

Board Correspondence

September 2019

Date	From	Subject
May 8, 2019	Regional Municipality of Peel	Resolution #2019-299 - OPHS Visual Health and Vision Screening Protocol.
May 17, 2019	York Region	Report - Immunization Registry.
May 21, 2019	Regional Municipality of Peel	Resolution #2019-416 – Modernization of Ontario Public Health Units in the 2019 Ontario Budget
May 21, 2019	Windsor-Essex County Health Unit	Resolution - Smoke-Free Multi-Unit Dwellings
May 21, 2019	Windsor-Essex County Health Unit	Letter – Modernization of alcohol retail sales in Ontario.
May 23, 2019	KFL&A Public Health	Motion – Health Promotion as a Core Function of Public Health.
May 27, 2019	Brant County Health Unit	Letter – Concerns of implications of 2019 budget.
May 28, 2019	Sudbury & Districts Public Health	Resolution #17-19 - NE Public Health Regional Boundaries
May 28, 2019	Peterborough Public Health	Resolution – Public Health Modernization
May 30, 2019	Regional Municipality of Durham	Resolution – Modernizing Ontario’s Health Units
June 4, 2019	KFL&A Public Health	Letter – Reversing Retroactive Funding Cuts to Municipal Funding
June 4, 2019	Grey Bruce Health Unit	Motion #2019-30 – Minimizing harms associated with the announced expansion of the sale of beverage alcohol in Ontario.
June 4, 2019	Grey Bruce Health Unit	Motion #2019-31 – Modernization of Alcohol Sales in Ontario.
June 4, 2019	Grey Bruce Health Unit	Motion #2019-32 – Endorsement of the Children Count Task Force Recommendations.
June 4, 2019	Grey Bruce Health Unit	Motion #2019-33 – Modernization of alcohol retail sales in Ontario.
June 5, 2019	Algoma Public Health	Letter – Proposed Changes to Public Health in Ontario.
June 6, 2019	Hastings Prince Edward Public Health	Letter – Concerns with announced expansion of the sale of alcohol beverage in Ontario.
June 7, 2019	Sudbury & Districts Public Health	Resolution #15-19 – Public Mental Health – Parity of Esteem Position Statement
June 14, 2019	Office of the Mayor-Hamilton	Letter – Changes being proposed for public health and their potential effects.
June 17, 2019	Peterborough Public Health	Changes to Provincial Autism Supports
June 19, 2019	Porcupine Health Unit	Resolution #2019-44 – Northeast Public Health Collaboration Project
June 19, 2019	Porcupine Health Unit	Letter of support for Simcoe-Muskoka District Health Unit and proposed NE boundaries.
June 20, 2019	Haliburton, Kawartha, Pine Ridge District Health Unit	Letter – Health promotion as a core function of public health
June 21, 2019	York Region	Letter to THU to acknowledge receipt of correspondence regarding Northeastern Regional Public Health Regional Boundaries and summary or recommendations submitted to the Ministry.
June 24, 2019	Peterborough Public Health	Letter to aPHa- Changes to Public Health in Ontario.

June 24, 2019	Municipality of Wawa	Resolution #RC19160 sent to Algoma Public Health – regarding concerns with proposed changes to Public Health in Ontario.
June 25, 2019	Peterborough Public Health	Letter – Support for Children Count Task Force Recommendations
June 27, 2019	Simcoe Muskoka District Health Unit	Letter to Deputy Premier and MOHLTC – Public Health Modernization.
July 2, 2019	Windsor-Essex County Health Unit	Letter of support – Seamless Immunization Registry.
July 2, 2019	Windsor-Essex County Health Unit	Resolution to prohibit the smoking/vaping on all municipality owned outdoor sport and recreation properties.
July 2, 2019	Windsor-Essex County Health Unit	Letter of support for Kingston, Frontenac and Lennox & Addington – Health Promotion as a Core Function of Public Health.
July 4, 2019	Leeds, Grenville & Lanark District Health Unit	Letter of support to MOHLTC – dental program for low income seniors.
July 5, 2019	North Bay Parry Sound District Health Unit	Resolution for continued collaboration of the boards of health in Northeastern Ontario and ongoing Ministry support– public health transformation initiative in northeastern Ontario.
July 8, 2019	Southwestern Public Health	Letter to Minister of Health – concerns about future delivery of health promotion programs and services.
July 17, 2019	Peterborough Public Health	Letter to Minister of Health – funding cancelled for <i>Leave the Pack Behind</i> (provincial partner in tobacco prevention/cessation among young adults.
July 19, 2019	Peterborough Public Health	Letter to Minister Trudeau and Federal Party Leaders – requesting support for a National School Food Program.
July 19, 2019	Niagara Region	Resolution PHD-C 06-2019 – proposed restructuring of Local Public Health Agencies.
July 19, 2019	Middlesex-London Health Unit	Motion to receive report #053-19, <i>Essential Components for Strong Local Public Health</i> .
August 6, 2019	KFL&A Public Health	Letter to Minister of Health – key principles for restructuring local public health in Ontario.
August 27, 2019	Grey Bruce Health Unit	Motion 2019-43 – support the resolution of Windsor-Essex County Health Unit regarding Smoke-Free Multi-Unit Dwellings.
August 27, 2019	Grey Bruce Health Unit	Motion 2019-44 – support the correspondence from York Region regarding <i>Protecting York Region's School Children through Immunization</i> .
August 27, 2019	Grey Bruce Health Unit	Motion 2019-56 – support the resolution of Windsor-Essex County Health Unit regarding Smoke/Vape Free Outdoor Spaces.



Office of the Regional Chair

May 8, 2019

Resolution Number 2019-299

The Honourable Christine Elliott
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto ON M7A 1E9

Dear Minister:

Subject: Public Health Vision Screening in Peel Schools

I am writing to advise that Regional Council approved the following resolution at its meeting held on Thursday, April 11, 2019:

Resolution 2019-299:

That the Ontario Public Health Standards Child Visual Health and Vision Screening Protocol be partially implemented by promoting the availability of a free annual comprehensive eye examination by an optometrist to parents and caregivers of young children;

And further, that the Regional Chair write a letter on behalf of Regional Council, to the Minister of Health and Long-Term Care, requesting changes to the Child Visual Health and Vision Screening protocol that reflect the scientific evidence and build on OHIP-funded comprehensive eye exams;

And further, that a copy of the Regional Chair's letter be sent to the Chairs of Ontario's Boards of Health.

Please find enclosed a copy of the report from the Commissioner of Health Services, titled "Public Health Vision Screening in Peel Schools" for your reference.

Yours Truly,

Nando Iannicca
Regional Chair and Chief Executive Officer

NI:sm

The Regional Municipality of Peel

DATE: April 3, 2019

REPORT TITLE: **PUBLIC HEALTH VISION SCREENING IN PEEL SCHOOLS**

FROM: Nancy Polsinelli, Commissioner of Health Services
Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That the Ontario Public Health Standards Child Visual Health and Vision Screening Protocol be partially implemented by promoting the availability of a free annual comprehensive eye examination by an optometrist to parents and caregivers of young children;

And further, that the Regional Chair write a letter on behalf of Regional Council, to the Minister of Health and Long-Term Care, requesting changes to the Child Visual Health and Vision Screening protocol that reflect the scientific evidence and build on OHIP-funded comprehensive eye exams;

And further, that a copy of the Regional Chair's letter be sent to the Chairs of Ontario's Boards of Health.

REPORT HIGHLIGHTS

- Vision is essential to child development and learning.
- Effective January 1, 2018, the modernized Ontario Public Health Standards: Requirements for Programs, Services, and Accountability required school vision screening services be offered to all senior kindergarten children.
- No ongoing additional funding from the Ministry of Health and Long-Term Care is available to implement this screening program.
- Research does not demonstrate evidence for the effectiveness of universal vision screening programs for children up to the age of six years.
- From birth, Ontario children are already eligible through OHIP for routine vision screening during well-baby and child visits by primary care providers, as well as annual comprehensive eye exams from optometrists.

DISCUSSION

1. Background

Vision is important for child development. Early identification and treatment of vision problems in the younger years is critical for learning potential and quality of life. Vision problems may go unnoticed in early childhood due to a child's inability to recognize or

11.2-2

PUBLIC HEALTH VISION SCREENING IN PEEL SCHOOLS

complain about visual deficits. Therefore, children are routinely screened for vision problems from birth by primary care providers (e.g., family doctors, pediatricians) at well-baby and child visits. Any concerns detected in a child at these visits would prompt a referral to an optometrist or ophthalmologist for further investigation.

OHIP covers an annual comprehensive eye exam by an optometrist for children from birth up to and including 19 years of age. The College of Optometrists of Ontario lists 402 optometrists practicing in Peel on its website.¹ Corrective eyeglasses or lenses are not covered by OHIP but may be funded by Ontario Works, the Ontario Disability Support Program, non-profit organizations (e.g. Eye See Eye Learn), third party insurance companies, or out-of-pocket payments.

Vision Issue

Five to 10 per cent of preschoolers will have vision difficulties which, if left untreated, may interfere with the proper development of visual acuity (i.e. sharpness of vision).² In severe cases, permanent loss of vision in one or both eyes may result. The most common vision problems in children include:

- **Refractive vision disorder:** the shape of the eye prevents a person from focusing well. The length of an eyeball or changes in the curvature of the cornea or lens may cause this disorder. Examples of refractive errors include: myopia (nearsightedness); hyperopia (farsightedness); and astigmatism (abnormal curvature of the cornea or lens).
- **Strabismus:** when both eyes do not line up in the same direction, resulting in the inability to look at the same object at the same time. One or both eyes may turn inward, outward or upward. Depth perception may be affected.
- **Amblyopia:** also known as “lazy eye”, when vision is reduced and not correctible to a normal level with optical devices. It exists in an eye that did not develop normal eyesight and usually presents in the first six years of life. It commonly progresses due to lack of treatment of refractive error and strabismus.

In Peel, 41 per cent of children born in 2008 had at least one comprehensive eye exam between two and five years of age.^{3,4} Across Ontario, the proportion is similar where 47 per cent of children had a comprehensive eye exam between the ages of two and five.^{3,4}

¹ College of Optometrists of Ontario. (2019). *Find an Optometrist*. [online] Available at: https://members.collegeoptom.on.ca/coo_prod/COO/PublicDirectory/Public_Directory_Member/Public_Register/PublicRegisterMember.aspx [Accessed 4 Jan. 2019].

² Canadian Pediatric Society, <https://www.cps.ca/en/documents/position/children-vision-screening>. Posted April 1, 2009 and reaffirmed February 28, 2018

³ Medical Services (OHIP Billing) Database, 2010-2014. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Extracted: June 11, 2018.

⁴ Ontario Registered Persons Database, 2016. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Extracted: June 11, 2018.

PUBLIC HEALTH VISION SCREENING IN PEEL SCHOOLS

2. Childhood Universal Vision Screening Programs

Vision screening is a short sequence of tests that are administered by trained individuals to identify children in need of a comprehensive eye exam for the diagnosis and/or treatment of vision problems.

Vision screening cannot diagnose vision disorders, nor is it a replacement for a comprehensive eye exam which is a more fulsome assessment of eye health. Comprehensive eye exams are typically completed by an optometrist (see Appendix I: Vision Health Services in Ontario).

Globally, childhood universal screening programs vary widely by route of delivery (e.g., school vs. clinic-based), method, and age at screening. In 2016, Public Health Ontario conducted a systematic review regarding the effectiveness of universal vision screening programs for children one to six years of age; however, Public Health Ontario was unable to draw a definitive conclusion due to the lack of high quality evidence available.⁵

3. Role of Public Health Units in School-Based Vision Screening

Effective January 1, 2018, the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability requires all Boards of Health to provide, in collaboration with community partners, visual health supports and vision screening services, in accordance with the Child Visual Health and Vision Screening Protocol, 2018.⁶ The protocol defines the roles, responsibilities and steps necessary for public health units to:

- Annually implement vision screening with senior kindergarten students in all schools; and
- Increase awareness of visual health and the availability of OHIP-covered comprehensive eye exams.

This includes pre-screen and post-screen notifications to parents (i.e., by letter or telephone), health promotion and targeted outreach to priority populations.

Public health units would use three vision screening tests to identify high-risk children in need of a comprehensive eye exam by an optometrist. Screening would take on average up to 20 minutes per child. Additional staff time will be required to follow up with parents post screening. Public health units must also collect and record screening data for analysis and interpretation, as specified by the Ministry of Health and Long-Term Care ('Ministry').

Funding is not provided by the Ministry to public health units to support ongoing implementation of the protocol. Peel Public Health would need to cut back on other services to free up funding for this program. Based on 2018 data, approximately 15,200 senior kindergarten students in Peel would require vision screening annually.

⁵ Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2016). Effectiveness of vision screening programs for children aged one to six years. Toronto, ON: Queen's Printer for Ontario.

⁶ Ministry of Health and Long-Term Care. (Aug., 2018). Child Visual Health and Vision Screening Protocol, 2018. Toronto, ON: Queen's Printer of Ontario. [Online] http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Child_Visual_Health_and_Vision_Screening_Protocol_2018_en.pdf

PUBLIC HEALTH VISION SCREENING IN PEEL SCHOOLS

4. Recommended Approach for Region of Peel

Routine vision screening by primary care providers and comprehensive eye exams by optometrists are available in the community yet a gap exists in their utilization. In the context of a lack of ongoing Ministry funding, and the uncertain evidence to support universal vision screening programs, staff recommend:

- That the Ontario Public Health Standards Child Visual Health and Vision Screening Protocol be partially implemented by promoting the availability of a free annual comprehensive eye examination by an optometrist to parents and caregivers of young children; and
- That the Regional Chair on behalf of Regional Council, send a letter to the Minister of Health and Long-Term Care, requesting changes to (the removal of the vision screening requirement component of) the Child Visual Health and Vision Screening Protocol within the Ontario Public Health Standards.

This approach will avoid the significant costs associated with screening thousands of senior kindergarten students in different schools in Peel and the time required for parent follow-up. If vision screening was implemented in Peel schools, resources would need to be found through increased Regional funding or by diverting funds from other programs that have a greater potential impact on health.

This approach also includes Peel Public Health working to better understand the barriers experienced by parents/caregivers to access vision services.

RISK CONSIDERATIONS

Peel Public Health would not be in compliance with the vision screening requirement under the Ontario Public Health Standards and would risk non-compliance with the *Ontario Health Protection and Promotion Act*. Partial implementation will not put children at risk since emphasis will be placed on promoting the free, OHIP-covered comprehensive eye exams, while exploring and reducing barriers for priority populations. This includes working with community partners, including school boards, to maximize health promotion reach and impact.

FINANCIAL IMPLICATIONS

Regional funding for staff resources and equipment would be required for full implementation of the Vision Screening Protocol, in the absence of Ministry funding. This includes a projected \$1,311,000 for staffing requirements and \$55,000 for initial capital expenses for screening equipment.

Costs for travel and production of health promotion resources are not included in this estimate.

Partial implementation through health promotion resources is estimated at \$10,000 for printing and translation costs. The promotion of OHIP-covered eye exams by optometrists could be delivered by oral health staff during school dental screenings.

In 2018, the Ministry provided one-time funding whereby \$5,100 was used for determining the feasibility and design of a vision screening program. A funding request to support the full implementation was submitted in 2019, however there is significant risk of not receiving the full

11.2-5

PUBLIC HEALTH VISION SCREENING IN PEEL SCHOOLS

amount given the current provincial policy of cost containment and historic underfunding of Public Health in Peel.

CONCLUSION

Vision health is important for child development and learning. OHIP-covered eye exams by optometrists are available to diagnose vision problems. Public Health can work with schools and parents to build awareness about visual health and the free vision services available in the community.



Nancy Polsinelli, Commissioner of Health Services



Jessica Hopkins, MD MSc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



J. Smith, Acting Chief Administrative Officer

APPENDICES

Appendix I – Vision Health Services in Ontario

For further information regarding this report, please contact Paul Sharma, Director, Chronic Disease and Injury Prevention, ext. 2013.

Authored By: Kirsten Barnes, Sandra Almeida, Chronic Disease and Injury Prevention

Reviewed in workflow by: Financial Support Unit

**APPENDIX I
PUBLIC HEALTH VISION SCREENING IN PEEL SCHOOLS**

Vision Health Services in Ontario

The following table compares the vision screening and eye exams conducted by primary care providers, public health and optometrists.

Provider	Age Group and Frequency	Service Type	Service Components
Primary care providers (i.e. family physicians, pediatricians, nurse practitioners)	0-5 years at every well-baby/child visit	Routine vision screening	<ul style="list-style-type: none"> • Child's health history • Risk factor assessment (e.g. family history of eye disorders) • Retinal exam (red reflex) • Eye alignment • Visual acuity (age 3+)
Public Health Units	4-5 years olds in senior kindergarten	Universal vision screening	<ul style="list-style-type: none"> • Visual acuity • Depth perception • Refractive error (e.g. myopia/hyperopia, astigmatism)
Optometrists	0-19 years, annually	Comprehensive eye exam	<ul style="list-style-type: none"> • Child's health history • Risk factor assessment (e.g. family history of eye disorders) • Visual acuity • Depth perception • Eye alignment and focus • Eye muscle movement • Retinal exam after pupil dilation • Slit lamp exam of the front of the eye (e.g. cornea, lens) • Refractive error (e.g. myopia/hyperopia, astigmatism) • Prescription for eye glasses or other treatment • Eye pressure (as needed) • Colour vision (as needed)

Vision screening cannot diagnose vision disorders, nor is it a replacement for a comprehensive eye exam conducted by an optometrist.

cc
MOH
Kerry
Elin
Angie
June 11/19

May 17, 2019

Carman Kidd
Timiskaming Health Unit
43 – 247 Whitewood Avenue, PO Box 1090
New Liskeard, ON P0J 1P0

Dear Mr. Kidd:

Re: Protecting York Region's School Children through Immunization

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

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.
2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health, the other 34 Ontario Boards of Health and the local municipalities.

The original staff report is enclosed for your information.

Please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120 if you have any questions with respect to this matter.

Sincerely,



Christopher Raynor
Regional Clerk

Attachments

The Regional Municipality of York

Committee of the Whole
Community and Health Services
May 2, 2019

Report of the Commissioner of Community and Health Services and Medical Officer of Health

Protecting York Region's School Children through Immunization

1. Recommendations

It is recommended that:

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.
2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health and the other 34 Ontario Boards of Health.

2. Summary

This report outlines York Region Public Health's (Public Health) efforts in enforcing the *Immunization of School Pupils Act* (the Immunization Act) – an Ontario law requiring children under age 18 years attending school to have up-to-date immunization records (or valid exemptions) on file with their public health unit for a designated subset of publicly-funded childhood immunizations.

Key Points:

- Administration and enforcement of the Immunization Act is an important tool for: improving immunization coverage among school-age children; understanding trends and patterns in vaccine coverage; and supporting public health interventions in the event of a vaccine-preventable disease case or outbreak
- Administration of the Immunization Act in York Region would be enhanced if the provincial government were to create a provincial Electronic Medical Record and merge this record with the existing Digital Health Immunization Repository so that any time a health care provider administers a vaccine, it is captured in a central provincial registry

3. Background

Ontario's publicly-funded immunization program prevents diseases that could otherwise cause illness and death

Immunization is one of the most successful and cost-effective public health interventions available. It protects an individual from the negative health impacts of vaccine-preventable diseases like measles or pertussis, and further protects the community at large including those who cannot receive a particular vaccine due to their age or a medical condition.

York Region's immunization program is governed by the *Immunization of School Pupils Act* (the Immunization Act) for school-aged children, and the *Child Care and Early Years Act* for children attending licensed child care centres. Program specific requirements are detailed in the Ontario Public Health Standards, including the requirement to assess, maintain records, and report on the immunization status of children enrolled in schools and licensed child care centres.

Under the Immunization Act, parents or guardians of school-aged children are required to provide Public Health with proof of immunization or a valid exemption (medical or conscience/religious belief). These immunizations include diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chickenpox). Most of these vaccine-preventable diseases are highly contagious and can have serious health consequences, including death.

York Regional Council as the Board of Health in York Region supports the activities of Public Health in promoting immunization among school age children

On February 18, 2016 Council endorsed Public Health's role in enforcement of the Immunization Act. The report detailed the administration and enforcement, discussed the benefits of publicly-funded immunization programs and outlined ongoing community efforts to improve immunization uptake and compliance among the Region's students. On April 20, 2017, an update on enforcement of the Immunization Act in York Region was received by Council, including details regarding the approach Public Health would take to improve Immunization Act-related activities in York Region private schools.

Currently, immunization information is not shared between primary health care providers and Public Health

Under the current system, children receive most childhood vaccinations by their primary care provider, who will then typically update the child's personal paper immunization record (the "yellow card"). Immunization information is also recorded in the electronic or paper-based medical record held by their primary care provider. It is then the responsibility of parents or guardians to provide their child's immunization record to Public Health in order for their immunization information to be updated within the provincial Digital Health Immunization Repository.

The Digital Health Immunization Repository is the provincial electronic immunization database that houses all student immunization information. Public Health can input and access student immunization information through this database however, primary health care providers who administer vaccines to children do not have access to the system.

There have been previous attempts to create online portals where patients and health care providers could securely submit immunization information to the Digital Health Immunization Repository. For example, Immunization Connect Ontario developed a platform for both the public as well as primary health care providers to enter information. However, there have been barriers to universal adoption of Immunization Connect Ontario by primary health care providers and public health units across Ontario.

The provincial government recently announced plans to create a provincial Electronic Medical Record and merge it with the Digital Health Immunization Repository

A provincial immunization registry would allow for the seamless reporting of immunization information by primary health care providers at the time of administration.

4. Analysis

Public Health employs a number of strategies to promote immunization among school-aged children

A number of activities occur to support parents and guardians in ensuring their children follow Ontario's publicly-funded immunization schedule (Attachment 1). Public Health sends letters to parents detailing the Immunization Act process and ensures local clinicians are aware of the immunization requirements for school-aged children. Through the school immunization program, Public Health nurses administer three publicly-funded vaccines to grade 7 (twelve year old) students: hepatitis B (two doses), meningitis (one dose, required under the Immunization Act), and human papillomavirus virus (HPV) (two doses). Over the course of the calendar year, community clinics are also held where students can receive publicly funded vaccines.

Public Health responds to vaccine education requests from the community, and proactively raises awareness among the community and local clinicians about the benefits of immunization.

The Immunization Act enforcement process occurs yearly, with Catholic, Public, French and private school boards

The process begins with merging the student demographic information, provided by the schools, with the provincial immunization database and the Digital Health Immunization Repository to identify which students do not have up-to-date records or valid exemptions on file.

Students aged 7 to 17 who are not up-to-date on their immunizations are identified. At least two reminder letters are sent out to parents or guardians and students, which:

- provide information on the benefits of vaccination
- provide the process for submitting updated immunization records to Public Health and how students can receive immunizations they have missed
- notify parents or guardians and students of any pending enforcement activities

Parents or guardians and students have two months after receiving the reminder letters to update their records with Public Health

The Immunization Act provides authority for Public Health to suspend a student for up to a maximum of 20 school days if he/she does not provide up-to-date records or a valid exemption. School principals are responsible for implementing a suspension order. Suspending students is a last resort for Public Health.

Between 2015 and 2018, approximately 82,000 student records were assessed for compliance, resulting in approximately 1,200 suspensions (Table 1). For those students who were suspended, almost all were permitted to return to school within a few days.

Table 1

Results of the Act Enforcement, 2015/16 to 2017/18 School Years, York Region

School Year	Number of student records assessed	Number of students received first letter*	Number of students received second letter	Number of suspension orders sent	Number of students suspended (% of students assessed)
2015/2016¹ First year of Digital Health Immunization Repository	19,415	8,893	5,050	3,098	356 (1.8%)
2016/2017²	26,540	17,640	10,696	6,860	273 (1.0%)
2017/2018³	36,935	23,866	15,752	12,159	649 (1.8%)

Notes:

1. Only 17 year olds attending York Region Catholic and public high schools were assessed
2. 7 and 17 year olds attending York Region Catholic, public and French schools were assessed
3. 7 and 17 year olds attending York Region Catholic and public schools and 7 to 17 year olds attending York Region private and French schools were assessed

* refers to the total number of students who were non-compliant at the onset of enforcement

In 2012/2013, Public Health set out to build relationships with each of the private schools and their respective boards. This has been a major undertaking because the private schools are not unified by one all-encompassing board like the Catholic, French and Public boards. Public Health recently partnered with York Region's 71 private schools to administer the Immunization Act. This work resulted in 100 per cent compliance with the Act among private

school students age 7 to 17 during the 2017/18 school year within the 70 schools who provided student demographic records that year. Since that time, the additional private school has provided Public Health with their student demographic information. Immunization data for all 71 private schools will be captured in 2018/2019.

Under the Ontario Public Health Standards, Public Health is required to maintain immunization records for children in licensed child care centres

In York Region, licensed child care centre operators collect and retain immunization information from parents, and provide it to Public Health upon request. In the event of a vaccine-preventable disease occurring in a licensed child care centre, Public Health can assess each child's records to decide who to exclude and who can safely remain in the child care centre.

Immunization information for children currently in licensed child care centres is captured in the Immunization Act school enforcement activities when the children turn seven. Moving forward, Public Health will focus on collecting information from younger cohorts since most of the publicly-funded immunizations recommended for children are to be given before school entry (Attachment 1). The earlier Public Health can ensure up-to-date records, the more streamlined the Immunization Act process is once children are enrolled in school.

Parents or guardians are able to obtain a medical or conscience/religious belief exemption if they choose not to immunize their child

Medical exemptions are available to children who are unable to receive a vaccine for medical reasons. Parents may request a medical exemption for a child who has a life-threatening allergy and cannot receive a vaccine that contains the allergy-inducing component, or for a child who is undergoing certain treatments for cancer. A written statement from a physician or a nurse practitioner outlining medical reason(s) why the child should not be immunized must be provided to public health to obtain a medical exemption. For the 2017/18 school year, less than one per cent of 7 year-old students in York Region obtained a medical exemption.

A non-medical exemption may be obtained when a parent or guardian has chosen not to vaccinate their child based on conscience or religious belief. Parents or guardians wishing to file a non-medical exemption must complete a "statement of conscience or religious belief" form, have their exemption form signed and affirmed before a lawyer or notary public, and submit to Public Health. In addition, the Immunization Act requires parents or guardians who are requesting an exemption based on conscience or religious beliefs to attend an education session developed by the Ministry of Health and Long-Term Care (Ministry). Public Health provides these sessions at the immunization clinic located at the Newmarket Health Centre. For the 2017/18 school year, approximately one per cent of 7 year-old students in York Region obtained a religious or conscience (non-medical) exemption. Previous Ontario data suggest that non-medical exemptions are increasing over time, however, the absolute proportion remains low, at less than 2.5 per cent on average for the province.

Public Health uses immunization data from the age seven cohort to estimate immunization coverage

Health units across Ontario report data for the age 7 cohort because most childhood vaccines are administered by this age. Seven year-old students in York Region have higher than average immunization coverage rates compared to the rest of the province. For example, for the 2017/18 school year, the proportion of 7 year-old students (those born in 2010) who are up-to-date for immunizations under the Act in York Region is 86.9 per cent, compared to the provincial average of 79.5 per cent. For specific diseases, York Region students have immunization coverage comparable to the provincial average for the 2016/17 school year (Table 2).

Table 2
Immunization Coverage Estimates¹ (%) for 7 year-olds for Key Childhood Vaccines, 2016/17 school year

	Measles	Mumps	Rubella ²	Tetanus	Pertussis	Polio
York Region	90.7	90.5	94.1	84.8	84.7	84.9
Ontario	91.2	91.1	96.2	84.7	84.6	85.0

Notes:

1. more robust estimates of vaccine coverage are not available because Ontario does not have a provincial immunization registry
2. the Provincial definition of up-to-date is ≥ 1 valid dose of rubella compared to ≥ 2 valid doses for measles and mumps

Public Health is well-positioned to respond in the event of a vaccine-preventable disease case or outbreak in a school, such as measles

Measles has been in the news recently with outbreaks in New York City, Vancouver, and recently, a report of an infected individual being in a public place in York Region. In the event of a measles case in a York Region school, Public Health can quickly determine those students whose records indicate inadequate protection (based on immunization history or exemptions). For students who are under-immunized, the measles vaccine can be administered within 72 hours of exposure to help prevent them from becoming sick, or they can be removed from school to ensure their safety and the safety of others.

Public Health has implemented an eight-year strategic program plan for implementation of the Immunization Act

York Region has the third largest student population in Ontario, with 194,082 students in 408 schools. Immunization information recorded in the Digital Health Immunization Repository covers approximately 83 per cent of students aged 4 to 17, and 95 per cent of students, aged 7 to 17, attending schools in York Region. By June 2023 the annual student record

assessment and the Act enforcement expansion will include all York Region students aged 7 to 17 and moving forward will continue to include every student within this age range, with the exception of the age 12 cohort, which currently receive immunizations directly from Public Health through the grade 7 program.

Once the immunization records of all students, aged 7 to 17 have been collected, Public Health will begin collecting immunization records for school aged children less than seven years of age. Currently, immunization information captured in the Digital Health Immunization Repository covers approximately 33 per cent of students aged four to six. Under Ontario's publicly-funded immunization schedule, two vaccines are administered between the ages of four to six; however immunization records are not captured until age seven when Public Health collects student demographic information from the schools under the Immunization Act.

York Region Public Health and the Council of Ontario Medical Officers of Health strongly support creation of an immunization registry

A major challenge to administration of the Immunization Act is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary health care providers at the time the vaccine is administered, to the Digital Health Immunization Repository. Self-reporting of immunization information without verification is the standard across all Ontario health units. Public Health Units across Ontario do not have a process to verify the "yellow card" with primary health care providers since this would be immensely labour intensive and costly. It is possible some inaccuracies exist in records collected by Public Health because of the reliance on parents to provide immunization information themselves.

In March 2019, the Council of Ontario Medical Officers of Health – a subgroup of the Association of Local Public Health Agencies representing Associate Medical Officers of Health and Medical Officers of Health across the province – wrote to the Minister of Health and Long-Term Care supporting the Ministry's proposed plan to develop a provincial Electronic Medical Record and merge it with the Digital Health Immunization Repository (Attachment 2). This Electronic Medical Record - Digital Health Immunization Repository integration project would allow for the seamless reporting of immunizations from primary health care providers at the time of vaccine administration directly to local public health.

Public Health is very supportive of the recommendation made by the Council of Ontario Medical Officers of Health that the Ministry assume the role of the health information custodian for the Digital Health Immunization Repository. The Ministry has previously assumed this role with the Ontario Laboratory Information System and the Digital Health Repository. The Ministry taking on the role of the health information custodian, instead of 35 Medical Officers of Health doing so would mean a more consistent approach in obtaining consent for the collection of vaccine information not covered under the Immunization Act.

Immunization Act enforcement supports the corporate strategic goal of supporting community health, safety and well-being

The York Region *2019 to 2023 Corporate Strategic Plan: From Vision to Results* articulates the corporate priority of supporting community health, safety and well-being. Enforcing the Immunization Act among designated cohorts of students supports this priority.

5. Financial

In 2018, activities related to enforcement of the Immunization Act were managed within the Public Health Branch council approved budget of \$65.7 million. Table 3 provides a summary of the budget for Public Health in 2018. In 2019, program activities related to the enforcement of the Act will continue to be managed within the approved Public Health Branch budget of \$68.4 million

Table 3
Public Health Branch 2018 Financial Summary

	2018 Budget	2019 Budget
	(\$'000)	(\$'000)
Gross expenditures	65,750	68,365
Provincial funding	(48,746)	(49,962)
Net Levy	17,004	18,403

6. Local Impact

There is no direct impact from these recommendations on local municipalities. Enforcement of the Immunization Act relies heavily on partnerships with the local public, Catholic, and French school boards and individual private schools to support suspension orders. Enforcement will continue on a yearly basis to ensure students comply with the legislation and to ensure that students are vaccinated as they move through the publicly-funded immunization schedule, before they reach their 18th birthday when they no longer fall within the requirements of the Immunization Act.

7. Conclusion

York Region Public Health protects the health of the community by preventing vaccine-preventable diseases among our growing population. In light of recent media reports of vaccine-preventable disease outbreaks and issues relating to our current system of

immunization data collection, Public Health will continue to collaborate with parents, local school boards, and individual schools to ensure compliance of the Act, improve immunization rates and protect the health of our communities. Moving toward a seamless immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population, supporting public health interventions in the event of a school outbreak or exposure to a vaccine-preventable disease.

For more information on this report, please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120. Accessible formats or communication supports are available upon request.

Recommended by: **Katherine Chislett**
Commissioner of Community and Health Services

Dr. Karim Kurji
Medical Officer of Health

Approved for Submission: **Bruce Macgregor**
Chief Administrative Officer

April 17, 2019
Attachments (2)
#9309454

Publicly Funded Immunization Schedules for Ontario – December 2016

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

Vaccine	Age											
	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years [^]	Grade 7	14-16 Years [†]	24-26 Years [†]	>84 Years [†]	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b	◆	◆	◆	◆		◆						
Pneut-C-13 Pneumococcal Conjugate 13	◆	◆		◆								
Rot-1 Rotavirus	▲	▲										
Men-C-C Meningococcal Conjugate C				◆								
MMR Measles, Mumps, Rubella				■								
Var Varicella					■							
MMRV Measles, Mumps, Rubella, Varicella					■		■					
Tdap-IPV Tetanus, diphtheria, pertussis, Polio							◆					
HB Hepatitis B								●				
Men-C-ACYW Meningococcal Conjugate ACYW-135								●				
HPV-4 Human Papillomavirus								●				
Tdap Tetanus, diphtheria, pertussis									◆			
Td (booster) Tetanus, diphtheria									◆			
BZ Herpes Zoster										◆		
Pneu-P-23 Pneumococcal Polysaccharide 23											◆	
Inf Influenza											◆	◆

* Every year in the fall

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection
 ■ = A single vaccine dose given in a syringe and needle by subcutaneous injection
 ▲ = A single vaccine dose given in an oral applicator by mouth
 ● = Provided through school-based immunization programs. Men-C-ACYW is a single dose. HB is a 2-dose series (see Table 6). HPV-4 is a 2-dose series (see Table 10). Each vaccine dose is given in a syringe and needle by intramuscular injection
 § = Given 10 years after the (4-6 year old) Tdap-IPV dose
 ¶ = Given 10 years after the adolescent (14-16 year old) Tdap dose
 * = Once a dose of Tdap is given in adulthood (24-26 years of age), adults should receive Td boosters every 10 years thereafter
 † = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given 24 weeks apart. Children who have previously received 2 doses given 24 weeks apart. Children who have previously received 2 doses of influenza vaccine should receive 1 dose per season thereafter
 Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-23)

*The Council of Ontario
Medical Officers of
Health (COMOH) is a
Section of*



**ALPHA's members are
the public health units
in Ontario.**

ALPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
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E-mail: info@alphaweb.org

March 14, 2019

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

Dear Minister Elliott,

Re: Support of Immunizations and the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project

On behalf of the Council of Ontario Medical Officers of Health, I am writing to express our thanks for the Minister's support of immunizations and the immunization programs in Ontario. Getting the public support of the Minister in the face of so much misinformation on vaccines is very valuable and appreciated.

We would also like to provide our full support to the Ministry for moving forward with online health records for patients, and in particular, the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, namely the seamless reporting of immunizations from health care providers directly to local public health. This will reduce the considerable burden on parents to manually report their child's immunizations to local public health units. It will also be more efficient and ensure more accurate vaccine records. If done well, it could also serve as a model for future digital integration between electronic medical record solutions and other provincial health digital assets, supporting the Ontario government's priorities for digitization.

Public health uses vaccination records in the DHIR to prevent and stop outbreaks of infectious diseases such as measles. When EMR integration with the DHIR is established, in order for a vaccination record to be shared between a patient's physician and public health, consent from the patient or their guardian would be required. We would like to encourage the Ministry to consider removing the need for individual informed consent to share vaccine records to improve the efficiency for public health to prevent the spread of infectious diseases.

The Ministry might also consider being the Health Information Custodian for immunization records in the DHIR, administering the DHIR in a manner similar to other Ministry assets like the Ontario Laboratory Information System (OLIS) and the Digital Health Drug Repository. This would further simplify the system by eliminating the need for individual agreements between each of the 35 local public health units and the Ministry and streamline the current process where each local PHU must verify immunization records as they are added to the DHIR.

If the Ministry prefers that local medical officers of health remain the health information custodians for the immunization records of their respective health units, a new consent form would be required. A Ministry-approved, IPC-compliant consent form for the collection of non-ISPA/CCEYA information would be needed for use by all 35 public health units prior to the project being implemented.

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

Vaccine wastage or inappropriate administration could also be managed by permitting patients and health care providers across the province to easily access recorded immunization histories.

The proposed project is also consistent with the mention in "Ending Hallway Medicine" to consider technology solutions to improve health outcomes for patients, to integrate care at the local level, and to identify options for integrated health information systems that would facilitate smooth transfers between care settings, in this case from doctor's offices to local public health.

To that end, we thank you again for your announced commitment to this project and look forward to working with your office towards an efficient health care system that meets the needs of Ontarians.

Yours sincerely,



Dr. Chris Mackie
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. David Williams, Chief Medical Officer of Health
Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway
Medicine



Office of the Regional Chair

May 21, 2019

Resolution Number 2019-416

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

Dear Minister Elliott:

Subject: Modernization of Ontario Public Health Units in the 2019 Ontario Budget

I am writing to advise that Regional Council approved the following resolution at its meeting held on Thursday, May 9, 2019:

Resolution 2019-416:

That the Chair of the Board of Health (Regional Chair) write a letter to the Minister of Health and Long-Term Care with copies to the Town of Caledon, the City of Brampton, the City of Mississauga, the Association of Municipalities of Ontario (AMO), Mayors and Regional Chairs of Ontario (MARCO), MPPs representing Region of Peel ridings, the Association of Local Public Health Agencies, and Chairs of Ontario's Boards of Health to:

- Request that the Province maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018;
- Request that the Province ensure that public health remains responsive to local community needs and is enabled to work collaboratively with local municipalities and community organizations;
- Request that the Province achieve and maintain the 75 per cent provincial and 25 per cent municipal funding formula for Peel Public Health, ensuring sufficient funding levels to meet community needs;
- Request that financial implications for municipalities be mitigated, prevented, and that the Province fully fund any costs associated with Peel Public Health's transition to a regional public health entity;
- Request that the Province consult with municipalities and public health agencies on the modernization of Ontario's public health units.

The Regional Municipality of Peel

And further, that the resolution from MARCO regarding public health funding cuts, be endorsed.

Yours Truly,



Nando Iannicca
Regional Chair and Chief Executive Officer
Chair, Board of Health for Peel Public Health

NI:sm

Enclosed

1. Report titled "Modernization of Ontario Public Health Units in the 2019 Ontario Budget"
2. MARCO Briefing note titled "Response to the Province's Proposed Restructuring of Public Health and Emergency Medical Services, and Public Health Funding Reductions"

Copied:

Deepak Anand, MPP, Mississauga-Halton
Rudy Cuzetto, MPP, Mississauga-Lakeshore
The Honourable Sylvia Jones, MPP, Dufferin-Caledon
Natalia Kusendova, MPP, Mississauga-Centre
Kaleed Rasheed, MPP, Mississauga East-Cooksville
Sheref Sabawy, MPP, Mississauga-Erin Mills
Amarjot Sandhu, MPP, Brampton West
Prabmeet Sarkaria, MPP, Brampton South
Sara Singh, MPP, Brampton Centre
Gurratan Singh, MPP, Brampton East
Nina Tangri, MPP, Mississauga-Streetsville
Kevin Yarde, MPP, Brampton-North
Chairs of Ontario's Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Karen Redman, Chair of MARCO
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Diana Rusnov, Clerk, City of Mississauga
Peter Fay, Clerk, City of Brampton
Carey Herd, Clerk, Town of Caledon
Nancy Polsinelli, Commissioner of Health
Dr. Jessica Hopkins, Medical Officer of Health

The Regional Municipality of Peel

DATE: May 7, 2019

REPORT TITLE: **MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET**

FROM: Nancy Polsinelli, Commissioner of Health Services
 Jessica Hopkins, MD MHScc CCFP FRCPC
 Medical Officer of Health

RECOMMENDATION

That the Chair of the Board of Health (Regional Chair) write a letter to the Minister of Health and Long-Term Care with copies to the Town of Caledon, the City of Brampton, the City of Mississauga, the Association of Municipalities of Ontario (AMO), the Large Urban Mayors' Caucus of Ontario (LUMCO), Mayors and Regional Chairs of Ontario (MARCO), MPPs representing Region of Peel ridings, the Association of Local Public Health Agencies, and Chairs of Ontario's Boards of Health to:

- Request that the Province maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018;
- Request that the Province ensure that public health remains responsive to local community needs and is enabled to work collaboratively with local municipalities and community organizations;
- Request that the Province achieve and maintain the 75 per cent provincial and 25 per cent municipal funding formula for Peel Public Health, ensuring sufficient funding levels to meet community needs;
- Request that financial implications for municipalities be mitigated, prevented, and that the Province fully fund any costs associated with Peel Public Health's transition to a regional public health entity;
- Request that the Province consult with municipalities and public health agencies on the modernization of Ontario's public health units.

REPORT HIGHLIGHTS

- The 2019 Ontario budget was tabled on April 11, 2019.
- The budget includes significant changes to public health, including:
 - Replacing the current public health unit structure with ten regional public health entities and ten new regional boards of health by 2020-21
 - Adjusting provincial–municipal cost-sharing of public health funding in 2019-20
 - Achieving annual savings of \$200 million from public health units by 2021-22
- Additional details are needed to fully understand the implications.

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

- Changes to public structure and governance may impact the capacity of local municipalities to address specific local public health priorities. These changes may also weaken existing linkages between public health, municipalities, and community organizations that add value across programs, such as those that target the social determinants of health.
- Furthermore, potential reductions in the provincial allocations to public health will impact programs that keep people out of hospitals and potentially create additional financial burdens for municipalities.
- Key considerations for a strong public health sector are to maintain local public health's distinct mandate, ensure adequate funding to reduce the fiscal burden of disease, and guarantee local input in governance, determination of priorities, and partnerships.

DISCUSSION**1. Background**

The 2019 Ontario budget, tabled on April 11, 2019, includes changes to the structure of the public health sector in Ontario. This report informs the Board of Health (Regional Council), as the governing body for Peel Public Health, on the public health implications of the 2019 Provincial budget. Other changes to the Ontario health care system included in the provincial budget were described in the Overview of Health System Transformation - A Region of Peel Perspective report and verbal report by the Medical Officer of Health presented to Council on April 25, 2019. A letter from the Ontario Chief Medical Officer of Health was received on April 29, 2019, with further details (Appendix I).

Under the *Health Protection and Promotion Act, 1990* ('the Act'), Regional Council is the Board of Health, and Peel Public Health is part of the Region of Peel. Further details about Regional Council's role as the Board of Health are included in the report dated February 14, 2019, Public Health Introduction and 2014-2019 Strategic Priority Status. The Board of Health is accountable to the Ministry of Health and Long-Term Care, which mandates public health programs and services and provides cost-shared funding through annual Public Health Funding and Accountability Agreements ('accountability agreements'). Section 72 of the Act describes the obligation of municipalities to fund local public health. The Act does not speak to the provincial responsibility to fund local public health. However, cost-sharing arrangements for public health programs and services between the province and municipalities are in place based on provincial government policy. The provincial contribution has fluctuated over time.

The Ontario Public Health Standards, issued under the Act, provide the framework and requirements for public health functions and outlines the core mandate of public health as:

- Assessment and Surveillance (e.g., opioid overdose surveillance)
- Health Promotion and Policy Development (e.g., Regional Official Plan Amendment 27 – Health and the Built Environment, Age-Friendly Planning)
- Health Protection (e.g., food premises inspections)
- Disease Prevention (e.g., immunizations)
- Emergency Management (e.g. pandemics such as H1N1)

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

2. Modernization of Ontario's Public Health Units in the 2019 Ontario Budget

The 2019 Ontario budget proposes substantive changes to the Ontario public health sector. The stated goals are to improve consistency in service delivery across Ontario, and to increase coordination with the broader health system and alignment with current government priorities. Stated goals also include more efficient service delivery, which will be achieved by economies of scale, streamlined back-office functions, digitizing processes, and better coordinated action. Broader municipal engagement is also referred to as part of the rationale for these changes.

Proposed public health sector changes include:

- Establishing ten regional public health entities and ten new regional boards of health with one common governance model by 2020–21. Currently, there are 35 public health units across the province.
- Achieving annual savings from public health units of \$200 million by 2021-22.
- Adjusting the provincial-municipal cost-sharing of public health in 2019-20. Currently, cost-shared programs are funded 25 per cent by municipalities and 75 per cent by the Province, but in Peel there is historical provincial underfunding relative to local community needs.
- Streamlining the Ontario Agency for Health Protection and Promotion (Public Health Ontario) to enable greater flexibility with respect to non-critical standards based on community priorities.

Subsequently, in an April 29 letter from the Chief Medical Officer of Health, it was communicated that:

- There will be six large, urban public health entities with a population over one million, a Toronto entity, and three rural/northern entities, with a population under 1 million.
- The percentage of municipal public health cost-shared funding will be increased overtime. In the case of areas over one million of inhabitants, the municipal share can go from the current 25% to 30% retroactive to April 1, 2019, and to 40% on April 1, 2021 (see Appendix I).
- The new Boards of Health will be autonomous and include municipal and provincial representatives.
- The province will consider providing one-time funding to help mitigate financial impacts on municipalities and consider exceptions or waivers for some requirements in the Standards.

More recently, the Minister of Health and Long-Term Care has noted in the media that some current local public health functions related to public health messaging on the importance of exercising, eating properly, living smoke free, and not drinking alcohol or taking drugs in excess could be shifted to the province (Government of Ontario Announcement by Ministers Cho and Elliott given in Scarborough; Minister Elliott on Newstalk1010, Moore in the Morning, 8:43 a.m.). Without further information, it is not clear what the province is planning beyond public education to address these important public health issues that require a comprehensive approach (i.e., monitoring and surveillance, policy, enforcement).

8.2-4

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

No further details on any of the proposed changes have been provided at this time. To date, there has been no consultation on the proposed changes; however, the province has indicated that they plan to consult with municipalities and public health on implementation, starting with calls over the next weeks with public health units to discuss their Annual Service Plan and Budget Submissions.

The 2019 Ontario budget also includes initiatives regarding a \$90 million investment in a new low-income seniors' dental program across Ontario, changes to alcohol access, cannabis sales and gambling regulations. Peel Public Health will monitor the proposed changes and report to Council as appropriate.

3. Implications for the Region of Peel

The reorganization of public health units and presumably service boundaries will have considerable implications for regional governments, such as Peel, that have public health units embedded within their organizational structures. Although additional details are required to better understand the full implications of the proposed changes, some considerations include:

- **Changes to public health structure and governance may impact the capacity of local municipalities to address specific local public health priorities.** If implemented as described, Peel Public Health could be delinked from the Region of Peel and Regional Council will likely not be the Board of Health. Mechanisms for municipal engagement with the new regional public health entities are not clear in the proposal. The government has committed to including municipal appointees on the Boards of Health of the new regional public health entities. Beyond this municipal representation, it is unclear how municipalities will be part of setting public health priorities, influencing decisions, and ensuring local public health needs are met.
- **Increasing geographic and population responsibilities in regional public health entities may impact linkages and relationships between public health and municipal partners.** Currently Peel Public Health has well established relationships and partnerships with various municipal departments and organizations (e.g., related to housing, employment, transportation). These strong partnerships help target the social determinants of health and policies to support healthy communities for Peel's residents. It will be important for the new regional public health entity to support continued strong connections with municipal governments and community organizations to collaboratively improve public health outcomes. Maintaining a Peel-specific public health entity could help continue these beneficial partnerships and would help address local-level needs of current and future Peel residents.
- **There will likely be costs associated with the transition to an autonomous public health structure.** It is important for the transition to be cost-neutral for municipalities and not impact the property tax base. The province should fully fund any costs associated with Peel Public Health's transition to a regional public health entity.
- **The proposed savings of \$200 million will likely impact public health service delivery.** Although it is not clear whether specific public health programs will be targeted, the amount is significant as compared to the total population and public health program allocation of \$1.27 billion in the 2018-19 Ministry of Health and Long-Term Care

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

Expenditure Estimates. It is unclear how these cost-savings will be achieved without downloading costs to municipalities and impacting local public health programs and services.

- **Cost-shared funding agreements with municipalities will be impacted and reduce the provincial share of funding.** Early estimates range from a \$5.5M loss of revenue to a \$2.7M gain in provincial revenue (see Update on the Provincial Budget oral report to Regional Council, April 25, 2019). Despite years of provincial underfunding, Peel Public Health has consistently made efforts to increase efficiencies and implement evidence-based and effective programs to answer to community needs. Potential reductions in the provincial allocations will impact programs that keep people out of hospitals and potentially place additional financial burdens on municipalities and their residents. A deficit of this magnitude would require program changes. The Association of Municipalities of Ontario has also advocated for “local say for local pay” to ensure that, as a funder, municipalities have appropriate mechanisms to influence priorities and policies.

4. Key Considerations for a Strong Public Health Sector in Ontario

To respond to local public health needs, a strong Ontario Public Health Sector should:

- **Maintain the distinct mandate of public health.** The core function of public health is to prevent disease and protect and promote health for the population. Increased integration with the health care system, while positive for some programs, could shift the mandate of public health away from disease prevention and health promotion. It is imperative that public health’s unique role is maintained, and that public health remains distinct from health care services in terms of both role and oversight. Public health should also retain the necessary independence to enable the Medical Officer of Health and Board of Health to respond quickly and effectively to public health crises.
- **Be well-funded to reduce the fiscal burden of disease.** Currently, public health funding is only about two per cent of total provincial health expenditures, and local municipalities have funded more than their mandated cost-shared allocation in order to respond to local public health needs. Lessons from crises such as the *E. coli* contamination of drinking water in Walkerton and the SARS outbreak are clear about the importance of public health investments and sustained human resources. Investments in preventive and health promoting population health interventions are also shown to reduce the economic burden of disease, often through health care system cost avoidance.¹ It is concerning that the province is considering further savings in the public health sector at a percentage that is very likely to impact programs and services.
- **Be responsive to local community needs and relationships (keeping the “local” in local public health).** A strong public health sector nurtures relationships with municipal governments and other local organizations to positively address local community needs. Public health partnerships are locally-based and extend beyond health care to include municipalities, school boards, police, and social services agencies. It is important to

¹ Canadian Public Health Association (2013). Public Health 1st The Ultimate Return on Investment.

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

maintain a local connection to identify local priorities and address population needs in collaboration with partners.

See Appendix II for further details on the essential components for a strong local public health sector.

RISK ASSESSMENT

A more specific risk assessment will be completed once further details are known.

FINANCIAL IMPLICATIONS

The proposed changes to the organization of public health units and their funding will have significant financial implications for the Region of Peel. Public health accountability agreements are likely to change from funding Region of Peel as an organization to allocating funding to new regional public health entities. Based on current information, the range of potential funding changes include a \$5.5 million decrease to a \$2.7 million increase annually based on the 2019 Council-approved budget which will be effective April 1, 2019. Should the province decrease Peel Public Health's funding, options to manage the funding shortfall will be brought to Regional Council for consideration.

The province has not announced if they are prepared to assume the financial costs associated with Peel Public Health's transition to a regional public health entity.

Financial implications of the provincial investment in a low-income seniors' dental program will be reported to Council in a separate upcoming report once details are available.

CONCLUSION

The proposed changes to the public health sector included in the 2019 Ontario budget will have important implications for the Region of Peel. If implemented as proposed, structural and governance changes could change the role of Regional Council as the Board of Health. Furthermore, Peel Public Health will likely be part of a new governance structure as one of the ten new regional public health entities. Local municipal public health priorities and available programs and services could be impacted by the proposed changes.

Given limited details included in the provincial budget documents, it is anticipated that there will be some opportunity for consultation and input by local public health units, municipalities and communities. Careful consideration of local implications is necessary to maintain a robust public health sector that provides a population- and evidence-based approach to promote health, prevent illness and support a sustainable health system in Peel.



Nancy Polsinelli, Commissioner of Health Services

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET



Jessica Hopkins, MD MHS Sc CCFP FRCPC
Medical Officer of Health
Approved for Submission:



S. VanOfwegen, Acting Chief Administrative Officer

APPENDICES

Appendix I – Letter from the Chief Medical Officer of Health to Public Health Units
Appendix II – Keeping Peel Healthy, Safe & Connected: Essential Components For A Strong
Local Public Health Sector Through Modernization

For further information regarding this report, please contact Jessica Hopkins, Medical Officer of Health.

Authored By: Inga Pedra, ext. 2677 and Fabio Cabarcas ext. 8363

Reviewed in workflow by:

Financial Support Unit

**Ministry of Health
and Long-Term Care**

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Public Health
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**Ministère de la Santé
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April 29, 2019

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: Public Health Modernization

As you are aware, the Ontario government released its Budget on April 11, 2019. The government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsible to the province's evolving health needs and priorities.

While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities. Modernizing and streamlining the role of public health units across the province will better coordinate access to health promotion and disease prevention programs at the local level, ensuring that Ontario's families stay safe and healthy.

As you know well, public health is a uniquely placed sector that must evolve to better meet ever-changing community needs. To that end, the Ministry of Health and Long-Term Care (the "ministry") has been working to define what a more resilient, modernized public health sector will look like, and also how it can contribute to the patient experience and better align to the new Ontario Health Agency, local Ontario Health teams, and the health system at large.

Notably, with respect to the public health sector, the ministry is proposing the following:

- Changing the cost-sharing arrangement with municipalities that would reflect an increased role for municipalities within a modernized public health system beginning 2019-20. The ministry will graduate the cost-sharing changes slowly over the next 3 years and will vary the final ratios by population size of the new Regional Public Health Entities. This is being done to recognize the variation across the province (i.e., geography, disbursement of populations, etc.). The cost-sharing changes, which will also apply to all 100% provincial programs funded by MOHLTC (except for the unorganized territories grant provided to northern public health units, and the new seniors dental program) are planned as follows:

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

- **2019-20 (April 1, 2019):** 60% (provincial) / 40% (municipal) for Toronto; and, 70% (provincial) / 30% (municipal) for all other public health units.
 - **2020-21 (April 1, 2020):** 60% (provincial) / 40% (municipal) for the Toronto Regional Public Health Entity; and, 70% (provincial) / 30% (municipal) for all other Regional Public Health Entities.
 - **End State 2021-22 (April 1, 2021):** 50% (provincial) / 50% (municipal) for the Toronto Regional Public Health Entity; 60% (provincial) / 40% (municipal) for 6 larger Regional Public Health Entities with populations over 1 million; and, 70% (provincial) / 30% (municipal) for 3 smaller Regional Public Health Entities with populations under 1 million.
- Creating 10 Regional Public Health Entities, governed by autonomous boards of health, with strong municipal and provincial representation. Realigning the public health sector at a regional level provides for enhanced system capacity, consistent service delivery and greater coordination to support health system planning. The role of municipalities are core aspects of public health that the ministry wants to preserve in this new model and will do so by maintaining a local public health presence in communities.
 - Modernizing Public Health Ontario to reflect changes in the health and public health landscape.
 - Introducing a comprehensive, publicly-funded dental care program for low-income seniors. The program aims to prevent chronic disease, reduce infections, and improve quality of life, while reducing burden on the health care system.

It is important to note that the \$200 million annual provincial savings target identified in the 2019 Ontario budget (by 2021-22) incorporates provincial savings related to the cost-sharing change, as well as savings from the proposed creation of 10 Regional Public Health Entities.

As mitigation, and to support boards of health experiencing challenges during transition, the Ministry of Health and Long-Term Care will consider providing one-time funding to help mitigate financial impacts on municipalities and consider exceptions or “waivers” for some aspects of the Ontario Public Health Standards on a board by board basis. Implementation of these exceptions will ensure that critical public health (health protection and health promotion) programs and services are maintained for the protection for the public’s health.

The proposed changes in both structure and cost-sharing are premised on the fact that essential public health program and service levels would be maintained and will remain local. The Ministry of Health and Long-Term Care will work with boards of health and public health units to manage any potential reductions in budgets, including encouraging public health units to look for administrative efficiencies rather than reductions to direct service delivery.

As a first step, we will be arranging calls with each of the Health Units over the next week to discuss the Annual Business Plan and Budget Submissions you have submitted, discuss the planned changes for this year and related mitigation opportunities, and ensure this next phase of planning supports your local needs and priorities.

MODERNIZATION OF ONTARIO PUBLIC HEALTH UNITS IN THE 2019 ONTARIO BUDGET

Further details on the 2019 Ontario Budget can be found on the government's website at: <http://budget.ontario.ca/2019/contents.html>.

As previously noted, there is a significant role for public health to play within the larger health care system and it will continue to be a valued partner. I look forward to your input and collaboration as we work to modernize the public health sector.

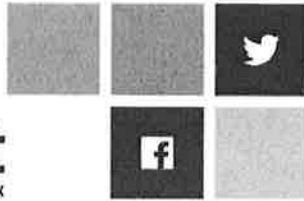
Thank you for your ongoing support as the ministry continues to build a modern, sustainable and integrated health care system that meets the needs of Ontarians.

Sincerely,

Original signed by

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

c: Business Administrators, Public Health Units
Executive Director, Association of Municipalities of Ontario
City Manager, City of Toronto
Executive Director, Association of Local Public Health Agencies



May 21, 2019

The Right Honorable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6
Justin.trudeau@parl.gc.ca

Dear Prime Minister Trudeau:

On May 16, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free Multi-Unit Dwellings** to reduce the exposure of second-hand smoke in multi-unit housing:

Whereas, the federal government has passed the Cannabis Act, 2017 to legalize non-medical cannabis, coming into effect on October 17th, 2018, and

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC, and

Whereas, Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported, and

Whereas, indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building and no one should be unwillingly exposed or forced to move due to unwanted second-hand smoke exposure,

Now therefore be it resolved that the Windsor-Essex County Board of Health endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:

1. Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties and explicitly include cannabis smoke and vaping of any substance in the definition of smoking;
2. All future private sector rental properties and buildings developed in Ontario should be vape and smoke-free from the onset;
3. Encourage public/social housing providers to voluntarily adopt no-smoking and/or vaping policies in their units and/or properties;
4. All future public/social housing developments in Ontario should be smoke and vape-free from the onset.
5. Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

AND FURTHER that this resolution be shared with the Honorable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health & Long-Term Care
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

April 17, 2019

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

Dear Minister Elliott:

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

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

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

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

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

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

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

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705-721-7520
FAX: 705-721-1495

□ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ **Gravenhurst:**
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Gravenhurst, ON
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705-684-9090
FAX: 705-684-9887

□ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
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FAX: 705-789-7245

□ **Midland:**
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L4R 1X8
705-526-9324
FAX: 705-526-1513

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

April 17, 2019

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

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Orillia, ON
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705-325-9565
FAX: 705-325-2091

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

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

Thank you for your consideration.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

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

References

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

May 23, 2019

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

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

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

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

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

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

... / 2

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

Page 2

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

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

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

... / 3

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office	221 Portsmouth Avenue	Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Kingston, Ontario K7M 1V5		Napanee	613-354-3357	Fax: 613-354-6267
	613-549-1232 1-800-267-7875		Sharbot Lake	613-279-2151	Fax: 613-279-3997
	Fax: 613-549-7896				



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

Page 3

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

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Doug Ford, Premier
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Canada
Dr. Chris Mackie, Chair, Council of Medical Officers of Health
Susan Stewart, Chair, Ontario Chronic Disease Prevention Managers in Public Health
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Ontario Boards of Health



May 27, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
(sent via email to: premier@ontario.ca)

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

Dear Premier Ford and Minister Elliott,

On behalf of the Brant County Health Unit (BCHU) Board of Health, we are writing to express our concerns regarding the implications of the 2019 budget. Ontario's local public health system is an essential part of keeping communities safe and healthy. Public health delivers an excellent return on investment and works on the front line to protect communities from illness, and promote health and wellbeing. The services provided by public health, outlined in the Ontario Public Health Standards, ensure that the population stays out of the health care system and remains healthy.

While we recognize the need for a sustainable public health system in Ontario, it is difficult to comprehend how a \$200 million provincial reduction in preventative services will contribute to lowering future overall health care costs. The Public Health budget represents approximately 2% of the Province's total health care expenditures and every dollar spent on public health services saves an average of \$14 in the acute care system. For every \$1 invested in:

- immunizing children with the measles-mumps-rubella vaccine \$16 are saved in health care costs;
- early childhood development and health care saves up to \$9 in future spending on health, social and justice services;
- car and booster seat education and use saves \$40 in avoided medical costs;
- fluoridated drinking water results in \$38 saved in dental care;
- tobacco prevention programs saves up to \$20 in future health care costs; and
- mental health and addictions saves \$7 in health costs and \$30 in lost productivity and social costs.

The proposed provincial reduction in funding for public health services represents a significant strain on the ability of local public health units, like the Brant County Health Unit, to continue to deliver on its mandate. A reduction in funding that represents 26% of the budget cannot occur without cutting services. These cuts will

impact on our ability to deliver the front-line public health services that keep people out of hospitals and primary care offices and will ultimately mean greater costs to the health care system.

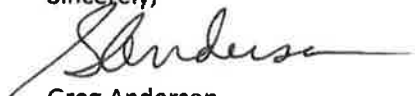
Before the new directions for public health units are fully implemented, the BCHU Board of Health recommends that any changes to the funding ratio be done in consultation with municipalities rather than unilaterally by the Province and deferred to the municipal 2020 funding year. The 2019 municipal levy has already been established and municipalities are already almost 50% through their budget year.

Additionally, the BCHU Board of Health recommends that the following be considered when the development of the new regional public health entities and regional governance structure occurs to maintain a strong public health presence and impact in our community:

1. No loss of service to our community – All current programs and services under the Foundational and Program Standards continue to be funded by the Regional Public Health Entity to provide services in Brant.
2. Meaningful input into program planning – The needs of Brantford and Brant County are considered in the planning of programs and services for our community.
3. Integrity of the Health Unit – The Health Unit continues to function as a unit and services continue to be provided locally.
4. Appropriate municipal role in governance – The public expects that their municipal tax dollars are overseen by municipal politicians. For the municipal investment, representatives of the obligated municipalities will continue in this oversight role.
5. Effective administrative support – All administrative services provided by the Regional Public Health Entity will be at the same level or better than currently exists in the Health Unit.

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their populations. This crucial role is played out daily as Public Health Units work diligently and professionally to protect their communities from illnesses and promote health and well-being. These services outlined in the Ontario Public Health Standards and Related Programs ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards. The Board of Health for the Brant County Health Unit implores your government to leave the current public health structure as it is, delivering excellent and local preventative care to our community.

Sincerely,



Greg Anderson,
Chair, Brant County Board of Health

JAT/lmj

Copied: Dr. David Williams, Chief Medical Officer of Health
The Honourable Willem Bouma, MPP—Brantford-Brant
Association of Local Public Health Agencies
Monika Turner, Association of Municipalities of Ontario
Ontario Boards of Health
City of Brantford
County of Brant
The Expositor



Public Health
Santé publique
SUDBURY & DISTRICTS

May 28, 2019

VIA ELECTRONIC MAIL

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

Dear Premier:

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

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

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

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

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

Sudbury

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f: 705.522.5182

Rainbow Centre

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f: 705.677.9611

Sudbury East / Sudbury-Est

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Espanola

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Chapleau

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phsd.ca



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

WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly dissolution of existing health units; and

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

WHEREAS the proposed northeast public health entity is a massive area (402,489 km²) with significant administrative and geographic complexities, for which the incorporation of an additional distinct area would tax the region's ability to respond appropriately to diverse public health needs; and

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

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

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

Sincerely,



René Lapierre
Chair, Board of Health

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

May 28, 2019

TITLE: Public Health Modernization: Getting it Right!

SPONSOR: Peterborough Public Health

WHEREAS the services provided by local boards of public health are critical to supporting and improving the health and quality of life of all residents of the Province; and

WHEREAS public health interventions are an important strategy in the prevention of hallway medicine and have been found to produce significant cost-saving with estimates that every dollar invested will save or avert at least \$14 in future costs¹; and

WHEREAS boards of health are accountable to both the province and their “obligated municipalities²” to maximize their financial resources; and

WHEREAS meaningful municipal participation on boards of health ensures that public health agencies understand and respond to local and specific municipal needs; and

WHEREAS revenue opportunities for municipalities are constrained by both the ability to pay and provincial regulation; and

WHEREAS the current proposal for reorganizing the public health sector in Ontario was developed without meaningful consultation with either boards of health or their obligated municipalities;

NOW THEREFORE BE IT RESOLVED THAT the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) calls upon the Ontario government to delay the implementation of any organizational and financial changes to local public health until April 1, 2021 with a commitment to engage in meaningful consultation over the next eighteen (18) months;

AND FURTHER that any changes in the cost-shared formula be phased in over five (5) years commencing in fiscal 2021-22;

AND FURTHER that in any consultations with the province, that alPHa propose a joint task force made up of both political representatives and staff be established with the Association of Municipalities of Ontario (AMO) and the City of Toronto to undertake the following activities:

- Establish a set of principles to guide the reorganization of public health in Ontario that include:

- Assurance that the enhancement of health promotion and disease prevention is the primary priority of any changes undertaken
- Undertaking the consolidation of health units around a community of interests which include distinguishing between rural and urban challenges, and the meaningful participation of First Nations
- Taking into account the ability of municipalities to pay, considerations for the broad range of proposed changes in funding arrangements between the province and municipalities
- Developing a governance structure that provides accountability to local³ councils required to fund local public health agencies; and
- Conduct public outreach to municipal, public health and other stakeholders to validate both the principles and the resulting plans for future re-organization; and
- Ensure that the municipal and public health perspectives on any proposed changes, including the outcomes of consultation, are incorporated.

¹ Masters R. Anwar E. Collins B et al. Return on investment of public health interventions: a systematic review. J Epidemiol Community Health 2017;71:827-834.

² *Health Protection and Promotion Act*, R.S.O. 1990, CHAPTER H.7, Part 1 (1) defines obligated municipality as “in relation to a health unit, any upper-tier municipality or single-tier municipality that is situated, in whole or in part, in the area the comprises the health unit”.

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

COPY



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Municipality of
Durham

Corporate Services
Department –
Legislative Services

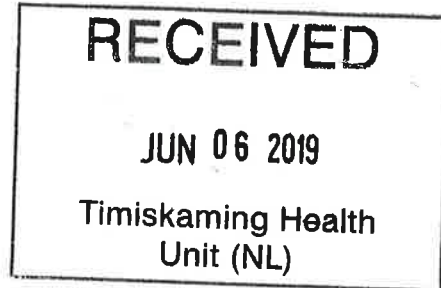
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durham.ca

May 30, 2019

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



Dear Minister Ford:

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

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

- "A) That the correspondence from the Association of Local Public Health Agencies regarding Modernizing Ontario's Health Units be endorsed; and
- B) That whereas in the 2019 Ontario budget, the Government announced its plan to restructure Ontario's public health system and reduce public health funding by \$200 million per year; and

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

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

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

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

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

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

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

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

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

Now therefore be it resolved:

That the Ontario government is urged to:

- Maintain its current provincial funding level to the Durham Region Health Department for 2019-2020,
- Consider deferring any future changes to the cost-sharing formula until it has consulted with ALPHA, AMO, boards of health and obligated municipalities, including the Regional Municipality of Durham;
- Consult with local municipalities to inform decisions regarding boundaries, funding, governance, mandate, organizational structure, operations, etc. of the proposed 10 Regional public health entities, and

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



Ralph Walton,
Regional Clerk/Director of Legislative Services

RW/np

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



**Association of Local
PUBLIC HEALTH
Agencies**

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

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E-mail: info@alphaweb.org

May 3, 2019

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

Dear Minister Elliott,

Re: Modernizing Ontario's Health Units

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

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

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

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

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

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

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

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

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

Yours sincerely,



Dr. Robert Kyle,
alPHa President

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



KFL&A
Public Health

June 4, 2019

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

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

Dear Premier Ford:

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

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

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

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

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

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

Kingston, Frontenac and Lennox & Addington Public Health

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



June 4, 2019

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

Re: Modernization of Alcohol Sales in Ontario

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

GBHU BOH Motion 2019-30

Moved by: Anne Eadie

Seconded by: Selwyn Hicks

"THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health unit with respect to the need for a comprehensive provincial alcohol strategy."

Carried

Sincerely,

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

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

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

Working together for a healthier future for all..

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

April 17, 2019

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

Dear Minister Elliott:

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

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

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

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

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

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

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

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FAX: 705-721-1495

☐ **Collingwood:**
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Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**
2-5 Ploveridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

☐ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

☐ **Midland:**
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Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

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

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

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

Thank you for your consideration.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

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

References

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



KFL&A
Public Health

April 25, 2019

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

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

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

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

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

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

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

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

Kingston, Frontenac and Lennox & Addington Public Health

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KFL&A
Public Health

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

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

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

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

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	613-549-1232 1-800-267-7875		Sharbot Lake	613-279-2151	Fax: 613-279-3997
	Fax: 613-549-7896				



April 25, 2019

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

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

Dear Premier Ford:

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

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

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

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

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

AND FURTHER THAT correspondence be sent to:

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

Kingston, Frontenac and Lennox & Addington Public Health

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



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

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

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

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

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

Kingston, Frontenac and Lennox & Addington Public Health

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	Fax: 613-549-7896				



Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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 F: 705-743-2897
peterboroughpublichealth.ca

May 1, 2019

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

Dear Premier Ford:

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

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

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

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

It is well established that increasing access to alcohol is related to a subsequent increase in alcohol use⁵, which in turn increases the potential for rising harms and costs. A comprehensive provincial alcohol strategy can help support a culture of moderation and mitigate the potential harms and costs of alcohol use. Such a strategy should include:

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

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

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

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

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

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

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

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

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

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

⁵ Popova, S., Giesbrecht, N., Bekmuradov, D. & Petra, J. (2009) Hours and days of sale and density of alcohol outlets: Impacts of alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*, 44(5), 500-516.

⁶ Province of Ontario. (2019). 2019 Ontario Budget: Protecting What Matters Most. Accessed from:

<http://budget.ontario.ca/2019/foreword.html#section-0>

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

⁸ Canadian Institute for Substance Use Research. (2019). Canadian Alcohol Policy Evaluation (CAPE). Accessed from:

<https://www.uvic.ca/research/centres/cisur/projects/active/projects/canadian-alcohol-policy-evaluation.php>

June 5, 2019

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

Dear Minister Elliott,

RE: Proposed changes to Public Health in Ontario

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

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

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

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

- Guarantee that service levels in Algoma will be maintained, with no service losses nor reduction to quality of care.

Blind River
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Blind River, ON P0R 1B0
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TF: 1 (888) 356-2551
Fax: 705-356-2494

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Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

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

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

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

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

Sincerely,



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

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



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

Resolution:

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

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

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

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

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

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

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

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



Whereas the health of Ontarians may be put at risk.

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

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

CARRIED: Chair's Signature:

Lee Mason

Patricia Avery

Louise Caicco Tett

Randi Condie

Deborah Graystone

Micheline Hatfield

Adrienne Kappes

Lee Mason

Heather O'Brien

Ed Pearce

Brent Rankin

Karen Raybould

Mathew Scott

Blind River

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 Fax: 705-856-1752



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

Resolution:

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

CARRIED: Chair's Signature:

- | | | |
|---|---|---|
| <input type="checkbox"/> Patricia Avery | <input type="checkbox"/> Micheline Hatfield | <input type="checkbox"/> Ed Pearce |
| <input type="checkbox"/> Louise Caicco Tett | <input type="checkbox"/> Adrienne Kappes | <input type="checkbox"/> Brent Rankin |
| <input type="checkbox"/> Randi Condie | <input type="checkbox"/> Lee Mason | <input type="checkbox"/> Karen Raybould |
| <input type="checkbox"/> Deborah Graystone | <input type="checkbox"/> Heather O'Brien | <input type="checkbox"/> Mathew Scott |

June 06, 2019

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

Dear Premier Ford:

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

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

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

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

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

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

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

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

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

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

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**Public Health
Santé publique**
SUDBURY & DISTRICTS

June 7, 2019

VIA EMAIL

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

Dear Minister Elliott:

Re: Public Mental Health – Parity of Esteem Position Statement

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

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

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

WHEREAS the Board of Health for Public Health Sudbury & Districts recognizes that there is no health without mental health; and

WHEREAS Public Health Sudbury & Districts intentionally adopts the term, public mental health, to redress the widespread misunderstanding that public health means public physical health;

Sudbury

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f: 705.522.5182

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f: 705.677.9611

Sudbury East / Sudbury-Est

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t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
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Espanola ON P5E 1J3
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f: 705.869.5583

Île Manitoulin Island

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Mindemoya ON P0P 1S0
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f: 705.377.5580

Chapleau

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f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



The Honorable Christine Elliott
Re: Public Mental Health – Parity of Esteem Position Statement
Page 2

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Public Mental Health - Parity of Esteem Position Statement, May 16, 2019; and

FURTHER THAT copies of this motion and position statement be forwarded to local and provincial partners including all Ontario boards of health, Chief Medical Officer of Health, local MPPs, Ontario Public Health Association (OPHA), Association of Local Public Health Agencies (alPHA), local municipalities and Federation of Northern Ontario Municipalities (FONOM).

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

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

Yours sincerely,



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

Enclosure (1)

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

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

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

Sincerely,



Dr. Piotr Oglaza MD, CPHI(C), CCFP, MPH, FRCPC
Medical Officer of Health



Jo-Anne Albert
Chair, Board of Health

Copied to:

The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier

The Honourable Lisa Thompson, Minister of Education

The Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet

Todd Smith, MPP (Bay of Quinte)

Daryl Kramp, MPP (Hastings-Lennox and Addington)

Loretta Ryan, Executive Director, Association of Local Public Health Agencies

Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care

Ontario Boards of Health

Andrea Horwath, Leader, Official Opposition MPP Hamilton- Centre

John Fraser, MPP Ottawa South



OFFICE OF THE MAYOR
CITY OF HAMILTON

June 14, 2019

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

Dear Minister Elliot,

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

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

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

.../2

- That local public health services be responsive and tailored to the health needs and priorities of each local community, including those of vulnerable groups or those with specific needs such as the indigenous community;
- That representation of municipalities on any board of health be proportionate to both their population and to the size of the financial contribution of that municipality to the Regional Public Health Entity;
- That any transition be carried out with attention to good change management, and while ensuring ongoing service delivery.

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

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

Sincerely,

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

Fred Eisenberger
Mayor

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

June 17, 2019

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

Dear Minister MacLeod:

Re: Changes to Provincial Autism Supports

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

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

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

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

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

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

Date: 19 / 06 / 19
y m d

R-2019 - 44

MOVED BY: Kristin Murray
SECONDED BY: Sebastien Lessard

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

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

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

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

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

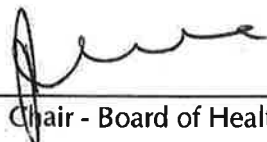
AND FURTHER that the Board, having engaged in this work since 2017, anticipates sharing with the MOHLTC its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East;

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

(circle as appropriate)

CARRIED

DEFEATED


Chair - Board of Health



Years of
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santé publique

1944-2019

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

June 19, 2019

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

Dear Minister Elliott:

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

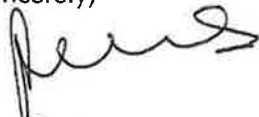
The Board of Health for the Porcupine Health Unit (PHU) is supportive of Simcoe Muskoka District Health Unit's (SMDHU) letter dated May 15, 2019, to remain intact and join with York Region Public Health to form a new regional Public Health entity on April 1, 2020.

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

With the proposed Northeast regional public health entity including the existing five public health units (Public Health Sudbury and Districts, North Bay Parry Sound District Health Unit, Algoma Public Health, Timiskaming Health Unit and Porcupine Health Unit), it will be challenging to ensure the local voice and priorities are represented at the regional level. Increasing this area to over 400,000km² to include Muskoka District will create even further challenges to respond to local public health needs. In addition to concerns with capacity and greater geography, there is a risk of increasing health inequities as the Northeast is unique in terms of socioeconomic status, health status, and health care referral patterns compared to Muskoka District.

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

Sincerely,



Sue Perras

Chairperson, Board of Health for the Porcupine Health Unit

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



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Kapuskasing, Matheson,
Moosonee, Smooth Rock Falls

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

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

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

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

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

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

.../2

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Minister Elliott
June 20, 2019
Page 2

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

We appreciate your support of this important public health issue.

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

A handwritten signature in black ink, appearing to read "C. Jaquays". The signature is written in a cursive, flowing style.

Cammie Jaquays, Chair, Board of Health

CJ/aa

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

Attachment



May 23, 2019

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

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

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

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

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

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

... / 2

Kingston, Frontenac and Lennox & Addington Public Health

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

Page 2

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

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

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

.../3

Kingston, Frontenac and Lennox & Addington Public Health

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	Fax: 613-549-7896				



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

Page 3

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

Yours truly,

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

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Doug Ford, Premier
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Canada
Dr. Chris Mackie, Chair, Council of Medical Officers of Health
Susan Stewart, Chair, Ontario Chronic Disease Prevention Managers in Public Health
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Ontario Boards of Health

Kingston, Frontenac and Lennox & Addington Public Health

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	813-549-1232 1-800-267-7875		Sharbot Lake	813-279-2151	Fax: 613-279-3997
	Fax: 613-549-7896				



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

June 24, 2019

Councillor Carmen McGregor
Board President
Association of Local Public Health Agencies
c/o Loretta Ryan, Executive Director
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Sent via e-mail: loretta@alphaweb.org

Dear Councillor McGregor,

Thank you for your board's organization and hosting of the 2019 Association of Local Public Health Agencies (alPHA) Annual General Meeting (AGM). During this critical period of transition the opportunity to exchange information and hear different perspectives is very important.

As you are aware, Peterborough's late resolution was accepted for consideration. After a thorough discussion and debate, the resolution was approved with minor wording changes. The Peterborough Board appreciates the support of other boards of health and those who were in attendance.

With the adoption of the resolution at the AGM, the alPHA board is now bound by its content. In that respect I am inquiring about alPHA's plan to implement the approved actions. More specifically, could you please copy Peterborough Public Health on your follow-up to the province in respect of:

- a. Calling upon the Ontario government to delay the implementation of any organizational and financial changes to local public health until April 1, 2021;
- b. Calling upon the Ontario government to commit to engage in meaningful consultation over the next 18 months; and
- c. Calling upon the Ontario government to phase in any changes to the cost shared funding formula over five years commencing in fiscal 2021-22;

In addition could you also provide us a copy of your request of the Association of Municipalities of Ontario and the City of Toronto to establish a joint task force mandated to undertake:

- a. Establishing a set of principles that should guide any reorganization of public health in Ontario that include
- b. Conducting public outreach to municipal, public health and other stake holders to validate and strengthen the comprehensive set of principles to shape future re-organization; and
- c. Meeting with provincial politicians and officials to provide a municipal and public health perspective on any proposed changes and including the outcomes of consultation

My board is anxious to see progress on our resolution and would like to ensure a more robust response to our 2019 resolution than was provided to our 2018 resolution.

In response to our request, at our June 12th board meeting, your Executive Director, Loretta Ryan, provided us with the ultimate disposition of our 2018 resolution, entitled "Sustainable Funding for Local Public Health in Ontario". It is clear that not all of the recommended actions contained in that resolution were acted on and we are disappointed that commitments made at the 2018 AGM appear to have been ignored without accountability to the membership. We are sincerely hopeful that this will not be the case yet again.

I look forward to your timely reply.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Ontario Boards of Health



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June 25, 2019

The Honourable Todd Smith
Minister of Children, Community and Social Services
Sent via e-mail: todd.smith@pc.ola.org

The Honourable Stephen Leece
Minister of Education
Sent via e-mail: minister.edu@ontario.ca

The Honourable Christine Elliott
Minister of Health and Long-Term Care
Sent via e-mail: christine.elliott@pc.ola.org

Dear Ministers,

Re: Support for Children Count Task Force Recommendations

On behalf of the Board of Health for Peterborough Public Health (PPH), I am writing in support of the recommendations of the Children Count Task Force. These recommendations support the health and wellbeing of Ontario's children and youth by streamlining and improving the systems that monitor and assess their health.

Peterborough Public Health is required as outlined in the Ontario Public Health Standards, 2018 (OPHS) to: "collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to the health of school-aged children and youth and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018".¹

Unfortunately, measuring the status of child health is not a straight-forward task. Although the assessment and surveillance requirements outlined in the OPHS specify which aspects must be measured and reported, a comprehensive system for monitoring the status of child health in the province has yet to be developed, and there are gaps in indicator development and data collection.^{2,3} The existing data only partially measure the health of children in the province, and in some cases even less information is available at the local public health agency level. The collection of relevant provincial and regional data on the full spectrum of child health indicators, with such data being made freely accessible to public health agencies, should be a future goal for Ontario.⁴

As such, we strongly support the Children Count Task Force's overarching recommendation to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario.⁵ Additionally, to further support this secretariat, we support the following five recommendations made by the task force:

- **Recommendation 1:** Create an interactive web-based registry of database profiles resulting from child and youth health and well-being data collection in Ontario schools.
- **Recommendation 2:** Mandate the use of a standardized School Climate Survey template in Ontario schools and a coordinated survey implementation process across Ontario.
- **Recommendation 3:** Develop and formalize knowledge exchange practice through the use of centrally coordinated data sharing agreements.
- **Recommendation 4:** Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.
- **Recommendation 5:** Work with the Information and Privacy Commissioner (IPC) of Ontario to develop a guideline for the interpretation of privacy legislation related to student health and wellbeing data collection in schools.⁶

A strength of the Children Count Task Force and its recommendations is the broad range of perspectives, knowledge and expertise shared by leaders in federal and provincial government agencies and ministries, academics, local public health agencies, boards of education, and non-government organizations. We believe that implementing the recommendations will provide the information that all stakeholders need to properly assess the health status of our children and youth and the return on investment of related programs and services. Furthermore, implementation will result in a more efficient and improved data collection system.

We respectfully request that the Honourable Ministers seriously consider implementing these recommendations and welcome any opportunities to consult or engage in future actions that would support this work.

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Children Count Task Force (c/o Nicole Dupuis, Windsor Essex County Health Unit)
Ontario Boards of Health

References:

1. Ministry of Health and Long-Term Care (2018) Protection and Promoting the Health of Ontarians, Ontario Public Health Standards: Requirements of Programs, Services and Accountability.
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2013) Measuring the Health of Infants, Children and Youth for Public Health in Ontario: Indicators, Gaps and Recommendations for Moving Forward. Queen's Printer for Ontario, Toronto, ON.
3. Association of Public Health Epidemiologists in Ontario (2012). Gaps in Public Health Indicators and Data in Ontario. Public Health Ontario, Toronto.
4. Peterborough Public Health (2018). Early Growth and Development: supporting Local Evidence-informed Decision Making. Peterborough, ON. Gail Chislett, Andrew Kurc and Asma Razzaq.
5. Children Count Task Force. (2019). Children Count: Task Force Recommendations. Windsor, ON. Windsor-Essex County Health Unit.
6. Ibid

June 21, 2019

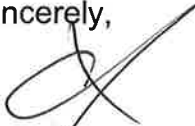
Mr. Carman Kidd
Chair, Timiskaming Health Unit
43 - 247 Whitewood Avenue, PO Box 1090
New Liskeard, ON P0J 1P0

Dear Mr. Kidd:

Re: Northeastern Regional Public Health Regional Boundaries

On June 20, 2019 the York Region Board of Health received your communication dated June 4, 2019.

Sincerely,



Christopher Raynor
Regional Clerk

June 21, 2019

Carman Kidd
Timiskaming Health Unit
43 – 247 Whitewood Avenue, PO Box 1090
New Liskeard, ON P0J 1P0

Dear Mr. Kidd:

Re: Position and Mandate for a Restructured York Region Public Health

On June 20, 2019 the York Region Board of Health adopted the following recommendations:

1. York Region Board of Health direct the Chair of the Board to send a letter to the Minister of Health, with copy to the Premier of Ontario, to include the following:
 - a. Request that the geographic area of the restructured public health entity include only the existing geographic area of York Region.
 - b. Request that the governance and operating model of the restructured public health entity maintain the integrated service model which currently exists for York Region Public Health, to continue leveraging of all municipal activities towards addressing the social determinants of health.
 - c. Highlight opposition to the cost sharing changes which are estimated to increase the tax levy contributions to public health in the range of \$12.7 million.
 - d. Highlight that the proposed changes to the operating model and boundaries would create an additional tax levy burden on York Region due to the proposed amalgamation with the Simcoe Muskoka District Health Unit and associated increase in costs.
2. Until the Ministry of Health makes its final decision on the geographic area, and governance and operating models for the new public health entity, York Region Board of Health authorize and direct the Medical Officer of Health to establish a team to engage with the Simcoe Muskoka District Health Unit, guided by the following principles:

- a. No significant service loss to York Region residents
 - b. No reduction in employment for front line positions, given that the population of York Region continues to grow
 - c. Protect current employees from job loss and maintain years of service as much as possible
 - d. Ensure that York Region tax levy funding remains in York Region to fund services in the Region
 - e. Do not exceed, on an annual basis, the total York Region tax levy funding currently contributed to deliver public health services, including both direct and indirect costs
3. York Region Board of Health authorize the Medical Officer of Health to request financial assistance from the Ministry of Health for planning and transition costs related to restructuring York Region Public Health.
 4. York Region Board of Health authorize the Medical Officer of Health to retain management consulting resources as required, to advise on the structure and governance of the new public health entity.
 5. This report be sent by the Regional Clerk to all nine local municipalities, York Region Members of Provincial Parliament, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Chief Medical Officer of Health of Ontario, the Ontario Health Agency and the other 34 Boards of Health.

The original staff report is enclosed for your information.

Please contact Dr. Karim Kurji, Medical Officer of Health at 1-877-464-9675 ext. 74012 if you have any questions with respect to this matter.

Sincerely,



Christopher Raynor
Regional Clerk

Attachment

The Regional Municipality of York

Board of Health
June 20, 2019

Report of the Commissioner of Community and Health Services and Medical Officer of Health

Position and Mandate for a Restructured York Region Public Health

1. Recommendations

1. York Region Board of Health direct the Chair of the Board to send a letter to the Minister of Health and Long-Term Care, with copy to the Premier of Ontario, requesting that:
 - a. The geographic area of the restructured public health entity include only the existing geographic area of York Region.
 - b. The governance and operating model of the restructured public health entity maintain the integrated service model which currently exists for York Region Public Health, to continue leveraging of all municipal activities towards addressing the social determinants of health.
2. Until the Ministry of Health and Long Term Care makes its final decision on the geographic area, and governance and operating models for the new public health entity, York Region Board of Health authorize and direct the Medical Officer of Health to establish a team to engage with the Simcoe Muskoka District Health Unit on the proposed restructuring model proposed by the Ministry, guided by the following principles:
 - a. No significant service loss to York Region residents
 - b. No reduction in employment for front line positions, given that the population of York Region continues to grow
 - c. Protect current employees from job loss and maintain years of service as much as possible
 - d. Ensure that York Region tax levy funding remains in York Region to fund services in the Region
 - e. Do not exceed, on an annual basis, the total York Region tax levy funding currently contributed to deliver public health services, including both direct and indirect costs
3. York Region Board of Health authorize the Medical Officer of Health to request financial assistance from the Ministry of Health and Long-Term Care for planning and transition costs related to restructuring York Region Public Health.

4. York Region Board of Health authorize the Medical Officer of Health to retain management consulting resources as required, to advise on the structure and governance of the new public health entity.
5. This report be sent by the Regional Clerk to all nine local municipalities, York Region Members of Provincial Parliament, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Chief Medical Officer of Health of Ontario, the Ontario Health Agency and the other 34 Boards of Health.

2. Summary

This report provides an update to the York Region Board of Health on recent announcements from the Ministry of Health and Long-Term Care (the Ministry) regarding the modernization of Ontario's public health system and the creation of ten new regional public health unit entities by April 1, 2020.

Key Points:

- Changes to Ontario's public health system will require legislative changes, Ministry staff anticipate legislation will be in place this fall, and that there will be consultation with municipalities and independent boards of health
- One of the proposed ten new public health entities would be comprised of York Region Public Health and the Simcoe County portion of the Simcoe Muskoka District Health Unit
- The new public health entity would be a stand-alone, autonomous organization separate from York Region
- The Board of the new public health entity is proposed to be in place by April 1, 2020, York Region Council would no longer serve as the Board of Health and York Region would be required to fund the new entity based on proposed new cost share ratios
- Between April 2020 and April 2021, services are proposed to be transitioned into the new entity

This report recommends the Board of Health advise the Minister of Health on its position regarding the Ministry of Health and Long Term Care's proposal on the size, governance model and administrative model for the new health entity.

- The geographic area of the restructured public health entity should include only the existing geographic area of York Region as the Region's current population is large enough to justify its own health unit, and
- The governance and operating model of the restructured public health entity maintain the models that currently exist for York Region Public Health as the integrated model is effective in addressing the social determinants of health, ensures York Region tax

levy is used to benefit York Region residents, and leverages administrative efficiencies not available in an autonomous model.

Finally, as Ministry staff has requested input on the organizational structure of the new public health entities, this report recommends giving the Medical Officer of Health authorization and a mandate to work with the Simcoe-Muskoka District Health Unit to develop a mutual proposal for consideration by the Province. Given the short timelines, it is important to begin this work in advance of the final decision by the province on the geography, governance model and administrative model for the geographic area of York Region.

3. Background

The 2019 Provincial Budget announced sweeping organizational and governance changes to the public health sector

The province is restructuring the public health system in Ontario from 35 to 10 regional health units. The new entities are proposed to be stand-alone autonomous organizations.

To achieve these proposed changes, Ministry staffs anticipate legislation in fall 2019. As of April 1, 2020, the new public health entity will be in place. As part of the legislative process, the Ministry has indicated there will be consultation with municipalities and independent boards of health. The Ministry also indicated a willingness to receive input on administrative and organizational structures of the new entity.

The proposed geographic area of the public health entity will add an area close to three times the size of York Region

As of April 1, 2020, the new public health entity is proposed to consist of York Region Public Health and the Simcoe County portion of the Simcoe-Muskoka District Health Unit. The merger of Simcoe County with York Region would create the third largest new public health entity in terms of population (after Toronto and the entity that includes Peel/Halton Regions). Planning for York Region's large, diverse and growing population is already a significant undertaking and the size of our geography at present does present operational considerations in how we provide service.

According to the 2016 Census, Simcoe County's population was 520,123 and covers a geographic area of 4,859 square kilometres, nearly three times the size of York Region. On May 15, 2019, the Board of Health for Simcoe Muskoka District Health Unit wrote a letter to the Minister of Health and Long-Term Care advocating that the full territory of their health unit be merged with York Region. This would result in a geographic area of approximately 8,800 square kilometres and a population of 584,562 (2016 Census) (Attachment 1 – Map). This position has been endorsed by three additional health units (Sudbury and District; Timiskaming; and North Bay Parry Sound). The province intends to consult on the geographical boundaries, and they may change.

York Region Public Health, while understanding of the challenges faced by Simcoe Muskoka District Health unit, does not support the merger.

Public Health has a history of integration with York Region human services, maximizing the influence on the social determinants of health and healthy public policy

Public health has been a municipal program since 1833 when the Legislature of Upper Canada allowed local municipalities to establish boards of health. As a municipal service, it helps ensure healthy communities by working with and influencing municipal functions including urban planning, transportation planning, water and waste water, housing, child care, income supports and employment. Many of these supports have direct connections to the social determinants of health (i.e. all of those factors outside of health care services that influence how healthy a community is), demonstrating the many advantages to maintaining a direct municipal connection to public health.

Public health became a Regional function in 1978 and has been fully integrated into Regional strategic planning and operations ever since. Some successes from having public health integrated within Regional service delivery include the passing of the No-Smoking Bylaw, which was greatly facilitated by having a Board of Health that includes political leaders from the local municipalities, and quick access to Regional staff and assets to support public health during the emergencies of SARS in 2003 and H1N1 in 2009. The Region also benefits from the current integrated model. Public health has made significant contributions to healthy public policy including an opioid action plan, built environments that support health, and climate change action plans.

From a departmental level, in 2007 Public Health joined the Region's Community and Health Services Department (CHS), integrating the full range of human services under one leadership group. This has maximized Public Health's ability to address the social determinants through a much broader range of initiatives than it could do on its own through provincially mandated programs under the Ontario Public Health Standards. For example, the Region's Community Investment Fund has been leveraged by Public Health to address health service gaps in the Region such as food insecurity. Public Health and the Social Services Branch partnered to deliver a breast pump discretionary benefit program for people who rely upon Ontario Works income supports. In addition, York Region Public Health operations are more efficient because of the ability to access shared administrative supports within CHS, and access a wide range of specialized expertise from other Regional departments.

York Region Public Health has been recognized as a provincial leader in excellence, innovation and wellness

In June 2019, York Region Public Health applied to become the first public health unit in Ontario to be accredited at the Gold Level against Excellence Canada's stringent Excellence, Innovation and Wellness Standard. This nationally recognized standard scrutinizes the work, culture, deliverables and staff perspectives of working within the Branch. It addresses key

requirements in five specific drivers of: leadership, planning, customers, people and processes.

Prior to applying to be considered for this important distinction, all four public health divisions were successful at receiving Silver Level against the same Excellence, Innovation and Wellness standard.

Some of the past evidence applauded by the assessors from Excellence Canada built on numerous benefits that result from the integration of public health within the Region's structure, including:

- Positive and productive relationships across a range of departments and the local municipalities
- Innovative and effective service delivery
- Several regional guidelines and standards are in place to support compliance with relevant provincial regulations and standards, including human rights, privacy, health and safety, disability, accessibility, employment standards, etc.

Other public health units and organizations are reaching out to York Region Public Health to learn about our accreditation journey.

4. Analysis

Transition into a new public health entity may negatively impact public health services for York Region residents

Public health's integration into the municipal structure has provided more effective opportunities and influence on other municipal activities to improve the lives of York Region residents. The economies of scale and specialized expertise available to the Public Health Branch as part of a large, diverse and multi-service municipal government would be lost with a move to an autonomous board and expanded geographic area. These changes may cause programming to be less effective in addressing the social determinants of health and population health.

Further, York Region has historically provided additional funding beyond the minimum required for cost-sharing. This has enabled public health to address health service gaps to benefit its citizens and meet our local needs with proactive and responsive programs. It is uncertain that the same level of quality services would be affordable under the new model.

Finally, many administrative services are provided to public health through Regional programs including Integrated Business Services Branch (e.g., finance, IT support) and Corporate Services (e.g., human resources). When York Region Public Health is no longer a Regional function, the funding for these services will need to come from the approved public health entity budget. Based on current financial commitments for these costs, there will be service delivery implications if public health needs to use funding that has historically been used to deliver mandated public health programs and services.

There are differences in the populations of York Region and Simcoe County

Despite its close proximity to York Region, there are differences in social determinant of health status indicators between Simcoe County and York Region residents resulting in each health unit providing services in response to the local need of residents. Given the differences in local needs, delivery of services and programs will not be uniform across the proposed new geographic area that would include York Region. This in turn will affect the efficiency of service delivery. For example, there are regional differences in the number of public beaches and casinos that could impact public health service delivery. More specifically, casinos have a number of social and economic issues associated with them including increased alcohol consumption and smoking as well as considerations around gambling addictions and mental health concerns.

5. Financial

Investments in public health save money and improve health

The public health sector receives approximately two per cent of the overall provincial health care budget, yet it provides a high return on investment. Under the proposed modernization plans, this already small portion of the provincial health care budget will be reduced further over the next three years, with the province anticipating \$200 million in savings.

Examples of this return on investment include:

- Every \$1 invested into adding fluoride to drinking water, saves \$38 in dental care
- Every \$1 invested into tobacco prevention programs, saves \$20 in future health care costs
- Every \$1 spent on vaccinating children with the measles-mumps-rubella vaccine, saves \$16 in health care costs
- Every \$1 spent on early childhood health and development, saves up to \$9 in future spending on health, social and justice services
- Every \$1 spent on mental health and addictions, saves up to \$7 in health care costs and \$30 dollars in lost productivity and social costs

Changes to the number of public health units and their funding model are expected to produce future savings

The 2019 Provincial Budget indicated that modernizing public health units in Ontario would lead to future annual savings of approximately \$200 million by transitioning from 35 public health units to 10. On the May 9, 2019 teleconference, the Ministry outlined budgetary considerations that will impact the new public health entities moving forward.

First, the Province advised the cost share model is changing starting in 2019. Historically, public health has been funded 75 per cent by the Ministry and 25 per cent from Regional tax levy. Starting April 1, 2019, this will be changed to a 70/30 cost-share agreement. There was

no immediate impact to public health's 2019 budget based on this announcement as the Region has historically funded public health by greater than its 25 per cent minimum requirement and over 30% in 2018. This new cost share arrangement will continue until April 2021 when it changes to a 60/40 arrangement. Subsequently, the Premier announced that retroactive changes in funding would not be implemented in 2019. No further information has been provided by the Province

Second, public health units have been tasked with identifying a 10 per cent reduction in overall spending starting April 2020. The savings are being labelled as "administrative efficiencies" resulting from the reduction of health units and the change in the cost-sharing formula. Neither the 10 per cent estimated reduction nor how the savings are to be identified has been finalized. Any budget reductions to public health funding will have an impact on front-line service delivery that York Region residents rely on.

York Region will be required to continue funding public health programs under the new entity

When the new public health entities are established, public health will no longer be a Regional function. The Region will be required to continue to fund the new entity using tax levy funds allocated under the Regional Mandatory Tax Levy Cost Share. Currently York Region would not be able to deliver on the Ontario Public Health Standards if not for the additional funding the Region provides over and above the Mandatory Tax Levy Cost Share. The impact may be that services decline, or that the costs levied on the Region by the new entity will include funding that is discretionary today.

In addition, the separation of public health from the Region would have implementation costs. It is unclear who would be responsible for these costs. Ministry staff have advised York Region Public Health that additional financial support will be available to support eligible transition costs, such as voluntary attrition packages, severances, new entity transition start-up costs, IT migration and human resources. However, this funding is not guaranteed and specific details have not been announced by the Ministry as of the writing of this report.

York Region will need to engage in transition planning

The Ministry anticipates the actual merger of public health units into the new entities would occur starting April 2020 and extend into 2021/22. It is important that the Medical Officer of Health begin to engage in official discussions with other public health units regarding transition considerations. The Medical Officer of Health will also need to maintain open dialog with Ministry staff to obtain information on transition considerations. This report recommends that the Medical Officer of Health be authorized to request financial assistance from the Ministry of Health and Long-Term Care for planning and transition costs related to restructuring York Region Public Health. Staff will report back to Board of Health in the fall, 2019 as these transition details materialize.

In addition, the Medical Officer of Health has requested authorization to work collaboratively with Simcoe-Muskoka District Health Unit to develop a proposal to the Ministry. Staff would also request Ministry funding for these costs.

6. Local Impact

Separation of York Region Public Health from the Region may temporarily or permanently interrupt progress being made on addressing the Social Determinants of Health

Initial potential impacts include the following:

- Public Health would operate externally from the Region. Currently, York Region Public Health is integrated within the Regional corporate structure and operation. This has facilitated collaborative opportunities, such as the Seniors Strategy, Mental Health Initiative, Built Environments that support health, Outreach Van program, Community Hubs Initiative, the Food Systems Workgroup, the Social Determinants of Health Department Workgroup and the Human Services Planning Board. These collaborations benefit multiple clients and partners, and support a strategic and holistic approach to service planning and delivery. Public Health operating as a separate entity may impede collaborative opportunities going forward.
- Separation of Public Health would impact the Region's ability to align with the provincial direction for integrated human services, and its ability to implement a social determinants service delivery model in York Region. Research suggests that 50% of population health is determined by our social and economic environment (Canadian Medical Association 2013). Many of the social determinants of health are strongly influenced by the actions and decisions of Regional and local municipal governments (for example, water and sanitation, and housing).

7. Conclusion

The changes outlined in the 2019 Provincial Budget are the biggest public health has faced since its inception into the municipal context. Historically public health provides an effective connection between the community and health care system to prevent conditions and factors that increase demands on the acute care system. Public health prevents disease, protects and promotes health and helps ensure fewer people require the more expensive acute care. Public health works when you cannot see it, and it has been working in tandem with municipalities since for nearly 200 years.

Feedback and recommendations to the Ministry encouraging the maintenance of York Region Public Health's current geographic boundaries and governance structure are required. The letter to the Minister of Health and Long-Term Care advocates for this to protect public health programs and services in York Region that residents have come to rely on.

Administrative, geographic and governance-related changes will not have the same impact using an efficiency finding lens as they will in other public health jurisdictions in Ontario. York Region Public Health is operationally lean and well-positioned to continue to meet the mandate while ensuring excellent, evidence-informed programs and services to residents

when, where and how they need them. Transitioning York Region Public Health into a new entity would result in decreased service delivery that is less responsive to the needs of a growing diverse population.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health, at 1-877-464-9675 ext. 74012. Accessible formats or communication supports are available upon request.




Recommended by: **Dr. Karim Kurji**
Medical Officer of Health

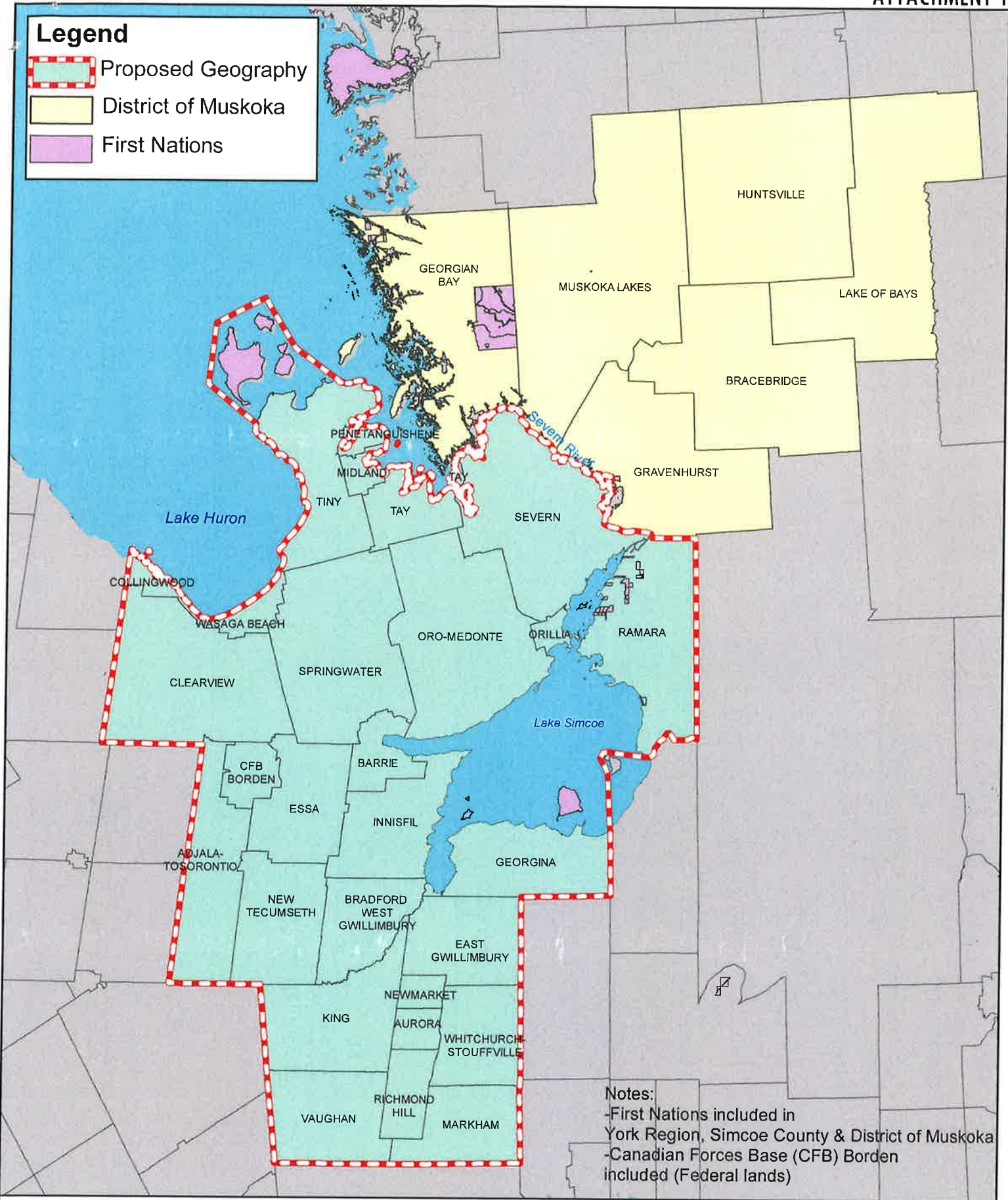
Katherine Chislett
Commissioner of Community and Health Services

Approved for Submission: **Bruce Macgregor**
Chief Administrative Officer

June 12, 2019
Attachment
9629825

Legend

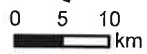
-  Proposed Geography
-  District of Muskoka
-  First Nations



Notes:
 -First Nations included in York Region, Simcoe County & District of Muskoka
 -Canadian Forces Base (CFB) Borden included (Federal lands)

Proposed Geography for the New Public Health Entity & District of Muskoka

June 11, 2019



Produced by The Regional Municipality of York, Integrated Business Services Branch, June 2019

Data © Queen's Printer for Ontario 2003-2019. See York.ca for disclaimer information.

June 27, 2019

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

Dear Minister Elliott:

Re: Public Health Modernization

I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) to recommend 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.

Since the April 11, 2019 Government of Ontario provincial budget announcements regarding public health modernization, concerns have been raised that there may be shifts in the full mandate of public health to yet to be defined essential services. It is critical that the full mandate of public health continue and that adequate funding be provided to support this through a more gradual financial downloading strategy to ensure municipalities are better prepared for the financial implications.

Extensive work went into modernizing the mandate of public health as reflected in the release of the 2018 Ontario Public Health Standards. These standards reflect a renewed mandate for public health with the goal to improve and protect the health and well-being of the population of Ontario and reduce health inequities. This comprehensive mandate is created on a foundation of quality and accountability ensuring that research, evidence, and best practices inform service delivery.

On May 28, 2019 the following resolution was carried at the aPHa Annual General meeting: Public Health Modernization: Getting it Right! This motion positions that the current mandate of public health not be altered in an effort to achieve budget reduction targets, that the Ontario government delay the implementation of any organizational and financial changes to local public health and engage in meaningful consultation and changes in the cost-shared formula be phased in over five (5) years commencing in fiscal 2021-22 (Appendix A).

The Board of Health commends the decision of Premier Ford reported on May 27, 2019 in a news conference that provincial funding cuts for public health in the provincial budget will not go forward for the 2019 year. This was welcomed news and does allow for additional time for more comprehensive financial planning by health units and municipalities.

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Barrie, ON
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705-721-7520
FAX: 705-721-1495

☐ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

☐ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

☐ **Midland:**
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

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

The work of public health is inherently cost effective, with an excellent return on investment, and is essential for the province to achieve its goal of ending hallway medicine. Funding for public health is a sound investment in support of the health and wellbeing of the people.

Thank you for considering our recommendations.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

CG:cm

Att. (1)

cc. Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Health

aPHa RESOLUTION A19-12

TITLE: Public Health Modernization: Getting it Right!

SPONSOR: Peterborough Public Health

WHEREAS the services provided by local boards of public health are critical to supporting and improving the health and quality of life of all residents of the Province; and

WHEREAS public health interventions are an important strategy in the prevention of hallway medicine and have been found to produce significant cost-saving with estimates that every dollar invested will save or avert at least \$14 in future costs; and

WHEREAS boards of health are accountable to both the province and their “obligated municipalities” to maximize their financial resources; and

WHEREAS meaningful municipal participation on boards of health ensures that public health agencies understand and respond to local and specific municipal needs; and

WHEREAS revenue opportunities for municipalities are constrained by both the ability to pay and provincial regulation; and

WHEREAS the current proposal for reorganizing the public health sector in Ontario was developed without meaningful consultation with either boards of health or their obligated municipalities;

NOW THEREFORE BE IT RESOLVED that the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets and that the Province continues to financially support public health units to adequately implement the Standards;

AND FURTHER that the Association of Local Public Health Agencies (aPHa) 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 aPHa propose the establishment of a joint task force made up of both political representatives and professional staff from existing public health agencies, aPHa, the Association of Municipalities of Ontario (AMO) and the City of Toronto to undertake the following activities:

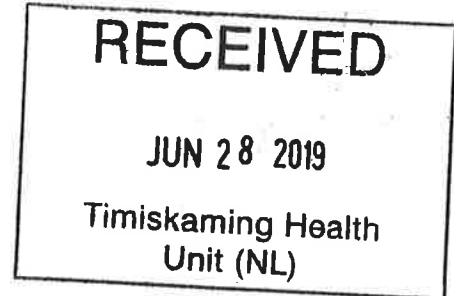
- Establish a set of principles to guide the reorganization of public health in Ontario that include:
 - Assurance that the enhancement of health promotion and disease prevention is the primary priority of any changes undertaken
 - Undertaking the consolidation of health units around a community of interests which include distinguishing between rural and urban challenges, and the meaningful participation of First Nations
 - Taking into account the ability of municipalities to pay, considerations for the broad range of proposed changes in funding arrangements between the province and municipalities
 - Developing a governance structure that provides accountability to local councils required to fund local public health agencies; and
- Conduct public outreach to municipal, public health and other stakeholders to validate both the principles and the resulting plans for future re-organization; and
- Ensure that the municipal and public health perspectives on any proposed changes, including the outcomes of consultation, are incorporated.

ACTION FROM CONFERENCE: Carried as amended



File No. 9.1

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



June 24, 2019

Dear Sir/Madam:

Re: Proposed Changes to Public Health in Ontario

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

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

Sincerely,

Cathy Cyr
Clerk/Director of Corporate Services

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



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



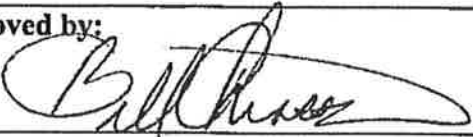



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, June 18, 2019

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

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

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

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

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

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

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



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

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

WHEREAS the health of Ontarians may be put at risk;

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

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

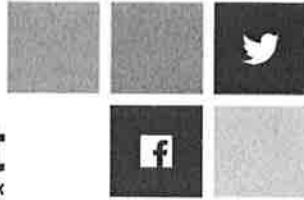
	MAYOR AND COUNCIL	YES	NO
<input checked="" type="checkbox"/> CARRIED	Ron Rody		
<input type="checkbox"/> DEFEATED	Bill Chiasson		
<input type="checkbox"/> TABLED	Mitch Hatfield		
<input type="checkbox"/> RECORDED VOTE (SEE RIGHT)	Robert Reece		
<input type="checkbox"/> PECUNIARY INTEREST DECLARED	Pat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

Disclosure of Pecuniary Interest and the general nature thereof.

Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: _____

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July 2, 2019

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

Dear Minister Elliott:

Immunization for School Children – Seamless Immunization Registry

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter and accompanying report we received from The Regional Municipality of York where their Regional Council adopted the following recommendation on May 16, 2019:

1. Regional Council endorse the position of the Council of Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

Immunization is a crucial part of a healthy lifestyle, preventing disease, reducing health care costs and saving lives. Vaccines are recognized as one of the most successful and cost-effective health investments. Immunization registries electronic systems support the centralized storage and retrieval of immunization events and patient immunization profiles, tracking immunization against vaccine-preventable diseases.

The Electronic Medical Records (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, providing seamless reporting of immunizations from health care providers directly to local public health, will ensure more accurate and efficient vaccine records.

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



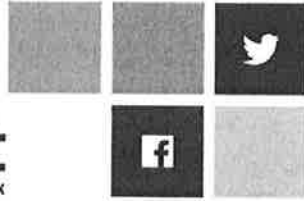
Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

July 2, 2019

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

Dear Minister Elliott:

On June 20, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free – Smoke/Vape Free Outdoor Spaces** to reduce the exposure of second-hand smoke in outdoor spaces:

Whereas, the legalization of cannabis came into effect October 17, 2018 and the addition of vapour products and cannabis to the *Smoke-Free Ontario Act, 2017*, and

Whereas, outdoor sport and recreation areas, parks, beaches, trails, and playgrounds are intended to promote the health and well-being for all Windsor-Essex County residents, and

Whereas, entrances/exits of municipal buildings, and transit shelters/stops, are other areas of exposure to second-hand smoke, cannabis and vaping, and

Whereas, second-hand smoke has proven to be harmful in particular for vulnerable populations such as youth, and

Whereas, youth are increasingly susceptible to the influence of social normalization, and

Whereas, youth uptake of vaping and exposure to cannabis consumption is increasing.

Now therefore be it resolved that the Windsor-Essex County Board of Health encourages municipalities to prohibit the smoking or vaping of any substance on all municipally owned outdoor sport and recreation properties, as well as parks, beaches, trails, playgrounds, at minimum, 9m from entrances/exits of municipal buildings, transit shelters, and transit stops.

Further, that the Windsor-Essex County Board of Health encourages all Windsor-Essex municipalities to update and adopt smoking by-laws to explicitly prohibit the use of cannabis in public spaces including streets and sidewalks.

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

Sincerely,

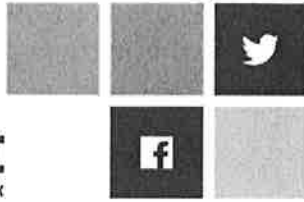
A handwritten signature in black ink, appearing to read "Gary McNamara".

Gary McNamara
Chair, Board of Health

A handwritten signature in black ink, appearing to read "Theresa Marentette".

Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk’s office
Corporation of the County of Essex – Clerk’s office
Local MPP’s – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP’s – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

July 2, 2019

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

Dear Minister Elliott:

Health Promotion as a Core Function of Public Health

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of Kingston, Frontenac and Lennox & Addington Public Health Unit's request to the Government of Ontario, through a motion passed by their Board on May 22, 2019:

THAT it maintains the current health promotion mandate of public health units, and

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

The purpose of health promotion is to positively influence the healthy behavior of individuals and communities as well as the living and working conditions that influence their health, thus enhancing quality of life.

The Health promotion process enables individuals to increase control over, and improve, their health, and moves beyond the focus of individual behaviour to positively influence healthy behaviours of individuals as well as communities.

By focusing on prevention, health promotion reduces the costs, both financial and human, that individuals, families, medical facilities, communities, employers, and the province would spend on medical treatment.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,

Gary McNamara, Chair
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
Hon. Rod Phillips, Minister of Finance
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
WECHU Board of Health

July 4, 2019

VIA ELECTRONIC MAIL

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

Dear Minister Elliott:

The Leeds, Grenville and Lanark District Health Unit Board of Health is very pleased with the provincial government's decision to support a dental program for low income seniors, and the decision to entrust local public health units with the responsibility to implement the program within each of their communities.

Our Health Unit has worked very closely with the region's three Community Health Centres on oral health programs starting with the provincial Healthy Smiles Program so we are well set up to implement the program effectively and efficiently.

Oral health has a major impact on overall health with its link to chronic disease as well as quality of life. If people are not able to get dental care for acute problems they turn to the health care system including the Emergency Department. This investment in dental care will also impact the ministry's priority to decrease hallway medicine.

Thank you for investing in the health of seniors in Leeds, Grenville and Lanark.

Sincerely,



Doug Malanka
Board Chair

DM/hb

cc: Hon. Doug Ford, Premier of Ontario
Hon. Helen Angus, Deputy Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Hon. Steve Clark, MPP Leeds, Grenville/Minister of Municipal Affairs and Housing
Hon. Randy Hillier, MPP Lanark, Frontenac, Kingston
Ontario Boards of Health

July 5, 2019

SENT ELECTRONICALLY

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
doug.ford@pc.ola.org

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

Dear Premier Ford and Minister Elliott:

At its regular Board meeting on June 26, 2019, the Board of Health for the North Bay Parry Sound District Health Unit passed the following resolution related to the public health transformation initiative in northeastern Ontario:

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

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

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

***Whereas**, the Board understands there will be opportunities for consultation with the Ministry on the regional implementation of public health transformation;*

Therefore Be It Resolved, that the Board of Health for the North Bay Parry Sound District Health Unit is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing Ministry support for this work; and

Furthermore Be It Resolved, that the Board, having engaged in this work since 2017, anticipates sharing with the Ministry its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the Northeast; and

Furthermore Be It Resolved, that this motion be shared with the Honourable Doug Ford, Premier, the Honourable Christine Elliott, Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, the Association of Local Public Health Agencies, Ontario Boards of Health, and member municipalities.

Sincerely yours,



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

/sb

Copy to: Dr. David Williams, Chief Medical Officer of Health
Vic Fedeli, MPP – Nipissing
Norm Miller, MPP – Parry Sound-Muskoka
John Vanthof, MPP – Timiskaming-Cochrane
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health
NBPSDHU Member Municipalities (31)



St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

July 8, 2019

christine.elliott@ontario.ca

The Honourable Christine Elliott
Minister of Health
Ministry of Health
College Park 5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Honourable Christine Elliott,

Re: Concerns about the future delivery of health promotion programs and services in Ontario by public health units

On behalf of the Board of Health for Southwestern Public Health, I am writing to call your attention to Southwestern Public Health's (SWPH) concerns about recent media reports regarding the Province's position on the future delivery of health promotion related programs and services in Ontario. Specifically, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages (e.g. physical activity) and has stated that healthy public policy work (e.g., built environment (bike lanes) is not where public health should invest its resources. Health promotion related activities delivered locally by public health units remains a core function of Public Health and is a critical and tangible driver of ending hallway medicine.

Health Promotion is the methodical and scientific application of a comprehensive approach to address health issues. Health promotion professionals offer expertise and resources to achieve good health by building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health care services towards prevention of illness and injury and the promotion of health.

Locally, this includes a wide variety of programs and services which often are offered in partnership and collaboration with municipalities, community agencies and residents of the community. Some examples of partnerships with local municipalities include:

- Supporting municipalities with bylaw or policy development consultation, training, representation at municipal meetings, and public education related to tobacco, and e-cigarettes. SWPH has supported area municipalities when implementing Smoke-Free Bylaws and Smoke Free Social Housing Policies including consultation on policy wording, support to staff, as well as providing smoking cessation services to housing residents.
- Public Health led the securement of \$1.94 million dollars in a public and private partnership with area developers and the City of St. Thomas to build a network of off-road trails and improve walkability.

- Partnering with all Elgin St Thomas municipalities to develop, promote and measure the implementation of a comprehensive cycling network across the entire County. This work netted our community a recent Bronze Bicycle Friendly Communities Award. This work is important for individual residents' health but is also recognized as an important economic development driver by the Ministry of Tourism.
- Prior to cannabis legalization, SWPH engaged with municipalities and provided them with key resources to assist in making the decision around opting in or opting out of hosting a cannabis retailer.

The service our Health Promotion staff provide to our local communities is varied and diverse. Health Promotion work cannot be done without the dedicated partners across the Southwestern region. Some additional examples include:

- By building strong relationships with our area school boards, Public Health can be responsive to local needs and work in partnership with the school boards to create evidence-informed education on relevant issues facing youth. A recent example relates to education provided regarding cannabis. Education sessions were created and delivered in collaboration with SWPH and reflected accurate, unbiased information for staff and students. Public Health continues to promote and model comprehensive school health to improve student well-being thereby improving learning.
- Public health has taken a leadership role in gathering a diverse group of community stakeholders and people with lived experience to develop and now implement the Oxford County Community Drug and Alcohol Strategy. A community driven strategy that includes both population-level and targeted approaches to address problematic substance use in Oxford County.

There have been many studies completed on the Return on Investment (ROI) of public health, including the positive impact of health promotion interventions.³ In the U.S., researchers have estimated that every dollar spent on prevention and health promotion results in a \$3.48 financial return in reduced costs to the medical system.¹ In Ontario, between 2006 and 2017, the Ministry of Health & Long-Term Care has provided a total of \$465 million in support of the *Smoke-free Ontario Act*, and during this time the smoking rate declined from 22.3% in 2003 to 17.4% in 2014. This decline in smoking between 2004 and 2013 was responsible for approximately \$4.1 billion of avoided costs, representing a significant return on investment.²

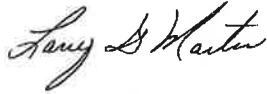
The Smoke-free Ontario strategy is an excellent example of the Government of Ontario and public health units coordinating and working together on developing and implementing healthy public policy province-wide and thereby enhancing the well-being of people. There are additional opportunities to continue this progressive relationship. For example, the Government of Ontario and public health units should work together on developing a comprehensive province-wide strategy to minimize alcohol related harm, and to support safer consumption of alcohol in the province.

Effective health promotion is needed now more than ever as communities deal with the epidemic of chronic diseases. In the Southwestern Public Health region, nine of the ten leading causes of death were due to chronic diseases.⁴ With an aging population, increasing rates of obesity, substance use, mental health concerns and injuries the need for health promotion and prevention is growing in order to offset the significant associated financial toll on the provincial health care.

As the pending changes to public health become clearer, it is imperative that the Ministry of Health & Long-Term Care and the new Boards of Health have consideration for the value of Health Promotion in improving the quality of life and health of residents.

Thank you for your consideration.

Sincerely,



Larry Martin
Board Chair, Southwestern Public Health

- c. The Hon. Doug Ford, Premier of Ontario
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Pegeen Walsh, Executive Director, Ontario Public Health Association
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
County of Elgin
County of Oxford
City of St. Thomas
City of Woodstock
Municipality of Bayham
Municipality of Central Elgin
Municipality of Dutton Dunwich,
Municipality of West Elgin
Town of Aylmer
Town of Ingersoll
Town of Tillsonburg
Township of Blandford-Blenheim
Township of East Zorra-Tavistock
Township of Malahide
Township of Norwich
Township of South-West Oxford
Township of Southwold
Township of Zorra

References

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- ² Care M of H and L-T. Public Health: Chronic Disease Prevention [Internet]. Ministry of Health and Long-Term Care; 2017. p. 527–69. Available from: http://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_310en17.pdf
- ³ Rebecca Masters, Elspeth Anwar, Brendan Collins, Richard Cookson and SC. Return on investment of public health interventions: a systematic review. J Epidemiol Community Heal [Internet]. 2017;71(8):827–834. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537512/>
- ⁴ MacLeod M, Hussain H. Chronic Disease Prevention & Well-being. Woodstock, ON: Southwestern Public Health; 2019.



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F: 705-743-2897
peterboroughpublichealth.ca

July 17, 2019

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 Elliot,

Re: Funding Cancelled for Leave the Pack Behind

At its meeting on June 12, 2019, the Board of Health for Peterborough Public Health had the opportunity to review communication from Leave the Pack Behind, a longstanding provincial partner in tobacco prevention and cessation among young adults. On behalf of the Board of Health, I am writing to express our concern over the provincial governments' decision to cease funding for Leave the Pack Behind.

Young adults aged 20 - 24 have the highest prevalence of e-cigarette use and other tobacco products like cigars and water pipes, and one of the highest rates of cigarette use in the province.¹ Additionally, the transition to daily, regular smoking in Ontario is likely established between the ages of 18 and 21 making cessation and prevention programs for young adults more imperative than ever.²

In Peterborough, both Fleming College and Trent University have smoke-free campus policies that protect students, staff, and visitors from the involuntary exposure to second-hand smoke and vapour. However, the success of these policies depends on a comprehensive approach to commercial tobacco control that includes cessation support for those that want to make a quit attempt.

Working with Leave the Pack Behind staff at both post-secondary institutions has allowed us to engage hundreds of young adults and inspire dozens of quit attempts that otherwise would not have happened without partnerships and collaboration.

It has been widely reported that the Provincial government has pledged to end 'hallway medicine' and is committed to balancing the budget. Reinstating the funding of this vital program will help the government meet both of those goals as for every dollar spent on tobacco control, \$20 are saved in future health care costs.^{3,4} Furthermore "there is now a substantial body of evidence showing that the majority of health care expenditures are spent on conditions that are largely preventable."⁵

Leave the Pack Behind was part of a 'no wrong door approach' that supported young adults with their quit attempts. As "tobacco dependence treatment can have a significant impact on health and be very cost-effective when compared with other health system activities"⁶ we are urging the Ministry to reconsider the cancelation of this comprehensive and impactful program.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions
Local MPPs
Kelli-an Lawrance, PhD, Director & Principal Investigator of Leave the Pack Behind, Brock University
Heather Travis, Manager, Leave the Pack Behind, Brock University
Ontario Boards of Health
Association of Local Public Health Agencies

¹ https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco_use_in_canada_2019.pdf

² <https://tobaccocontrol.bmj.com/content/14/3/181>

³ <https://jech.bmj.com/content/jech/71/8/827.full.pdf>

⁴ https://www.youtube.com/watch?v=TVZxtuZhN_M

⁵ <https://www.cpha.ca/making-economic-case-investing-public-health-and-sdh>

⁶ <https://www.ccohealth.ca/sites/CCOHealth/files/assets/CCOChronicDiseaseReport.pdf>



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July 19, 2019

The Right Honourable Justin Trudeau
Prime Minister of Canada
justin.trudeau@parl.gc.ca

The Hon. Maxime Bernier, MP, Beauce
Leader, People's Party of Canada
maxime.bernier@parl.gc.ca

Yves-François Blanchet
Leader, Bloc Québécois
3750, boul. Crémazie Est
bureau 402
Montréal, QC H2A 1B6

Elizabeth May, MP, Saanich - Gulf Islands
Leader, Green Party of Canada
elizabeth.may@parl.gc.ca

The Hon. Andrew Scheer, MP, Regina - Qu'Appelle
Leader, Conservative Party of Canada
andrew.scheer@parl.gc.ca

Jagmeet Singh, MP, Burnaby South
Leader, New Democratic Party of Canada
jagmeet.singh@parl.gc.ca

Dear Prime Minister Trudeau and Federal Party Leaders:

Re: Support for a National School Food Program

The Board of Health for Peterborough Public Health requests that you honour and move forward with implementing a cost-shared, national school food program, as outlined in the Federal healthy eating policy with a commitment of resources.

Universal access to healthy food every day at school could improve students' food choices and support their academic success (including academic performance, reduced tardiness and improved student behaviour). An important step towards health equity, universal healthy school meals contribute to students' physical and mental health. Its' success requires all levels of government to be engaged and supportive. Canada is the only G7 country that does not provide federal funding or resources to support school food and nutrition programs.

Our Board of Health supports initiating consultations to develop an adequately funded national cost-shared school food program. As public health experts with extensive experience working with Ontario student nutrition programs, we urge that a universal program include appropriate nutrition education and food safety training of staff and volunteers, provide an optional and culturally appropriate daily nutrition meal, use best practices in service and delivery, function in inspected and adequately equipped spaces, and provide students with the opportunity to implement Canada's Food Guide key messages; specifically, students are given the opportunity to eat more vegetables and fruit, whole grains and protein foods in a socially inclusive environment where they enjoy, prepare and eat healthy food with others.

A well designed national school food program has the potential to enable children to develop food and nutrition habits they need to lead healthy lives and succeed at school.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Local MPs
Association of Local Public Health Agencies
Ontario Boards of Health

July 19, 2019

Council Session, July 18, 2019
Public Health and Social Services Committee Session, July 9, 2019
PHD-C 06-2019, July 9, 2019

ALL BOARDS OF HEALTH

SENT ELECTRONICALLY

Resolution Respecting Proposed Provincial Restructuring of Local Public Health Agencies
PHD-C 06-2019

Regional Council, at its meeting held on July 18, 2019, passed the following resolution:

WHEREAS the Provincial Government has announced restructuring local public health agencies from 35 public health units to 10 new Regional Public Health Entities, governed by autonomous boards of health;

WHEREAS the Province expects to reduce provincial spending on local public health by \$200 million by 2021-22 from a current provincial budget for local public health of approximately \$750 million;

WHEREAS the Province is adjusting the cost-sharing formula with municipalities for local public health;

WHEREAS municipalities such as Niagara, Hamilton, and most others have been contributing more than their 25% share under Provincial policy for many years in order to ensure community needs are met based on the Ontario Public Health Standards, as set out by the provincial government;

WHEREAS the announcements do not contain sufficient detail to be able to fully understand the costs and implications of the proposed restructuring;

WHEREAS the scale of the proposed changes to the governance, organization and funding of local public health is unprecedented in Ontario;

WHEREAS the role of municipal councils is not clear in the proposed restructuring;

WHEREAS local public health agencies that are part of local government such as Niagara already achieve significant administrative efficiencies through the economies of scale from being part of much larger organizations than the future Public Health Entities;

WHEREAS local public health benefits from significant collaboration with social service, planning, recreation, and transportation services all of which address the social determinants of health and determine half of health outcomes;

WHEREAS separating public health agencies that are part of local government may have unintended negative consequences such as reducing municipal leadership on public health issues, reducing transparency and public scrutiny, as well as reducing effectiveness in collaboration on the social determinants of health;

WHEREAS the announcements appear to have a significant likelihood to impact on the delivery of local public health services;

WHEREAS Niagara Regional Council confirms its support of its public health staff in all the work that they do;

WHEREAS lessons from the past show that when the public health system is weakened, serious consequences occur;

WHEREAS expert reports, such as those following Walkerton's drinking water contamination and the outbreak of Severe Acute Respiratory Syndrome (SARS) have highlighted the need for a strong and independent public health sector to protect the health and safety of the public;

WHEREAS local public health has a unique mandate that focuses on upstream approaches to prevent injuries and illness before they occur, as well as health protection measures that contribute to the safety of our food, water, and environment, and protect us from infectious diseases;

WHEREAS the evidence shows that the success of prevention is largely invisible, but the social and economic returns on these investments are immense with every dollar invested in public health programming saving on average eight dollars in avoided health and social care costs;

WHEREAS to achieve health and reduce "hallway medicine" both a strong health care and a strong public health system are needed;

WHEREAS the independence of the Board of Health and the Medical Officer of Health as the doctor for the community are essential parts of a strong and transparent public health system;

WHEREAS local perspectives add value to provincial priority-setting and decision making;

WHEREAS significant advances in public health have been led through local action, such as the development of tobacco control bylaws; and

WHEREAS the Province has indicated a willingness to consult with boards of health and municipalities on the phased implementation of the proposed changes.

NOW THEREFORE BE IT RESOLVED:

1. That Regional Council **THANKS** the Premier and the Minister of Health for responding to feedback by municipalities to delay funding changes to public health and other municipally operated health and social services;
2. That the Regional Chair **BE DIRECTED** to write a letter to the Minister of Health and the Minister of Municipal Affairs and Housing to request that any restructuring or modernization of local Public Health ensure adherence to the following principles:
 - i. That its unique mandate to keep people and our communities healthy, prevent disease and reduce health inequities be maintained;
 - ii. That its focus on the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection, and emergency management and response be continued;
 - iii. That sufficient funding and human resources to fulfill its unique mandate are ensured;
 - iv. That the focus for public health services be maintained at the community level to best serve residents and lead strategic community partnerships with municipalities, school boards, health care organizations, community agencies and residents;
 - v. That there be senior and medical leadership at the local public health level to provide advice on public health issues to municipal councils and to participate in strategic community partnerships;
 - vi. That local public health services be responsive and tailored to the health needs and priorities of each local community, including those of vulnerable groups or those with specific needs such as the indigenous community;
 - vii. That representation of municipalities on any board of health be proportionate to both their population and to the size of the financial contribution of that municipality to the regional Public Health Entity; and
 - viii. That any transition be carried out with attention to good change management, and while ensuring ongoing service delivery;
3. That the Regional Chair **BE DIRECTED** to work with MARCO/LUMCO and AMO to describe the benefits of Public Health remaining fully integrated with other Niagara Region functions;
4. That the Medical Officer of Health **BE DIRECTED** to continue to report to the Board of Health in a timely manner as any new developments occur;

5. That at a minimum, the Chair of the Board of Health or co-Chair (Public Health) of the Public Health & Social Services Committee **PARTICIPATE** in Ministry consultations with boards of health on public health restructuring, and through the Association of Local Public Health Agencies (alPHa); and
6. That this resolution **BE CIRCULATED** to the Minister of Health, the Minister of Municipal Affairs and Housing, all municipalities, all Boards of Health, AMO, MARCO/LUMCO, and the Association of Local Public Health Agencies.

A copy of PHD-C 06-2019 is enclosed for your reference.

Yours truly,



Ann-Marie Norio
Regional Clerk
:KL

In accordance with the notice and submission deadline requirements of Sections 18.1 (b) and 11.3, respectively, of Niagara Region's Procedural By-law, the Regional Clerk received from Councillor Ip a motion to be brought forward for consideration at the June 20, 2019 Council meeting respecting Response to Proposed Provincial Restructuring of Local Public Health Agencies.

Response to the Proposed Provincial Restructuring of Local Public Health Agencies

WHEREAS the Provincial Government has announced restructuring local public health agencies from 35 public health units to 10 new Regional Public Health Entities, governed by autonomous boards of health;

WHEREAS the Province expects to reduce provincial spending on local public health by \$200 million by 2021-22 from a current provincial budget for local public health of approximately \$750 million;

WHEREAS the Province is adjusting the cost-sharing formula with municipalities for local public health;

WHEREAS municipalities such as Niagara, Hamilton, and most others have been contributing more than their 25% share under Provincial policy for many years in order to ensure community needs are met based on the Ontario Public Health Standards, as set out by the provincial government;

WHEREAS the announcements do not contain sufficient detail to be able to fully understand the costs and implications of the proposed restructuring;

WHEREAS the scale of the proposed changes to the governance, organization and funding of local public health is unprecedented in Ontario;

WHEREAS the role of municipal councils is not clear in the proposed restructuring;

WHEREAS local public health agencies that are part of local government such as Niagara already achieve significant administrative efficiencies through the economies of scale from being part of much larger organizations than the future Public Health Entities;

WHEREAS local public health benefits from significant collaboration with social service, planning, recreation, and transportation services all of which address the social determinants of health and determine half of health outcomes;

WHEREAS separating public health agencies that are part of local government may have unintended negative consequences such as reducing municipal leadership on public health issues, reducing transparency and public scrutiny, as well as reducing effectiveness in collaboration on the social determinants of health;

WHEREAS the announcements appear to have a significant likelihood to impact on the delivery of local public health services;

WHEREAS Niagara Regional Council confirms its support of its public health staff in all the work that they do;

WHEREAS lessons from the past show that when the public health system is weakened, serious consequences occur;

WHEREAS expert reports, such as those following Walkerton's drinking water contamination and the outbreak of Severe Acute Respiratory Syndrome (SARS) have highlighted the need for a strong and independent public health sector to protect the health and safety of the public;

WHEREAS local public health has a unique mandate that focuses on upstream approaches to prevent injuries and illness before they occur, as well as health protection measures that contribute to the safety of our food, water, and environment, and protect us from infectious diseases;

WHEREAS the evidence shows that the success of prevention is largely invisible, but the social and economic returns on these investments are immense with every dollar invested in public health programming saving on average eight dollars in avoided health and social care costs;

WHEREAS to achieve health and reduce "hallway medicine" both a strong health care and a strong public health system are needed;

WHEREAS the independence of the Board of Health and the Medical Officer of Health as the doctor for the community are essential parts of a strong and transparent public health system;

WHEREAS local perspectives add value to provincial priority-setting and decision making;

WHEREAS significant advances in public health have been led through local action, such as the development of tobacco control bylaws; and

WHEREAS the Province has indicated a willingness to consult with boards of health and municipalities on the phased implementation of the proposed changes.

NOW THEREFORE BE IT RESOLVED:

1. That Regional Council **THANKS** the Premier and the Minister of Health & Long Term Care for responding to feedback by municipalities to delay funding changes to public health and other municipally operated health and social services;
2. That the Regional Chair **BE DIRECTED** to write a letter to the Minister of Health & Long Term Care and the Minister of Municipal Affairs and Housing to request that any restructuring or modernization of local Public Health ensure adherence to the following principles:
 - i. That its unique mandate to keep people and our communities healthy, prevent disease and reduce health inequities be maintained;
 - ii. That its focus on the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection, and emergency management and response be continued;
 - iii. That sufficient funding and human resources to fulfill its unique mandate are ensured;
 - iv. That the focus for public health services be maintained at the community level to best serve residents and lead strategic community partnerships with municipalities, school boards, health care organizations, community agencies and residents;
 - v. That there be senior and medical leadership at the local public health level to provide advice on public health issues to municipal councils and to participate in strategic community partnerships;
 - vi. That local public health services be responsive and tailored to the health needs and priorities of each local community, including those of vulnerable groups or those with specific needs such as the indigenous community;

- vii. That representation of municipalities on any board of health be proportionate to both their population and to the size of the financial contribution of that municipality to the regional Public Health Entity; and
 - viii. That any transition be carried out with attention to good change management, and while ensuring ongoing service delivery;
3. That the Regional Chair **BE DIRECTED** to work with MARCO/LUMCO and AMO to describe the benefits of Public Health remaining fully integrated with other Niagara Region functions;
 4. That the Medical Officer of Health **BE DIRECTED** to continue to report to the Board of Health in a timely manner as any new developments occur;
 5. That at a minimum, the Chair of the Board of Health or co-Chair (Public Health) of the Public Health & Social Services Committee **PARTICIPATE** in Ministry consultations with boards of health on public health restructuring, and through the Association of Local Public Health Agencies (ALPHA); and
 6. That this resolution **BE CIRCULATED** to the Minister of Health & Long Term Care, the Minister of Municipal Affairs and Housing, all municipalities, all Boards of Health, AMO, MARCO/LUMCO, and the Association of Local Public Health Agencies.

July 19, 2019

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

Dear Minister Elliott,

Re: Essential Components for Strong Local Public Health

At its meeting on July 18, 2019, the Middlesex-London Board of Health voted to endorse the following motion:

Moved by: Mr. Michael Clarke

Seconded by: Mr. Ian Peer

That the Board of Health:

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

The Board of Health also took time to hold a generative discussion concerning public health unit amalgamation. Members are looking forward to the opportunity to be involved in the consultation process. Members wanted to identify what is important about public health work that needs to continue, what input to and involvement in amalgamation plans going forward Board members are seeking.

In our discussion, we concluded that the current mission of the Middlesex-London Health Unit "to promote and protect the health of our community" remains appropriate but requires building a new understanding of the community to be served. Public health should remain a local focus however needs will necessarily arise across a larger more diverse catchment area, and with regionalization, the new public health entity will comprise a collection of very diverse communities.

Good governance for public health has so far reflected the local nature of public health delivery with a locally accountable governance structure. Members are concerned that the governance structure for a regional public health entity will struggle to maintain that important local accountability.

We hope that you will find this brief summary of our generative discussion helpful. We look forward to hearing details about the timelines and structure of the summer consultation process.

A copy of Report No. 053-19 and its Appendix re: *Keeping Middlesex-London Safe and Healthy: Essential components for a strong local public health sector through modernization* is enclosed for your reference.

Yours sincerely,

A handwritten signature in cursive script that reads "Trish Fulton".

Trish Fulton
Chair, Middlesex-London Board of Health

c.c. Ontario Boards of Health
County of Middlesex
City of London



August 6, 2019

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

Dear Minister Elliott:

In this time of public health restructuring in Ontario, it is crucial that we maintain a clear vision for the principles and criteria by which we can design and evaluate the amalgamation process. The Medical Officers of Health from across much of Eastern Ontario, all partners in the Eastern Ontario Wardens Caucus, along with CAOs from their counties, and myself came together on July 8, 2019, to develop a set of principles and criteria we believe should be used to guide the restructuring process at the provincial level. The Board of Health at KFL&A met on July 24, 2019 then to discuss the principles and criteria and agreed to unequivocally support the following below.

Key Principles for Restructuring Local Public Health in Ontario:

1. **Improve population health:** any modernization approaches and changes must protect and enhance population health.
2. **“Say for pay”** must be maintained for municipalities in a meaningful way, meaning the autonomous board must contain a majority of municipal representatives. It must allow for all “obligated municipalities”, whether municipal or First Nation (Section 50, HPPA) to have meaningful decision-making to ensure public health remains responsive and accountable to the local communities it serves.
3. As a health unit composed of small urban, rural, and First Nations areas, the structure and delivery of services and programs must **meet the needs of these communities**. Local access and delivery must be maintained despite regionalization of back-office supports and efficiencies.
4. The **funding model and formula** for local public health must take factors into account such as equity, the older age of the population, the rural-urban mix, and must be sustainable.
5. The **best available evidence** should be considered as part of the policy decision making.
6. **Efficiencies will be identified and optimized** wherever possible, without sacrificing the quality and effectiveness of services provided.
7. Any new organizational structure will **build on the current strong collaborative relationships** among the current health units and local public health agencies in Eastern Ontario.
8. Any proposed infrastructure will **build on the assets** of the current local boards of health and respond to their challenges, looking for opportunities to improve public health services.

Kingston, Frontenac and Lennox & Addington Public Health

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Decision-Making Criteria for Boundary Development:

1. **Alignment with Ministry of Health direction** - proposals must be evaluated considering the directions, vision and outcomes for Public Health as outlined by the Ministry.
2. **Maintenance of current partner alignment** – current relationships and partnerships with proposed Ontario Health Teams, Tertiary Care Centres, Universities/Colleges, neighbouring health units, school boards and other key partners should be maintained whenever possible.
3. **Meaningful governance by "obligated municipalities"** – consistent with the principle of "say for pay", decision-making must consider a meaningful governance model for obligated municipalities who are required to fund public health programs under the Health Protection and Promotion Act.
4. **Inclusion of Indigenous populations and Francophone populations**– amalgamation models need to ensure that Indigenous and Francophone populations are engaged at the governance level and in program planning and delivery.
5. **Efficiencies** – the potential for cost savings and efficiencies is paramount in the evaluation of models including evidence of economies of scale.
6. **Sufficient resources** – resources must be sufficient at the local level for regular programs and surge capacity, including resources to fill key positions including the Medical Officer of Health and other public health experts.

Our Board of Health feels that the current proposal by the Ministry would adversely affect KFL&A Public Health, and further, does not fulfill the key principles and criteria outlined above. Projections of the planned amalgamation estimate a costly process with potential impact on front-line services. A strength that will be lost is our strong working partnerships with both Hastings Prince Edward Public Health and Leeds Grenville Lanark District Health Unit formed through many years facing similar issues across our geography. If these partnerships are maintained, we would be able to achieve a solution that is beneficial for all stakeholders in our region.

We believe that this process should not be rushed to ensure decisions consider evidence and best practices to remove the risk of unintended negative consequences. To achieve our mutual goals, we look forward to the opportunity to directly work with the Ministry on public health reorganization in the promised consultation process and to consider these proposed principles and criteria.

Sincerely,

Denis Doyle, Chair
KFL&A Board of Health



KFL&A
Public Health

Copy to:

- Hon. D. Ford, Premier of Ontario*
- Hon. H. Angus, Deputy Minister of Health*
- Ian Arthur, MPP Kingston and the Islands*
- Daryl Kramp, MPP Hastings-Lennox and Addington*
- Dr. David Williams, Chief Medical Officer of Health*
- Loretta Ryan, Association of Local Health Agencies*
- Ontario Boards of Health*
- KFL&A Board of Health members*
- Dr. Piotr Oglaza, MOH, HPEPH*
- Jo-Anne Albert, Board Chair, HPEPH*
- Dr. Paula Stewart, MOH, LGLDHU*
- Doug Malanka, Board Chair, LGLDHU*
- Warden R. Higgins, County of Frontenac*
- Warden E. Smith, County of Lennox and Addington*
- Kelly Pender, CAO, County of Frontenac*
- Brenda Orchard, CAO, County of Lennox and Addington*
- Mayor B. Paterson and City Councillors, City of Kingston*
- Monica Turner, Director of Policy, Association of Municipalities of Ontario*

Kingston, Frontenac and Lennox & Addington Public Health

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August 27, 2019

The Right Honorable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Re: Smoke-Free Multi-Unit Dwellings

On June 28, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Windsor-Essex County Health Unit in regards to reducing the exposure of second-hand smoke in multi-unit housing. The following motion was passed:

GBHU BOH Motion 2019-43

Moved by: Anne Eadie Seconded by: David Shearman
"THAT, the Board of Health support the resolution from Windsor-Essex County Health Unit with respect to Smoke-Free Multi-Unit Dwellings."

Carried

Sincerely,

A handwritten signature in black ink, appearing to be "Mitch Twolan".

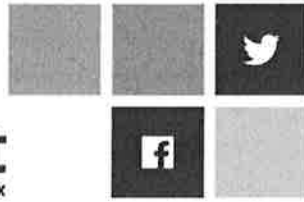
Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health, Deputy Premier
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

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 Leamington 33 Princess Street, Leamington, ON N8H 5C5

May 21, 2019

The Right Honorable Justin Trudeau
 Prime Minister of Canada
 House of Commons
 Ottawa, ON K1A 0A6
Justin.trudeau@parl.gc.ca

Dear Prime Minister Trudeau:

On May 16, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free Multi-Unit Dwellings** to reduce the exposure of second-hand smoke in multi-unit housing:

Whereas, the federal government has passed the Cannabis Act, 2017 to legalize non-medical cannabis, coming into effect on October 17th, 2018, and

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC, and

Whereas, Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported, and

Whereas, indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building and no one should be unwillingly exposed or forced to move due to unwanted second-hand smoke exposure,

Now therefore be it resolved that the Windsor-Essex County Board of Health endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:

1. Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties and explicitly include cannabis smoke and vaping of any substance in the definition of smoking;
2. All future private sector rental properties and buildings developed in Ontario should be vape and smoke-free from the onset;
3. Encourage public/social housing providers to voluntarily adopt no-smoking and/or vaping policies in their units and/or properties;
4. All future public/social housing developments in Ontario should be smoke and vape-free from the onset.
5. Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

AND FURTHER that this resolution be shared with the Honorable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health & Long-Term Care
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk’s office
Corporation of the County of Essex – Clerk’s office
Local MPP’s – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP’s – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



August 27, 2019

The Honourable Christine Elliott
Ministry of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: Protecting York Region's School Children through Immunization

On June 28, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached report from York Region regarding a seamless immunization registry. The following motion was passed:

GBHU BOH Motion 2019-44

Moved by: Brian O'Leary Seconded by: Selwyn Hicks
"THAT, the Board of Health support the correspondence from York Region with respect to Protecting York Region's School Children through Immunization."

Carried

Sincerely,

A handwritten signature in black ink, appearing to be "Mitch Twolan".

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Dr. David Williams, Chief Medical Officer of Health
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

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August 27, 2019

The Honourable Christine Elliot
Ministry of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: Smoke/Vape Free Outdoor Spaces

On July 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Windsor-Essex County Health Unit regarding Smoke/Vape Free Outdoor Spaces. The following motion was passed:

GBHU BOH Motion 2019-56

Moved by: Anne Eadie Seconded by: David Shearman
"THAT, the Board of Health support the resolution from Windsor-Essex County Health Unit with respect to Smoke-Free Multi-Unit Dwellings."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Twolan".

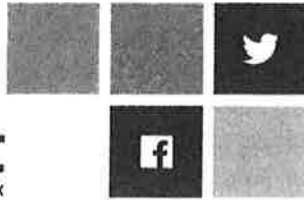
Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Doug Ford, Premier of Ontario
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
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 Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
 Leamington 33 Princess Street, Leamington, ON N8H 5C5

July 2, 2019

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

Dear Minister Elliott:

On June 20, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free – Smoke/Vape Free Outdoor Spaces** to reduce the exposure of second-hand smoke in outdoor spaces:

Whereas, the legalization of cannabis came into effect October 17, 2018 and the addition of vapour products and cannabis to the *Smoke-Free Ontario Act, 2017*, and

Whereas, outdoor sport and recreation areas, parks, beaches, trails, and playgrounds are intended to promote the health and well-being for all Windsor-Essex County residents, and

Whereas, entrances/exits of municipal buildings, and transit shelters/stops, are other areas of exposure to second-hand smoke, cannabis and vaping, and

Whereas, second-hand smoke has proven to be harmful in particular for vulnerable populations such as youth, and

Whereas, youth are increasingly susceptible to the influence of social normalization, and

Whereas, youth uptake of vaping and exposure to cannabis consumption is increasing.

Now therefore be it resolved that the Windsor-Essex County Board of Health encourages municipalities to prohibit the smoking or vaping of any substance on all municipally owned outdoor sport and recreation properties, as well as parks, beaches, trails, playgrounds, at minimum, 9m from entrances/exits of municipal buildings, transit shelters, and transit stops.

Further, that the Windsor-Essex County Board of Health encourages all Windsor-Essex municipalities to update and adopt smoking by-laws to explicitly prohibit the use of cannabis in public spaces including streets and sidewalks.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Gary McNamara".

Gary McNamara
 Chair, Board of Health

A handwritten signature in black ink, appearing to read "Theresa Marentette".

Theresa Marentette
 Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
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