

Board Correspondence

September 2022

Date	From	Subject
June 9, 2022	Toronto Board of Health	Ltr to BOHs and alPHa: Response to COVID-19 – April 2022.
June 15, 2022	Grey Bruce Health Unit	Board endorsement to support the recommendations of Health Canada re: tobacco and vaping products.
June 21, 2022	Public Health Sudbury and Districts	Ltr to Ministry of Children, Community and Social Services – review of base-funding needs for the Healthy Babies Healthy Children program.
June 28, 2022	Municipality of Chatham-Kent	Motion to support the alPHa resolution A22-4: request to have the drug poisoning crisis in Ontario to be declared an emergency under the emergency management and civil protection act (RSO 1990).
June 29, 2022	Public Health Sudbury and Districts – Board of Health	Ltr to Deputy Premier and Minister of Health – congratulations on appointment and upcoming leadership.
July 20, 2022	Grey Bruce Health Unit	Motion 2022-49 to endorse the correspondence from PHSD – Healthy Babies Healthy Children funding.
August 3, 2022	AMO	AMO Policy Update – Mental Health and Addictions Submission - An Integrated Approach to Mental Health and Addictions .
August 11, 2022	Simcoe Muskoka District Health Unit	Indirect impacts Surveillance Dashboard .
August 19, 2022	alPHa	alPHa Information Break - August 2022
August 24, 2022	Township of Eanturel	Resolution-7: to proclaim August 31 as International Overdose Awareness Day in Township of Eanturel.
August 26, 2022	AMO	Strengthening Public Health in Ontario: Now and for the Future
September 1, 2022	Northern Ont. Medical Officers of Health	Ltr to Minister of Health – Federal Dental Care Program – Northern Perspectives

City Clerk's Office

SecretariatJulie Amoroso, Board Secretary
Toronto Board of Health
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June 9, 2022

SENT VIA E-MAIL

To: Boards of Health in Ontario and the Association of Local Public Health Agencies

Subject: Response to COVID-19 - April 2022 Update (Item HL36.1) (see Part 10 of the Toronto Board of Health's decision on page 2 which is addressed to all Boards of Health in Ontario and the Association of Local Public Health Agencies)

The Toronto Board of Health, during its meeting on April 11, 2022, adopted Item HL36.1, as amended, and:

1. Expressed its full support to the Medical Officer of Health to implement additional measures to address the harm of COVID-19, as needed.
2. Requested the Medical Officer of Health, in partnership with Ontario Health and the City's community and health sector partners, to accelerate the integration of the delivery of on-site COVID-19 vaccination, testing, treatment, and health and social services.
3. Requested the Medical Officer of Health to continue using the VaxTO program for the COVID-19 3rd- and 4th-dose campaign, and to scale up live calling in support of vaccine booster dose uptake.
4. Requested the Province of Ontario to re-enable local Medical Officers of Health to issue letters of instruction as part of the local toolkit to reduce the impact of COVID-19 and help keep people safe.
5. Requested the Medical Officer of Health to implement a public health promotion campaign to inform the public of COVID-19 risks and provide guidance for risk mitigation.
6. Requested the Medical Officer of Health and the Province of Ontario to provide additional focused guidance to help the public discern how best to employ layers of protection against COVID-19 and to provide support to those at greatest risk for severe outcomes from COVID-19, including priority access to testing, personal protective equipment, and other resources to support safer public interactions.

7. Requested the Medical Officer of Health to explore innovative and accessible ways to use data to communicate with the public to enable informed decisions about how best to mitigate the risk of COVID-19.
8. Requested the Ministry of Health and Ontario Health to work with Toronto Public Health, primary care, pharmacies, other health care practitioners, and any other relevant stakeholders, to facilitate access to and increase appropriate uptake of COVID-19 treatments, incorporating core elements such as:
 - a. an information campaign to raise awareness among health care providers and the public of the availability of this effective treatment;
 - b. resources to support health care providers and the public to use available COVID-19 treatments; and
 - c. a strategy to leverage existing community vaccine distribution infrastructure to ensure effective, equitable access to COVID-19 treatment.
9. Requested the Province of Ontario to work with relevant stakeholders and communities to expand the collection of sociodemographic data in the health system (which may include, for example, optimizing the linkage of existing Census data with health data) to ensure that resources are deployed to the populations with the greatest need and to ensure equitable and culturally-safe access to health and social services.
10. Forwarded Part 9 above, concerning the collection of sociodemographic data, to all Boards of Health in Ontario and the Association of Local Public Health Agencies.
11. Requested the Medical Officer of Health to provide public reporting on, and consider for potential inclusion in dashboard changes, the following:
 - a. COVID-19 related hospitalizations among school-aged children and youth;
 - b. transmission of COVID-19 in schools; and
 - c. health workforce absentee data.

To view this item and background information online, please visit:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2022.HL36.1>.

Yours sincerely,



Julie Amoroso
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following Boards of Health in Ontario and the Association of Local Public Health Agencies:

- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair
- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair

- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer
- Dr. Paul Roumeliotis, Association of Local Public Health Agencies, President, COMO Representative, East Region

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health



June 15, 2022

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
Controlled Substances and Cannabis Branch, Health Canada
0301A-150 Tunney's Pasture Driveway
Ottawa, ON K1A 0K9
Email: legislativereviewtpa.revisionlegislativelpv@hs-sc.gc.ca

Re: Support for South West Tobacco Control Area Network

On May 27, 2022, at a regular meeting of the Board for the Grey Bruce Health Unit, the Board of Health reviewed the Southwest T-CAN's submission to the Tobacco Control Directorate of Health Canada on ways to strengthen the Tobacco and Vaping Products Act. The submission, presented to the Board of Health for their endorsement, is part of a mandated three-year review of the Act and has a focus on the vaping regulation sections of the Act and their ability to protect young people from the harms of vapour products.

The Board endorses the submission and strongly supports the recommendations to Health Canada, including a ban on all vapour and e-product flavours, implementing a framework to strictly regulate the advertising of vapour products, and restricting the availability of high-concentration vapour products.

Motion No: 2022-41

Moved by: Brian Milne Seconded by: Luke Charbonneau

"THAT, the Board of Health endorse the report South West Tobacco Control Area Network (Ontario) Submission to the Legislative Review of the Tobacco and Vaping Products Act."

Carried.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Honourable Alex Ruff, MP for Bruce-Grey-Owen Sound
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Ontario Boards of Health

Encl.
/mh

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Public Health
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SUDBURY & DISTRICTS

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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Letter Re: Healthy Babies Healthy Children Funding
June 21, 2022
Page 2

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health

June 28, 2022

The Honourable Doug Ford
Premier of Ontario

Delivered via email: doug.fordco@pc.ola.org

RE: SUPPORT FOR RESOLUTION A22-4

At the Chatham-Kent Board of Health meeting of June 15, 2022, the Board received an update regarding the proceedings of the 2022 Association of Local Public Health Agencies (ALPHA) annual general meeting and conference.

As part of this update, resolution A22-4, and its associated amendments, was discussed. The original motion is attached and the amendment is as follows:

That the drug poisoning crisis in Ontario be declared an emergency under the emergency management and civil protection act (RSO 1990).

The following amendment to the amendment was then proposed:

And further that ALPHA recommend the provincial government consider the potential role and appropriate timing of declaring the drug poisoning crisis in Ontario as an emergency under the emergency management and civil protection act (RSO 1990).

Drug use and subsequent poisonings were already on the rise in Ontario and were further exacerbated by the COVID-19 pandemic. The additional stress from the pandemic on both people who use drugs and the health care system brought this issue to a boiling point with dramatic increases in deaths from opioid-related toxicity.

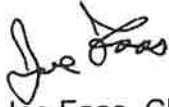
As the province and the public health system recover from the pandemic, it will be crucial that local public health units have the tools and resources required to support their communities. An emergency declaration in regard to the drug poisoning crisis will allow the government to take necessary steps to protect the health of the public, and particularly the most vulnerable members of our society.

The Board feels there is significant evidence to support such a declaration, and passed a motion to support resolution A22-4 and its amendments at the June meeting.

.../2

We look forward to expanded partnerships and detailed plans on this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "Joe Faas". The signature is written in a cursive style with a large initial "J".

Joe Faas, Chair
Chatham-Kent Board of Health

Encl.

C:

The Hon. Sylvia Jones, Deputy Premier and Minister of Health
The Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour,
Immigration, Training and Skills Development
Trevor Jones, MPP, Chatham-Kent-Leamington
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health

TITLE: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario

SPONSOR: Council of Ontario Medical Officers of Health (COMOH)

WHEREAS the ongoing drug/opioid poisoning crisis has affected every part of Ontario, with the COVID-19 pandemic further exacerbating the issue, leading to a 73% increase in deaths from opioid-related toxicity from 2,870 deaths experienced in the 22 months prior to the pandemic (May 2018 to February 2020) to 4,951 deaths in the 22 months of available data since then (March 2020 to December 2021); and

WHEREAS the burden of disease is particularly substantial given the majority of deaths that occurred prior to the pandemic and the increase during the pandemic have been in young adults, in particular those aged 25-44, and the extent of the resulting trauma for families, front line responders, and communities as a whole cannot be overstated; and

WHEREAS the membership previously carried resolution A19-3, asking the federal government to decriminalize the possession of all drugs for personal use based on broad and inclusive consultation, as well as supporting robust prevention, harm reduction and treatment services; and

WHEREAS the membership previously carried resolution A21-2, calling on all organizations and governmental actors to respond to the opioid crisis with the same intensity as they did for the COVID-19 pandemic; and

WHEREAS the Association of Local Public Health Agencies (alPHa) has identified that responding to the opioid crisis is a priority area for local public health recovery in their *Public Health Resilience in Ontario* publication (Executive Summary and Report); and

WHEREAS recognizing that any responses to this crisis must meaningfully involve and be centred-around people who use drugs (PWUDs), inclusive of all backgrounds, and must be founded not only on evidence- and trauma-informed practices but also equity, cultural safety, anti-racism as well as anti-oppression; and

WHEREAS COMOH's Drug / Opioid Poisoning Crisis Working Group has recently identified nine provincial priorities for a robust, multi-sector response that is necessary in response to this crisis (see Appendix A); and

WHEREAS local public health agencies are well positioned, with additional resourcing, to play an enhanced role in local planning, implementation and coordination of the following priority areas: harm reduction, substance use prevention and mental health promotion, analysis, monitoring and reporting of epidemiological data on opioid and other substance-related harms, health equity and anti-stigma initiatives, efforts towards healthy public policy related to substance use including but not limited to decriminalization, and providing and mobilizing community leadership; and

WHEREAS this work of local public health agencies aligns with the Substance Use and Harm Reduction Guideline (2018) and the Health Equity Guideline (2018) under the Ontario Public Health Standards;

NOW THEREFORE BE IT RESOLVED that aPHa endorse the nine priorities for a provincial multi-sector response;

AND FURTHER that the noted provincial priorities and areas of contribution by local public health agencies be communicated to the Premier, Minister of Health, Associate Minister of Mental Health & Addictions, Attorney General, Minister of Municipal Affairs & Housing, Minister of Children, Community & Social Services, Chief Medical Officer of Health, Chief Executive Officer (CEO) of Ontario Health and CEO of Public Health Ontario;

AND FURTHER that aPHa urge the above-mentioned parties to collaborate on an effective, well-resourced and comprehensive multi-sectoral approach, which meaningfully involves and is centred-around PWUDs from of all backgrounds, and is based on the nine identified provincial priorities.

A22-4 Appendix A – Priorities for a Provincial Multi-Sector Response

The following was developed by the Drug / Opioid Poisoning Crisis Working Group of COMOH, and shared with the COMOH membership for review at its general meeting on April 27th, 2022:

1. Create a **multi-sectoral task force**, including people with lived experience of drug use, to guide the development of a robust, integrated provincial drug poisoning crisis response plan. The plan should ensure necessary resourcing, health and social system coordination, policy change, and public reporting on drug-related harms and the progress of the response. An **integrated approach** is essential, to address the overlap between the use of various substances, to integrate aspects of the response such as treatment and harm reduction, and to ensure a common vision for addressing health inequities and preventive opportunities.
2. Expand access to **harm reduction** programs and practices (e.g. Consumption and Treatment Service (CTS) sites, Urgent Public Health Needs Sites (UPHNS), drug checking, addressing inhalation methods as a key route of use and poisonings, and exploring the scale up of safer opioid supply access).
3. Enhance and ensure sustainability of support for substance use **prevention** and mental health promotion initiatives, with a focus from early childhood through to adolescence.
4. Expand the collection, analysis and reporting of timely integrated **epidemiological data** initiatives, to guide resource allocation, frontline programs and services, and inform healthy public policy.
5. Expand access to **treatment** for opioid use disorder, including opioid agonist therapy in a range of settings (e.g., mobile outreach, primary care, emergency departments) and a variety of medication options (including injectable). To support the overall health of PWUDs, also connect with and expand access to care for other substances, for mental illness and trauma as key risk factors for drug use, and for comprehensive medical care for PWUDs.
6. Address the structural **stigma**, discrimination and related harms that create systemic barriers for PWUDs, through re-orienting systems for public health, first responders, health care, and social services, to address service provider and policy-level stigma, normalize services for drug use, and better meet the needs of PWUDs. Also, support community and community leadership conversations to address drug use stigma and its societal consequences.
7. Advocate to and support the Federal government to **decriminalize** personal use and possession of substances, paired with increased investments in health and social services and a focus on health equity at all levels. These efforts aim to address the significant health and social harms of approaches that criminalize PWUDs, including Black, Indigenous and other racialized communities.
8. Acknowledge and address **socioeconomic determinants of health, systemic racism**, and their intersections that are risk factors for substance use and substance use disorders, and pose barriers to accessing supports. This includes a need for more affordable and supportive **housing** for PWUDs, and efforts to further address **poverty and unemployment/precarious employment**.
9. Provide funding and other supports to enable consistent **community leadership** by PWUDs and by community organizations, including engagement with local drug strategies. People who bring

their lived experience should be paid for their knowledge contribution and participation at community tables.



**Public Health
Santé publique**
SUDBURY & DISTRICTS

June 29, 2022

Via Email

Sylvia Jones
Deputy Premier and Minister of Health
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

Dear Minister:

Please accept my congratulations on behalf of the Board of Health for Public Health Sudbury & Districts on your appointment as Minister of Health for the province of Ontario. Thank you also for your tireless work, in collaboration with your predecessor, former Minister Elliott, in supporting local Public Health throughout the pandemic.

The Board of Health looks forward to your leadership in ensuring all Ontarians have equal opportunities for health. The mission statement of the Public Health Sudbury & Districts is very much aligned with this work: *Working with our communities to promote and protect health and to prevent disease.* We are keen to engage in ongoing collaboration with the provincial government and municipal governments to support policy development that will have positive health and health equity outcomes.

While we face some unique public health challenges in Northern Ontario, we also have very strong community and academic engagement and are optimistic about health in the north.

Again, on behalf of the Board of Health, I wish you success in this important role and we look forward to supporting you in your mandate.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Dr. K. Moore, Chief Medical Officer of Health
Northern Boards of Health
Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer

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July 20, 2022



Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Support for a Local Board of Health

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Healthy Children funding. The following motion was passed:

Motion No: 2022-49

Moved by: Alan Barfoot

Seconded by: Luke Charbonneau

"THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding."

Carried.

Sincerely,

A handwritten signature in cursive script that reads "Susan Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

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Public Health
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SUDBURY & DISTRICTS

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health



August 11, 2022

To Community Partners and Stakeholders:

Re: Indirect Impacts Surveillance Dashboard

Early in the pandemic, the Simcoe Muskoka District Health Unit (SMDHU) conducted a situational assessment to understand the indirect population health impacts of the COVID-19 pandemic. A report entitled 'Mitigating Harms of COVID-19 Public Health Measures' was released in September 2020, and outlined key findings, mitigation strategies and recommendations. It also included an epidemiological data summary, local environmental scan, as well as literature reviews conducted by SMDHU, Public Health Ontario, Timiskaming Health Unit and Southwestern Public Health.

Based on the report's recommendation to continue surveillance of the pandemic's impact on various domains of population health and health equity, SMDHU identified priority indicators and developed a tool to communicate the data. The result is the development of the Indirect Impacts Surveillance Dashboard. The dashboard provides relevant data for SMDHU, community partners and municipalities to consider in priority setting and planning through future pandemic waves, recovery and beyond.

The dashboard presents analyzed data and describes the change from pre-pandemic values across eight indicator categories. These eight categories include basic needs, child and family health, substance use, mental health, immunizations, oral health, infectious disease, and general health. The dashboard uses local data where possible, and displays indicators for Simcoe Muskoka, Simcoe County, Muskoka District and Ontario. SMDHU will continue to monitor the indicators and update the dashboard twice per year. COVID-19 data can also be accessed via SMDHU's HealthSTATS pages.

I hope the dashboard and situational assessment will be of value to your organization. If you have questions please direct them to Brenda Guarda, Manager Population Health Assessment, Surveillance and Evaluation at brenda.guarda@smdhu.org.

Sincerely,

ORIGINAL Signed By:

Charles Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

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Aug 24/22

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TOWNSHIP OF EVANTUREL

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Resolution of Council

Moved by: Councillor Beachy

Date: August 10, 2022

Seconded by: Councillor Gravel

Resolution No: 7

WHEREAS the Corporation of the Township of Evanturel does affirm and acknowledge the harm and hardship caused by drug overdose;

AND WHEREAS the Council of the Corporation of the Township of Evanturel (Council) recognizes the purpose of International Overdose Awareness Day as remembering loved ones lost to overdose and ending the stigma of drug-related deaths;

AND WHEREAS Council resolves to play its part in reducing the toll of overdose in its community, which claimed the lives of over 4,000 Ontarians* in 2021 together with countless more affected forever⁽¹⁾;

AND WHEREAS from January to June of 2022 there have been 7 suspected drug-related deaths compared to 4 deaths during the whole of last year in Timiskaming Health Unit region⁽¹⁾;

AND WHEREAS Council affirms that the people affected by overdoses are our sons and daughters, our mothers and fathers, our brothers and sisters, our friends, and deserving of our love, compassion and support;

NOW THEREFORE, I, Derek Mundle, Reeve, do hereby proclaim August 31st, 2022, as Overdose Awareness Day in the Corporation of the Township of Evanturel.

Carried 
Reeve – Derek Mundle

DIVISION VOTE

YEAS	NAME OF MEMBER OF COUNCIL	NAYS
	BARBARA BEACHEY, COUNCILLOR	
	MIKE FRICKER, COUNCILLOR	
	HENRI GRAVEL, COUNCILLOR	
	ROBBIE MACPHERSON, COUNCILLOR	
	DEREK MUNDLE, REEVE	
	TOTALS	

Declaration of Pecuniary Interest – Report to Council TWP2019-05 – Form A – Reeve Mundle ___; Councillor

Certified to be a true copy of Resolution No. 7 of the Corporation of the Township of Evanturel passed in open Council on the 10th day of August, 2022.

Virginia Montminy – Clerk
Township of Evanturel

September 1, 2022

Hon. Jean-Yves Duclos
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

via email: jean-yves.duclos@parl.gc.ca

Dear Minister Duclos,

Re: Federal Dental Care Program – Northern Perspectives

With the launch of the federal dental care program looming, we- northern Ontario boards of health- wish to communicate our northern concerns and recommendations with you as you plan the structure of the new Canadian dental care program.

In Ontario, provincial dental programs such as Healthy Smiles Ontario (HSO) and the Ontario Seniors Dental Care Program (OSDCP) have positioned boards of health to work in tandem with local dental service providers. Through this experience, we have gained rich insight and compiled lessons learned from the lens of both the public and private sectors.

Our message is clear- health disparities in northern communities are greater than in southern communities. This truth will have implications for thousands of eligible children and adults across the country seeking dental care under the new program. We foresee challenges such as inequities in dental care service delivery (i.e. access to care), and a demand that will outpace service provider capacity in the north (i.e. volume of eligible people in the north will increase, with not enough service providers).

Poor health outcomes in the north are influenced by limitations to social and economic opportunities- income, housing, childhood development, social supports, and access to services in general, to name a few.¹ Social and health structures significantly impact how services are delivered in the north; a fact that cannot be ignored when thousands of eligible northerners are awaiting much needed dental care.

The following recommendations stem from our experience working with service providers in the north to implement HSO and the OSDCP. We feel that the new federal dental care program can only be successful if existing gaps in the system are addressed, including disparities that northern communities experience.

General system recommendations

We support the recent letter submitted by the Ontario Association of Public Health Dentistry (OAPHD),² and wish to elaborate on, and add to, their set of recommendations:

- Establish a **technical advisory committee** to guide planning and implementation
 - Establish a dental consultant/officer to provide consistent technical advice to program implementers; the need is especially great in the north, where there are fewer salaried dentists at public health units, making navigation of the OSDCP difficult

¹ Health Quality Ontario (2018). Northern Ontario Health Equity Strategy: A plan for achieving health equity in the North, by the North, for the North. Retrieved from <https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf>

² Ontario Association of Public Health Dentistry (OAPHD). June 2022. Federal Dental Care Program Letter.

- Create a national **oral health strategy**, and/or encourage the provinces to do so
 - Identify metrics that are important to collect and standardize data collection
- Implement **robust surveillance data**
 - Consider cloud-based EMR so that clients have one record; easier for clients accessing care across districts and for surveillance (i.e. identification of health needs, trends)
 - Mandate the collection of oral health indicators across the province and report on findings to establish appropriate baseline data
- Review and adjust remuneration rates for service providers to 75% of the current Ontario Dental Association Suggested Fee Guide for General Practitioners³
 - Existing payments do not reflect the rising cost of living, COVID-19 requirements for businesses, and the cost of running a dental clinic
 - The Ontario government has not raised fees paid to dental practitioners for their care since 1998, other than an inflation adjustment in 2009-10, and currently pays fees at approximately 37% of the current Ontario Dental Association Suggested Fee Guide while overheads approximate 65-70%³

Northern recommendations

Northern communities will experience the new federal dental care program differently, due to accessibility challenges in the north, the ongoing challenge of service provider recruitment and retention, and the unique disparities experienced by northern clients and service providers, whose collective voice is sometimes not heard while planning large-scale programs.

- Plan for accessibility challenges in the north
 - Consider the cost of delivering care in rural and remote communities in the funding formula (i.e. greater outreach costs for providers who must travel to provide care)
 - Continue to include provincial programs such as northern health travel grants; include this for all dental public health programs (i.e. children and adults)
- Work with qualifying Universities and Colleges to strategically promote living and working in northern communities
 - Recruit new and future dental professionals to the north to help respond to a high demand for services (i.e. address the problem of not having enough dentists, especially those that value health equity)
 - There is great risk that this program may mirror family medicine challenges currently experienced in the north:
 - Service providers may not accept new clients due to full practices
 - Clients may be forced to wait months until an appointment is available; this is especially true for specialists (e.g. surgeons)
- Engage northern voices from the start
 - Create an opportunity for northern residents and service providers to voice their thoughts/share experiences

³ Ottawa City Council- carried motion. Wednesday, June 22 2022. Retrieved from: <https://app05.ottawa.ca/sirepub/mtgviewer.aspx?meetid=8584&doctype=SUMMARY>

- Data indicates that northern disparities are real,¹ however first-hand stories from residents and service providers can help meaningfully address northern-specific issues

Thank you for recognizing the importance of oral health care for those who need it the most. Public policy that prioritizes health equity by offering low-income residents the opportunity to live healthier, happier lives, inspires us. We hope that you consider these recommendations as you plan the structure of the new federal dental care program. We are available for any future collaboration opportunities, especially as they pertain to equitable planning for northern communities.

Sincerely,
Northern Ontario Medical Officers of Health

Cc: (via email) Algoma Public Health – Dr. John Tuinema

North Bay Parry Sound District Health Unit – Dr. Jim Chirico

Northwestern Health Unit – Dr. Kit Young Hoon

Porcupine Health Unit – Dr. Lianne Catton

Public Health Sudbury & Districts – Dr. Penny Sutcliffe

Thunder Bay District Health Unit – Dr. Janet DeMille

Timiskaming Health Unit – Dr. Glenn Corneil