workshop led by Tim Arnold of Leaders for Leaders, a consultation session with Ministry of Health representatives on public health modernization, and an update from the Association of Municipalities of Ontario (AMO). For more information about this event, please click the link below.
Register here to attend
Visit the Winter 2020 Symposium & Section Meetings page

TOPHC 2020

Members are advised to register for TOPHC 2020 early and and book their preferred workshop as space is limited. The annual event will take place March 25-27 at the Beanfield Centre in Toronto. Highlights include keynotes on the impact of racism on communities' health, and how persuasive technologies (apps, games) can improve health and wellness behaviours. This year's HOT TOPHC focuses on the causes and characteristics of syndemics

and their effect on health. Early bird promotional pricing ends February 12, so register soon.
Learn more about TOPHC 2020 here
Register for TOPHC 2020

Public Health News Roundup

Minister Elliott lauds public health's response to coronavirus - 2020/01/31

Ontario confirms third case of novel coronavirus - 2020/01/31

World Health Organization declares novel coronavirus a global public health emergency - 2020/01/30

British Columbia reports first presumed confirmed case of novel coronavirus - 2020/01/28

Ontario briefs leaders from colleges and universities on novel coronavirus and directs public to trusted information resources - 2020/01/28

Ontario confirms second presumptive case of novel coronavirus - 2020/01/27

Ontario briefs school boards' directors of education on novel coronavirus - 2020/01/26

Toronto reports first presumptive confirmed case of novel coronavirus - 2020/01/25

Ontario confirms first case of new coronavirus - 2020/01/25

Canada announces screening measures for novel coronavirus at major airports - 2020/01/24

US Surgeon General releases first report on smoking cessation in 30 years - 2020/01/23

Ontario Minister of Health designates novel coronavirus as a reportable disease - 2020/01/22

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alPHa's New Address

In case you missed the announcement, alPHa relocated its office in December to 480 University Avenue, Suite 300, Toronto ON M5G 1V2. E-mails and phone numbers remain the same; however, our extensions are now three digits --a '2' has been added to the beginning of our previous extensions. Please update your records accordingly.

Upcoming Events - Mark your calendars!

Winter 2020 Symposium/Section Meetings - February 20 & 21, 2020, Central YMCA, 20 Grosvenor St., Toronto. Register **here** before the February 13 deadline. View the draft program.

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. Register here. Early bird registration ends February 12, 2020.

June 2020 Annual General Meeting & Conference - June 7-9, 2020, Chestnut Conference Centre, 89 Chestnut St., Toronto. View the notice and calls.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

Elizabeth Milne

From: Loretta Ryan <loretta@alphaweb.org>
Sent: Thursday, February 13, 2020 10:05 AM
To: All Health Units
Subject: AMO Response to Public Health and Emergency Health Services Consultation and Cannabis Consultations Underway

Hello,

Please see below information regarding AMO's response to the Public Health and Emergency Health Services consultation and notification about cannabis consultations that are underway.

AMO's Response is also posted on alPHa's webpage dedicated to PH Modernization: https://www.alphaweb.org/page/PHR_Responses. On this page you can also link to alPHa's recent response to the government along with those of our members and partners.

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222
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loretta@alphaweb.org
www.alphaweb.org

Association of Municipalities Ontario

February 11, 2020

AMO Response to Public Health and Emergency Health Services Consultation and Cannabis Consultations Underway

Public Health and Emergency Health Services Modernization Consultation

AMO provided comprehensive, written submissions to the Minister of Health this week in response to the Public Health and Emergency Health Services Modernization consultations. Our members heard assurances in Minister Elliott's remarks at the 2019 AMO conference that nothing is "set in stone". Underlying both submissions is the notion that municipal governments and the Province can work together to collectively preserve what is working well and fix what needs fixing.

The outcome of public health modernization should achieve better population health outcomes through effective, cost efficient, and locally responsive services. Investments in public health make sense to keep people healthy through a focus on the social determinants of health. It contributes to ending hallway health care and saves provincial health costs in the long term. AMO feels that a separate discussion on 2020 and 2021 funding is needed urgently prior to any consideration of restructuring. Municipal governments cannot be expected to make up for reductions in provincial funding. Nor can they bear the costs of provincial restructuring.
When it comes to structure, one size will not fit all. Consistency in service delivery and reducing inefficiencies do not depend on a single governance or leadership type. There are many ways to continuously improve the existing system by building capacity and better system coordination. With provincial help, new ways to serve our Francophone population and Indigenous People are possible.

On emergency health services, AMO has provided advice with an aim to strengthening municipal EMS services in a way that contributes to helping end hallway health care and meets the local needs of communities. Addressing longstanding municipal priorities should be the focus of current efforts before any potential consideration of restructuring. This includes improvements to dispatch as a first priority. Others include addressing non-urgent transfers, fixing the funding model, expanding fully 100% provincially funded community paramedicine and developing strategies to reduce offload delays. Increasing hospital capacity and having alternative health facilities, especially mental health and addictions programs, for patients who do not need hospital care available in communities will help. The new models of care for low acuity 9-1-1 patients can help improve access and reduce hallway health care, but they need to have alternative 24/7 health facilities that are available in all communities.
The Ministry of Health has committed to further conversations with AMO's Health Task Force. AMO also expects further discussions at the MOU table before decisions are made.

In recognition of the work underway to prepare for, and respond to, the 2019 novel coronavirus the Ministry of Health has extended the deadline for submitting written feedback to March 31, 2020. The technical discussion papers and information on how to respond is found on the Ministry website.

AMO Contact:
Michael Jacek, Senior Advisor, mjacek@amo.on.ca, 416-971-9856 ext. 329.

Ontario Consulting on Cannabis Consumption Venues and Special Occasion Permits

The Ministry of the Attorney General has announced consultations on cannabis consumption venues and special occasion permits for cannabis in Ontario. The Ministry is seeking feedback on whether to allow these and the rules and parameters guiding their establishment and operation.

The Ministry is specifically consulting on the role of the Alcohol and Gaming Commission of Ontario (AGCO), the agency responsible for regulating, licensing and inspecting cannabis stores; and the potential role of municipal governments in regulating the proposed cannabis consumption lounges.

AMO's Board has previously supported cannabis consumption venues as a potential tool for local economic development. The Board viewed cannabis consumption venues positively in conjunction with municipal government discretion to allow these establishments in their communities, local zoning and licensing powers to ensure appropriate locations and community responsiveness.

Special Occasion Permits for cannabis could also be desirable for some events. The AGCO regulates Special Occasions Permits for alcohol and it is possible that a single regulator for these permits may be the most efficient and desirable system subject to municipal government and community input.

Municipal governments are encouraged to review the consultation materials and respond as appropriate by the deadline of March 10, 2020.

AMO Contact:
Craig Reid, Senior Advisor, creid@amo.on.ca, 416-971-9856 ext. 334.

Association of Municipalities of Ontario
200 University Ave. Suite 801,Toronto ON Canada M5H 3C6
Wish to Adjust your AMO Communication Preferences ? Click Here

Statement from the Council of Chief Medical Officers of Health on Nicotine Vaping in Canada

From: Public Health Agency of Canada

Statement

January 22, 2020

During National Non-Smoking Week, the Council of Chief Medical Officers of Health (CCMOH) wants to highlight that smoking continues to pose a significant risk to the health of Canadians with over 45,000 people dying from smoking-related causes each year. We recommend that Canadians needing support with nicotine addiction speak to a health care provider and seek out proven cessation therapies, such as medication or approved nicotine replacement therapies.

At this time, we also remain significantly concerned by the substantial rise of nicotine vaping among Canadian youth. In follow up to our previous position statements on this issue in July 2014, April 2019 and October 2019, we provide the following set of regulatory and policy recommendations that we believe are necessary to be taken by federal, provincial/territorial and municipal governments to address this rapidly emerging public health threat. We acknowledge that governments have already taken steps to implement some of these recommendations.

This statement pertains to nicotine vaping devices. The CCMOH released a related statement on cannabis vaping on January 6, 2020.

The overarching objectives of these recommendations are to protect young people from inducements to use vaping devices by regulating such devices as equivalent to tobacco products, and to encourage smokers who use vaping devices to use them solely to end or reduce their use of all nicotine-containing products.

These recommendations are made in the context of the emerging evidence of the short and long-term harms associated with the use of vaping products. We recognize that evidence is still emerging on the effectiveness of nicotine vaping products to help smokers decrease or stop their use of all nicotine-containing products. It is important that the regulatory and policy approaches for vaping products be reviewed as the evidence of health risks and benefits evolve. For example, if it becomes clear that vaping products are effective in helping people stop or reduce their use of all nicotine-containing products, then it may then be appropriate to approve, license and regulate vaping products in the same way as other tobacco cessation products.

Opportunities for both federal and provincial/territorial jurisdictions

Federal action would be preferred to create national consistency, but individual provinces/territories can consider individual action.

- Ban all flavoured vaping products and then provide regulatory exemptions or market authorizations for a minimum set of flavours to support smokers who choose to use vaping to end or reduce their use of nicotine-containing products

- Limit the nicotine content in vaping products, including pods, to a maximum of 20mg/ml (levels lower than this may further decrease the addictive potential for youth) and adopt other appropriate standards regarding nicotine delivery
  (e.g. temperature, use of nicotine salts) as evidence on vaping products evolves
- Regulate all constituents of e-liquids based on potential to cause harm when inhaled rather than oral ingestion
- Tax vaping products in a manner consistent with maximizing youth protection while providing some degree of preferential pricing as compared to tobacco products
- Consider making the age of 21 the minimum sales age for both tobacco and vaping products, knowing that establishing the legal minimum sales age requires balancing policy objectives to minimize an illegal market while delaying the onset of youth use through limiting access through social sources
- Create requirements for age-verification of internet purchases of vaping products that are the same as those required for cannabis
- Enhance surveillance and reporting of vaping product use and population health impacts

Opportunities for Federal Jurisdiction

- Restrict the advertising/marketing/promotion/sponsorship of vaping devices in a manner consistent with maximizing youth protection, including online advertising/promotion and social influencers, while allowing adult-oriented marketing of vaping devices as a product that supports adult smokers solely to end or reduce their use of all nicotine-containing products

- Require product manufacturers to disclose all ingredients of vaping devices to Health Canada as a condition of being marketed, including establishing consistency in reporting nicotine levels in both open and closed vaping systems
- Require plain and standardized packaging along with health risk warnings for all vaping products
- Include vaping as part of smoke-free restrictions for locations under federal jurisdiction
- Enhance compliance, enforcement and public reporting of the provisions of the *Tobacco and Vaping Products Act*

Opportunities for Provincial/Territorial Jurisdictions

- Ban all point of sale advertising of vaping devices and products with an exception for specialized vaping product stores accessible only to those of minimum age
- Require a vendor's licence for those selling vaping devices and products
- Include vaping as part of provincial/territorial smoke-free restrictions
- Routinely use youth test purchaser programs for all tobacco and vaping product retail locations

Opportunities for Municipal Jurisdictions:

- Include vaping as part of municipal smoke-free restrictions
- Restrict the density of tobacco and vaping products retail sites and ban the sale of vaping products and devices within at least 250 metres of a school

Along with these policy and regulatory actions, we recommend that federal, provincial and territorial governments continue to work collaboratively to:

- Enhance public awareness and educational initiatives on the risks of vaping products targeted at youth, parents, educators and health care professionals
- Establish comprehensive cessation initiatives for people with nicotine addiction, especially for youth
- Monitor and research the short and long-term health effects of vaping products
- Research the effectiveness of vaping products in supporting smokers to end or reduce their use of all nicotine-containing products
- Research the effectiveness of policy approaches to address youth vaping

A number of other products for the delivery of nicotine have or are being developed (e.g. heated tobacco devices, oral nicotine products). We encourage federal and provincial/territorial governments to work together to develop a broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult smokers to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products. A key component of any such regulatory approach should be the requirement for the manufacturer to provide enough evidence to satisfy the regulator that allowing any new product on the market is in the public interest before that product can be legally sold.

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Chief Public Health Officer of Canada

Dr. Bonnie Henry
Provincial Health Officer, British Columbia
Chair, Council of Chief Medical Officers of Health

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Chief Medical Officer, First Nations Health Authority, British Columbia

Dr. Tom Wong
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Important Links

- About Vaping
- Quit Smoking Supports

Contacts

Media Relations
Public Health Agency of Canada
613-957-2983
hc.media.sc@canada.ca

Public Inquiries
Call toll-free: 1-866-225-0709
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Date modified:

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simcoe muskoka
DISTRICT HEALTH UNIT

BRIEFING NOTE

Item #8.1

Advocacy for Stable Public Health Funding

Update: #1 **Date: February 19, 2020**

Issue:

Stable, reliable and sufficient funding is required over time to ensure the capacity of local boards of health to fulfill their mandate to protect and promote health, and to prevent disease for the entire population. In recent years, public health funding from the province has not kept pace with population growth or the Consumer Price Index. In addition, with the Public Health Modernization changes in the 2019 provincial budget, the shift in financial responsibility for public health to the obligated municipalities also creates a challenge to the resource base of local boards of health.

This briefing note provides an advocacy resolution to address these issues for the Board of Health's consideration to be submitted to the Association of Local Public Health Agencies (alPHa) for its annual general meeting in June.

Recommendation:

THAT the Board of Health receive this briefing note as information;

AND FURTHERMORE THAT the Board of Health support the submission of the resolution in Appendix A for the alPHa annual general meeting, with this briefing note provided as its background document.

Current Facts:

Base funding from the province for most health units, including Simcoe Muskoka District Health Unit (SMDHU), has been frozen for all but one of the past five years, resulting in a loss in local public health capacity. Furthermore, an ongoing freeze going into future years in the base funding from the province would erode the capacity of local public health substantially over time.

In 2020 the shift in funding responsibility to the municipalities, combined with the 10% cap in levy increases and a mitigation fund (as we have been verbally informed by provincial staff, will be based on actual expenditures in 2018) that does not sufficiently cover the resulting shortfall, results in a significant reduction beyond the impact of the base freeze. The continued shift in funding, with 30% of funding coming from the obligated municipalities and the probable loss of the mitigation funding in 2021, will place substantial pressure on our obligated municipalities. This may result in a levy increase insufficient to cover costs for many, if not most boards of health. In addition, the conversion of all former 100% funded programs to 70/30 has been particularly challenging. The loss of 100% provincial funding for the Smoke Free Ontario Program, Healthy Smiles Ontario, Harm Reduction supplies, and a number of staffing positions (on infection control and the determinants of health) has a substantial financial impact. Thus, a reconsideration of the downloading of the 70:30 ratio is also included in the resolution.

Background:

To date the Board has advocated for the following regarding funding:

- A letter from the SMDHU Board chair to the Ontario Minister of Health, June 27, 2019 recommended 'the continued comprehensive mandate of public health as defined in the Ontario Public Health Standards (2018) and for gradual adjustments to the provincial-municipal cost-sharing of public health funding formula be phased in over five (5) years commencing in fiscal year 2021-22."

The resolutions of alPHa in recent years regarding finance are provided in Appendix B.

Contact:

Dr. Charles Gardner, Medical Officer of Health, and CEO Ext. 7219
Karen Ellis-Scharfenberg, VP Program Foundations and Finance, and CFO Ext. 7820

Appendix A:

Sufficient Local Public Health Funding

Whereas the effectiveness of boards of health depends in part on the sufficiency of their resource base and funding; and

Whereas the majority of the funding of boards of health in Ontario is provided by the provincial government; and

Whereas since 2015 most boards of health in Ontario have only had one year (2018) in which base funding from the province increased from the previous year; and

Whereas a continued freeze in the base funding from the province for boards of health will over time greatly erode their resources; and

Whereas the further reduction in provincial funding to 70% for most public health programs offset with additional mitigation funding in 2020, but with a 10% limit imposed by the province on levy increases in 2020 will still result in a significant shortfall in funding to boards of health; and

Whereas the continued reduction in provincial funding to 70% in 2021 without a continuation of the mitigation funding would result in the need for a substantial levy increase (well beyond the 10% limit imposed by the province on levy increases in 2020), and

Whereas it is anticipated that in 2021 most boards of health will be very challenged to increase the levies to their obligated municipalities sufficiently to avoid a further substantial shortfall in resources; and

Whereas population increases and the need for population health programs to address emerging public health issues apply additional pressures on the resources of boards of health; and

Whereas the erosion of the resources of boards of health would substantially reduce the capacity of health units to provide their programs and services; and

Whereas a reduction in local public health programs and services would endanger the health of the population of Ontario;

Therefore be it resolved that the Association of Local Public Health Agencies (alPHa) write to the Minister of Health urging that the 2020 mitigation funding continue into future years, that the reduction in provincial funding to 70% be reconsidered, and that provincial grants in future years allow for the overall budgets of boards of health to increase sufficiently to maintain their resource base, and to address pressures related to population growth and emerging public health issues.

Appendix B:

The Associations of Local Public Health Agencies (alPHa) Resolutions on Finance

The following are alPHa resolutions on funding in recent years:

A19-12 - Public Health Modernization: Getting it Right

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.

A18-1 - Sustainable Funding for Local Public Health in Ontario

THAT the Association of Local Public Health Agencies' (alPHa) board and staff will make the long-term sustainable provincial funding for local boards of health a priority for advocacy and strategy development for its members, specifically that the following elements be addressed:

THAT alPHa urge the Ministry of Health and Long Term Care to commit to maintaining a minimum cost of living annual growth rate for grants provided to all boards of health to fund public health programs;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to make an evidence-informed decision to adjust upwards the overall percentage of the Ministry's total budget that is allocated to fund public health programs delivered through boards of health;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to engage in a process to implement a comprehensive monitoring strategy in close consultation with Ontario's boards of health to evaluate the impacts of the new funding model, both in terms of health outcomes and total public health expenditures at the local level.

In-Year alPHa Board Resolution (2015) - Public Health Funding Formula

THAT alPHa urge the Ministry of Health and Long Term Care to commit to maintaining a minimum cost of living annual growth rate for grants provided to all boards of health to fund public health programs;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to make an evidence-informed decision to adjust upwards the overall percentage of the Ministry's total budget that is allocated to fund public health programs delivered through boards of health;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to engage in a process to implement a comprehensive monitoring strategy in close consultation with Ontario's boards of health to evaluate the impacts of the new funding model, both in terms of health outcomes and total public health expenditures at the local level.