City of Hamilton

BOARD OF HEALTH ADDENDUM

Meeting #: 19-006
Date: June 17, 2019
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

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5. COMMUNICATIONS

*5.7 Correspondence from the Assocation of Local Public Health Associations respecting Public Health Modernization

Recommendation: Be received.

*5.8 Correspondence from Algoma Public Health respecting Proposed Change to Public Health in Ontario

Recommendation: Be received.

*5.9 Correspondence from the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) respecting 2019-2020 Community Addictions Services Program Additional Base Funding

Recommendation: That the Board of Health authorize and direct the Medical Officer of Health to receive and utilize the funding from the Ministry of Health and Long-Term Care to support the Community Addictions Services Program, and report back to the Local Health Integration Network as required.

*5.10 Correspondence from the Ministry of Health and Long Term Care respecting 2019-2020 Low Income Seniors Dental Additional Base Funding

Recommendation:

(a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and submit reports back to the Board on the funding from the Ministry of Health and Long-Term Care to support the delivery of a dental program for low income seniors; and,

(b) That staff report back to the Board of Health by October 2019 on the development of the program locally.

*5.11 Correspondence from the Association of Local Health Associations (alPHa) respecting 2019 alPHa Resolutions

Recommendation: Be Received.

6. DELEGATION REQUESTS

*6.1 Ian Graham, respecting Climate Change consequences for Hamilton and the Great Lakes Basin (for today's meeting)

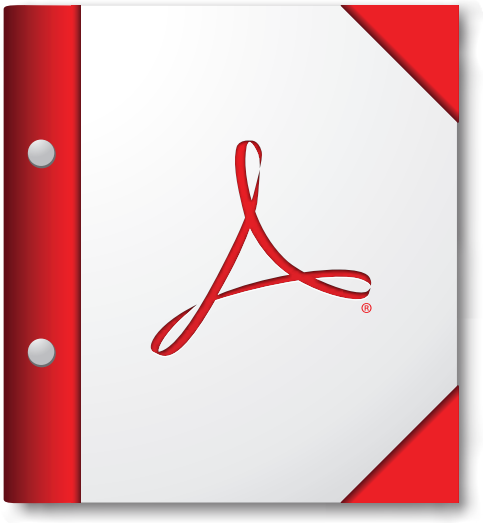
*6.2 Kate Flynn, Centre for Climate Change Management, Mohawk College, respecting support for the Corporate Climate Change Task Force Response to Climate Change Emergency Declaration (for today's meeting)

*6.3 Lynda Lukasik and Ian Borsuk, Environment Hamilton respecting the Climate Change Task Force Response to Climate Change Emergency Declaration (for today's meeting)

7. CONSENT ITEMS

*7.1 Food Advisory Committee Minutes - May 14, 2019

*7.2 Physician Recruitment and Retention Steering Committee Clerk's Report - May 29, 2019



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Received Jun 10 2019
MOH Office

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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9B Lawton Street
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• Ensure meaningful involvement by the communities, municipalities, First Nations and networked organizations throughout Algoma if a change happens.
• Improve the effectiveness of collaboration by grouping health unit populations together that make sense. Take into account geography and whether the necessary the socioeconomic and health issues of areas are compatible over the long term.
• Ensure any regional Public Health Agency would maintain proper administrative ”back office” positions to meet the needs of employees and public welfare in a timely fashion and are of equal quality to the standards currently in place.
• Ensure that Algoma District has a strong voice in whatever governance structure is put in place should a regionalization come about.

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

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

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

Sincerely,

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

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

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Board of Health

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

Resolution:

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

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

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

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

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

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

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

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

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Board of Health

Whereas the health of Ontarians may be put at risk.

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

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

CARRIED: Chair's Signature: Lee Mason

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

Algoma PUBLIC HEALTH
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Board of Health

DATE: May 22, 2019	**RESOLUTION NO.: 2019 - 47**
MOVED: H. O'Brien	**SECONDED: D. Graystone**

SUBJECT: Supporting Simcoe-Muskoka regarding proposed regional boundary

Resolution:

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

CARRIED: Chair's Signature: Lee Mason

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

Hamilton Niagara Haldimand Brant **LHIN** | **RLISS** de Hamilton Niagara Haldimand Brant

5.9

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Sans frais : 1 800 810-0000
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June 3, 2019

Received Jun 3 2019
MOH Office

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton
110 King Street West 2nd Floor, Main Reception
Hamilton ON L8P 4S6

Dear Dr. Richardson: Elizabeth

Re: Community Addictions Services Program 2019-20

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is pleased to advise the City of Hamilton (COH) that it will be receiving up to an additional $79,958 base funding in 2019-20 (annualized to $95,000 in 2020-21) to support the Community Addictions Services Program. Details of the funding, including applicable terms and conditions are set out in Schedule A.

In accordance with the *Local Health System Integration Act, 2006* the LHIN hereby gives notice that, subject to COH's agreement, it proposes to amend the Multi-Sector Service Accountability Agreement (MSAA) between the HNHB LHIN and COH to reflect the additional funding and conditions with effect as of the date of this letter.

Please be advised that if your agency is fulfilling a sponsoring or lead agency role, you are accountable to the LHIN for the deliverables, funding and reporting. This approval is conditional on organizations submitting financial and performance reports to the LHIN on a prescribed schedule as described in the attached Schedule A.

The HNHB LH IN will provide the additional funding as set out in the attached schedules, subject to the Ministry of Health and Long-Term Care (ministry) receiving the necessary appropriation from the Ontario Legislature.

COH is required to maintain financial records for this allocation. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery.

It is also essential that you manage costs within your approved budget.

Please indicate COH's acceptance of the proposed funding, the conditions on which it is provided, and COH's agreement to the amendment of the MSAA by signing below and returning one copy of this letter **by June 18, 2019**, to the attention of Shannon Lawrence, Analyst, Funding, HNHB LHIN, 211 Pritchard Rd., Unit 1, Hamilton ON, L8J 0G5. Please also return a copy electronically to shannon.lawrence@lhins.on.ca.

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Ontario

Dr. Elizabeth Richardson

Should you have any questions regarding the information provided in the letter, please contact Derek Bodden, Director, Finance, at derek.bodden@lhins.on.ca or (905) 523-8600, ext. 4228.

Sincerely,

Donna Cripps
Chief Executive Officer
Hamilton Niagara Haldimand Brant Local Health Integration Network

Att: Schedule A
Budget & Performance Reporting Templates

c: Elaine Gee, Business Administrator, COH
Kelly Cimek, Director, Planning, HNHB LHIN
Derek Bodden, Director, Finance, HNHB LHIN

I agree to the terms and conditions in this letter dated June 3, 2019 regarding Community Addictions Services Program 2019-20.

AGREED TO AND ACCEPTED BY

City of Hamilton

By:

Elizabeth Richardson		
Medical Officer of Health	Signature	Date

I have authority to bind City of Hamilton

.../3

Schedule A

1. **2019-20 Funding Details:** $79,958 (Annualized to $95,000 in 2020-21) (Base Funding).

2. **Program Description:**
The program increases access to community-based addictions services for youth and adults and timely connections to primary care, treatment, health and social services. The expanded community-based addictions services focus primarily on opioid, alcohol and cannabis misuse and addiction. The funding supports 1 FTE Addictions Counsellor to provide Alcohol Drug and Gambling Services at Consumption and Treatment Service in Hamilton.

3. **Specific Terms and Conditions Applicable to the Funding:**

City of Hamilton (COH) agrees that it will:

(a) use the funding to support the Community Addictions Services Program and for no other purpose. This funding cannot be diverted to fund increases in employee compensation.

(b) not use surplus funds for any other program without prior written consent from the HNHB LHIN. This funding is subject to recovery and reconciliation.

(c) have all new staff hired under this funding complete Ontario's San'yas Indigenous Cultural Safety Training by the end of Q3 2019-20. This online, self-directed training will be paid for by the HNHB LHIN and can be arranged by emailing hnhb.submissions@lhins.on.ca.

(d) as a team member work in collaboration with other heath service providers on a coordinated care plan based on the Health Links Model of Care and following the provincial coordinated care plan template.

4. **Financial and Statistical Performance and Reporting:**

a) Financial and statistical Quarterly Reporting will be reported under the following Functional Centre in SRI: COM Primary Care – Addictions Treatment Substance Abuse – 72 5 10 78 11

b) New statistical targets associated with this funding are outlined below. These annual and pro-rated volumes are also found in the Budget Reporting template:

COM Primary Care – Addictions Treatment Substance Abuse – 72 5 10 78 11	Annual Performance Targets (Beginning 2020-21)	Pro-rated Performance Targets (Fiscal year 2019-20)
Individuals Served	120	101
Visits	600	505

c) Please include the funding and expense updates in the Budget Adjustment columns on the financial pages in the appropriate functional centre effective Quarter 2.

.../4

d) Supplemental financial and performance reporting is required utilizing the Reporting Template attached. Reporting periods are as follows:

Reporting Period	Dates of Reporting Period	Due Date
Quarter 1	April 1, 2019 – June 30, 2019	August 7, 2019
Quarter 2	July 1, 2019 – September 30, 2019	November 7, 2019
Quarter 3	October 1, 2019 – December 31, 2019	February 7, 2020
Year-End Report	January 1, 2020 – March 31, 2020	June 7, 2020

e) The need for supplemental (performance and/or financial) reporting beyond June 7, 2020 will be determined by the LHIN in conjunction with COH.

f) Please provide a year-end report by June 7, 2020 including referral source, primary substance of concern, and Ontario Perception of Care Tool results of individuals served:

#2: When I first started looking for help, services were available at times that were good for me.
#30. The services I have received have helped me deal more effectively with my life's challenges.
#31. I think the services provided here are of high quality.
#32. If a friend were in need of similar help I would recommend this service.

In addition, please provide the number of clients reporting appropriate and timely connections to primary care, treatment and health and social services through Consumption and Treatment services.

g) The performance and budget reporting templates are to be submitted to hnhb.reporting@lhins.on.ca.

Should you have any questions related to these templates, please contact Doris Downie, Advisor, Funding (budget reporting) at doris.downie@lhins.on.ca or Ashley Bolduc, Advisor, Performance & Accountability (performance reporting) at ashley.bolduc@lhins.on.ca. For questions related to Mental Health & Addictions planning at the HNHB LHIN, please contact Kelly Cimek, Director, Planning at kelly.cimek@lhins.on.ca.

Budget Reporting Template:	2019-20
HSP Name:	City of Hamilton
Program Title:	Expansion of Community Addiction Services - CTS
Funding Sector (select from drop down list):	Addictions - Substance Abuse
IFIS Number:	264
Program Number:	4053
HNHB LHIN Reference #:	

Addictions - Substance Abuse

LHIN Program: Revenue & Expenses	2019-20 (Funding Letter)					Quarterly Results					
	FTE	12 Month Budget Operating Costs	Start-Up Cost	Pro Rated Budget	Total Budget (Funding Letter)	Q1	Q2	Q3	Q4	Year To Date Total	Year End Forecast
Start Date (DD/MM/YY)				1/6/2019							
Number of months program is operational in the year				10.1							
Revenue											
LHIN New Global Base Allocation		$95,000	$0	$79,958	$79,958	$0	$0	$0	$0	$0	$0
LHIN One Time			$0		$0	$0	$0	$0	$0	$0	$0
Service Recipient Revenue		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Revenue LHIN/MOHLTC		$95,000	$0	$79,958	$79,958	$0	$0	$0	$0	$0	$0
Recoveries from External/Internal Sources		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Donations		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Funding Sources & Other Revenue		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Other Revenues		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL REVENUE FUND TYPE 2		$95,000	$0	$79,958	$79,958	$0	$0	$0	$0	$0	$0
EXPENSES											
Compensation											
Salaries -Position Description	***FTE***										
Social Worker BSW	1	$73,125		$61,547	$61,547	$0	$0	$0	$0	$0	$0
		$0		$0	$0	$0	$0	$0	$0	$0	$0
		$0		$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0
Salaries Subtotal (Worked hours + Benefit hours cost) (Sum of Lines 28 to 33)	1	$73,125		$61,547	$61,547	$0	$0	$0	$0	$0	$0
Benefit Contributions	27.44%	$20,063		$16,886	$16,886	$0	$0	$0	$0	$0	$0
Service Costs											
Med/Surgical Supplies & Drugs		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Supplies and Sundry Expenses Description											
Program Supplies		$1,812	$0	$1,525	$1,525	$0	$0	$0	$0	$0	$0
Advertising and Promotion		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
General Office Expenses		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Administration Costs		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Program Expenses (please describe)											
		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Supplies & Sundry Expenses Subtotal (Sum of Lines 40 to 47)		$1,812	$0	$1,525	$1,525	$0	$0	$0	$0	$0	$0
Community One Time Expense		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Equipment Expenses Subtotal (Sum of Lines 51+52)		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Amortization on Major Equip, Software License & Fees		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Contracted Out Expenses/Services Subtotal (Sum of Lines 56 to 58)		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Building and Grounds Subtotal (Sum of Lines 61 to 64)		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Building Amortization		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Subtotal (Sum of Lines 68 to 82)		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL EXPENSES FUND TYPE 2		$95,000	$0	$79,959	$79,959	$0	$0	$0	$0	$0	$0
NET SURPLUS/(DEFICIT) FROM OPERATIONS		($0)	$0	($0)	($0)	$0	$0	$0	$0	$0	$0
Amortization - Grants/Donations Revenue		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations		($0)	$0	($0)	($0)	$0	$0	$0	$0	$0	$0
Calculation of LHIN New Global Base Allocation (For Funding Letter)		$95,000		$79,958	$79,958						
Calculation of LHIN One Time (For Funding Letter)			$0		$0						

Service Code or Functional Centre		Units of Service										Budget Per Funding Letter	
Functional Centre	FC Code	Secondary Account	Unit Definition	Annual Number	Pro Rated 10.1	Unit Definition	Annual Number	Pro Rated 10.1	Unit Definition	Annual Number	Pro Rated 0	Annual Costs	Pro Rated Costs 10.1
COM Primary Care - Addictions Treatment-Substance Abuse	72 5 10 78 11	S 450*, 451*, 455*	Visits Face-to-face and Telephone In-House and Contracted Out	600	505	Individuals Served by Functional Centre	120	101	Group Sessions		-	95,000	79,958
Category	#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category	#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category	#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category	#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category	#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category	#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
			Administration Costs									-	-
			Total Revenue (non-LHIN funding)									-	-
			TOTAL FUNDING REQUESTED*									95,000	79,958
			* Totals must agree to 12 Month Budget on Page 1									BALANCED	
			One Time Funding									-	-

Performance Reporting Template

Legend:
HSP to complete via drop-down
HSP to complete manually
LHIN to complete

Community Addictions Services Program 2019-20

Program Status Report

Project Name	Community Addictions Services Program – Consumption and Treatment Services 2019-20
Service Sector	Addictions - Substance
Lead Organization Name	City of Hamilton - ADGS
Project Description	The program increases access to community-based addictions services for youth and adults and timely connections to primary care, treatment, health and social services. The expanded community-based addictions services focus primarily on opioid, alcohol and cannabis misuse and addiction. The funding supports 1 FTE Addictions Counsellor to provide Alcohol Drug and Gambling Services at Consumption and Treatment Service in Hamilton.

Project HSP Contact		
Project HSP Partners		
Reporting Start Month and Year	May	2019-20

			2019-20				2020-21				2021-22				
Quality Dimension	**Measures**	**Annual Target**	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	**Current Cumulative**
Appropriately Resourced	FTE's Hired	1.0													0
Access	Individuals Served	120													0
Access	Visits	600													0
Access	Average number of days clients waited to access service.	Report Only													0
															0
															0
															0

Additional HSP's Comments on Program Implementation (add additional comments to each quarterly report):	**LHIN Review Comments:**
	Please provide a year end report by June 7, 2020 including referral source, primary substance of concern, and Ontario Perception of Care Tool results of individuals served: #2: When I first started looking for help, services were available at times that were good for me. #30. The services I have received have helped me deal more effectively with my life's challenges. #31. I think the services provided here are of high quality. #32. If a friend were in need of similar help I would recommend this service. In addition, please provide the number of clients reporting appropriate and timely connections to primary care, treatment and health and social services through Consumption and Treatment services.

Ministry of Health and Long-Term Care

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

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
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Ministère de la Santé et des Soins de longue durée

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

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Ontario

JUN 0 7 2019

Mayor Fred Eisenberger
Chair, Board of Health
City of Hamilton, Public Health Services
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the City of Hamilton, Public Health Services up to $2,248,100 in additional base funding for the 2019-20 funding year to support the new dental program for low income seniors. This program aims to prevent chronic disease, reduce infections and improve quality of life, while reducing burden on the health care system.

Dr. David Williams, Chief Medical Officer of Health, will write to the City of Hamilton, Public Health Services shortly concerning the terms and conditions governing this funding.

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

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

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

Sincerely,

Christine J. Elliott

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

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

Fernandes, Krislyn

From: Susan Lee <susan@alphaweb.org>
Sent: June 14, 2019 10:00 AM
To: All Health Units
Subject: Disposition of 2019 alPHa Resolutions

PLEASE ROUTE TO:

All Board of Health Members/Members of Health & Social Service Committees
Senior Public Health Managers
****

Below is a link to the disposition document regarding the June 2019 alPHa Resolutions, which were reviewed at this week's Annual General Meeting.

Disposition of 2019 alPHa Resolutions

Regards,

Susan

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHa)
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Please visit us at http://www.alphaweb.org

DISPOSITION OF 2019 RESOLUTIONS

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

alPHa
Association of Local PUBLIC HEALTH Agencies

RESOLUTIONS CONSIDERED
at June 2019 alPHa Annual General Meeting

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried as amended

References – Resolution A19-1

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

alPHa RESOLUTION A19-2

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

References – Resolution A19-2

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

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-3

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

SPONSOR: **Toronto Public Health**

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

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

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs; and

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women and youth; and

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families and communities; and

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships; and

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED that the federal government be urged to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction and treatment services;

AND FURTHER that the federal government convene a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-4

TITLE: **Asbestos-Free Canada**

SPONSOR: **Peterborough Public Health**

WHEREAS the adverse health effects associated with exposure to asbestos exposure have been well established: Epidemiological, clinical, and laboratory studies have shown that asbestos is capable of causing lung cancer, mesothelioma, and a range of asbestos-related diseases (International Agency for Research on Cancer [IARC], 1987); and

WHEREAS asbestos is one of the most important occupational carcinogens causing about half of all deaths from occupational cancer. Currently, about 125 million people in the world are exposed to asbestos in the workplace, and at least 90,000 people die each year from lung cancer, mesothelioma, and asbestosis resulting from occupational exposures (Driscoll et al., 2005); and

WHEREAS it is believed that thousands of deaths each year can be attributed to other asbestos-related diseases as well as to non-occupational exposures, and the global burden of disease is still rising (World Health Organization [WHO], 2006); and

WHEREAS Canada was the fourth largest producer of chrysotile asbestos, exporting to more than 70 countries, even after introducing strict restrictions on its use in 1985, 1999 and 2004. In 2001, the World Trade Organization ruled against Canada's challenge to national asbestos bans. Canada went on to oppose the addition of chrysotile asbestos to the Rotterdam Convention, an international treaty regulating the environmentally-sound use of hazardous materials, in 2004 and 2006. In 2008, Canada abstained; and

WHEREAS Canada reached a historic milestone on December 30, 2018. On that date, after 130 years as a leading exporter of asbestos, Canada finally banned its use, import and export; and

WHEREAS we can take inspiration from other countries' experiences in eliminating the impact of asbestos on people and the environment. The most successful efforts have taken place in countries with comprehensive strategies, coordinated by a transparent and accountable institutional framework. The European Union has a lot to teach us, but the most impressive example is the Australian Agency for Asbestos Safety and Eradication (ASEA). https://www.asbestossafety.gov.au/;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call on the federal government to make Canada "asbestos free" by establishing a federal asbestos agency based on the Australian model. The agency, in cooperation with Indigenous peoples, the provinces, territories and municipalities, would be mandated to develop a comprehensive Canadian asbestos strategy (see appendix A) and an implementation plan, while respecting the jurisdictions of each level of government;

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

ACTION FROM CONFERENCE: Carried

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-5

TITLE: **Public Health Support for including Hepatitis A Vaccine in the School Immunization Program**

SPONSOR: **Peterborough Public Health**

WHEREAS hepatitis A is a viral liver disease that can cause mild to severe illness, and according to the World Health Organization (2018), epidemics that can be difficult to control and cause substantial economic loss; and

WHEREAS recent hepatitis A outbreaks have been reported in Ontario and through-out North America, related to infected food handlers and to food products (strawberries, scallops, pomegranate seeds, organic berries) ; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness[2]; and

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

WHEREAS recovery from hepatitis A infection may take months, with about 25% of adult cases requiring hospitalization, resulting, in Ontario (2016/2017) with potential hospital stays costing is over $5300 per person; and

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

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

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

WHEREAS pre-exposure hepatitis A immunization is at least 90% to 97% effective with protective concentrations of hepatitis A antibody likely persisting for at least 20 years, possibly for life, following immunization with 2 doses of hepatitis A-containing vaccine; and

WHEREAS increasing access to publicly funded vaccinations such as those offered in school clinics improves health equity and reduces disparities in immunization coverage across communities; and

WHEREAS combined vaccines result in fewer injections, fewer office visits, more convenience for clients, simplified logistics and increased compliance; and

WHEREAS a combined hepatitis A/B vaccine could easily be implemented in the existing school-based clinic schedule provided in conjunction with the human papillomavirus (HPV) vaccine at 0 and 6 months; and

WHEREAS there is no increase in adverse events with the combined hepatitis A/B vaccine when compared with the hepatitis A vaccine given alone or concomitantly with the hepatitis B vaccine; and

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

References – Resolution A19-5

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

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

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

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

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

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

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

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

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

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

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

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

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

alPHa RESOLUTION A19-6

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AND FURTHER that the Minister of Health and Long-Term Care, and the Chief Medical Officer of Health for Ontario, as well as the provincial, territorial, and federal Ministers of Health and Chief Medical Officers of Health be so advised.

ACTION FROM CONFERENCE: Carried

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-7

TITLE: **Considering the Evidence for Recalling Long-Acting Hydromorphone**

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

WHEREAS data from 2017 estimates 1,250 Ontarians died from opioid-related causes, representing a 246% increase in mortality from 2003 (Public Health Ontario, 2019); and

WHEREAS one in three people who died from an opioid-related cause had an active prescription for an opioid (Gomes, 2018); and

WHEREAS the harms associated with long-acting and high-dose formulations of opioids are well- characterized and include accidental overdose, cognitive impairment, falls, depression, and physical dependence (Bohnert, et al., 2011) (Juurlink, 2017); and

WHEREAS there is emerging evidence that long-acting hydromorphone is able to sustain HIV infectiousness due to the microcrystalline cellulose component of the drug and can infect people who inject drugs as a result of sharing equipment (Ball, et al., 2019); and

WHEREAS there is evidence that HIV persisted in long-acting hydromorphone residuals which may be used in "serial washes", where the non-solubilized drug from an initial preparation for injection is reused; and

WHEREAS there is additional evidence that long-acting hydromorphone prescribing patterns are associated with an increased incidence of infective endocarditis among people who inject drugs (Weir, et al., 2019); and

WHEREAS the federal Minister of Health has the power under the Food and Drug Act to recall drugs that pose serious or imminent risk to health (Government of Canada, 1985); and

WHEREAS the known harms of opioids coupled with new evidence of additional risk of infectious disease uniquely associated with long-acting hydromorphone meet the threshold for action from the federal Minister of Health;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the federal Minister of Health and Health Canada to review the scientific literature and other available data regarding potential harms associated with long-acting hydromorphone, particularly with respect to the risk it poses for the spread of infectious diseases among people who inject drugs;

AND FURTHER that if evidence of serious or imminent risk to health is found, that the federal Minister of Health and Health Canada consider recalling or restricting prescribing of long-acting hydromorphone;

AND FURTHER that the Federal Minister of Health, the Minister of Health and Long-Term Care, the Chief Medical Officer of Health for Ontario, the Chief Coroner for Ontario, the CEO of Public Health Ontario, the Chief Medical Officer of Health for Canada, and all Chief Medical Officers of Health across all Provinces and Territories be so advised.

ACTION FROM CONFERENCE: Carried

References – Resolution A19-7

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

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

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

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

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

3. Public Health Ontario, 2019. *Interactive Opioid Tool.* [Online]
Available at: https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/dTrends

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

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-9

TITLE: **Public Health Support for Accessible, Affordable, Quality Licensed Child Care**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS the Ontario Public Health Standards indicate the child care sector is an important setting for Public Health interventions, related to the Standards for Health Equity, Healthy Growth and Development, Immunization, Institutional Outbreak Management, Infection Prevention, Food Safety and others; and

WHEREAS supporting families and healthy early childhood development is a core part of the mandate of public health; and

WHEREAS early childhood experiences and socioeconomic status (SES) are important social determinants of health, and are supported by affordable, accessible, quality child care; and

WHEREAS the positive effects of high quality child care and early learning programs can last a lifetime and are associated with immediate and long-term positive outcomes for children, particularly for children from lower socioeconomic backgrounds; and

WHEREAS the current number of licensed child care spaces across Ontario can accommodate less than 1 in 4 (23%) children from ages 0-4; and

WHEREAS Ontario has the highest child care costs provincially, with parents spending $750-$1700 per month for licensed child care, totalling between $9,000-$20,000+ per year for each child; and

WHEREAS public investment in child care demonstrates positive economic benefits; in Ontario, the return on investment is $2.27 for every dollar invested; and

WHEREAS the Ontario government's plan for a refundable tax credit for child care costs will not improve access to quality licensed child care spaces, requires initial out of pocket expenses by families, and may thereby increase health inequities; and

WHEREAS Ontario has the lowest rate of women's workforce participation nationally; recognizing income is a key social determinant of health for Canadian families; and

WHEREAS no provincial standard or definition for quality of child care exists; most of Ontario's municipalities have a quality assurance coordinator, however only half are using a measurement tool to assess quality of child care; and

WHEREAS there is a shortage of Registered Early Childhood Educators in Ontario, in part due to the low compensation they receive and burdensome workplace conditions;

NOW THEREFORE BE IT RESOLVED that alPHa will endorse the importance of an accessible, affordable, quality child care and early learning system, for improved health equity for families and enhanced child development outcomes;

AND FURTHER that alPHa will advocate to the provincial and federal governments to maintain their commitment to ensuring a more affordable child care system, and to expand access to quality, licensed child care services for all Ontario families, including access for families with diverse needs (eg. 24 hour care, weekend care, part time care);

AND FURTHER that alPHa will advocate to the province to maintain its commitment towards creating a provincial definition of quality, including establishing an early years and child care workforce strategy to maintain and, to ensure child care professionals are adequately qualified and compensated;

AND FURTHER that alPHa will support local public health agencies to:

- enhance their knowledge and transfer knowledge to decision-makers and the general public about the health impacts of the current state of the child care system and the importance of progressing towards an increasingly accessible, affordable, quality child care system; this could be initiated at an upcoming alPHa forum.
- build capacity to support the child care sector, by sharing examples of best practices for public health programming in child care environments and useful approaches for creating and enhancing partnerships with child care providers; this could be initiated through professional development opportunities in collaboration with partner organizations, in particular the College of Early Childhood Education.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-10

TITLE: **Children Count Task Force Recommendations**

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

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

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-11

TITLE: **Public Health Funding to Support Healthy Weights and Prevention of Childhood Obesity**

SPONSOR: **Chatham-Kent Public Health Unit**

WHEREAS almost 30% of Ontario Children are overweight or obese; and

WHEREAS children and youth who are overweight or obese are more likely to become obese adults; and

WHEREAS children who are obese also have a higher risk of chronic disease and premature death as adults; and

WHEREAS previous funding through the Healthy Kids Community Challenge provided 45 communities with the ability to hire a local project manager as part of an evidence-based EPODE model and best practice in childhood overweight and obesity prevention; and

WHEREAS local project managers can enhance community capacity to plan, implement and evaluate sustainable local health interventions; and

WHEREAS the function of local project managers works to assist in facilitating community collaboration and coordination of community programming through multi-sectoral partnerships; and

WHEREAS the Healthy Kids Community Challenge has concluded and the subsequent role and funding of local project managers no longer exists;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Ministry of Health and Long-Term Care to ensure a sustained financial commitment to the Healthy Kids Panel's recommendations involving all Ontario health units to support childhood overweight and obesity prevention efforts in all Ontario communities.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-12

TITLE: **Public Health Modernization: Getting it Right!**

SPONSOR: **Peterborough Public Health**

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

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

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

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

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

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

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

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

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

AND FURTHER that in ongoing consultations with the province, that alPHa propose the establishment of a joint task force made up of both political representatives and professional staff from existing public health agencies, alPHa, the Association of Municipalities of Ontario (AMO) and the City of Toronto to undertake the following activities:

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

ACTION FROM CONFERENCE: Carried as amended

Form: Request to Speak to Committee of Council
Submitted on Friday, June 7, 2019 - 2:34 pm

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Ian Graham

Name of Organization: Extinction Rebellion

Contact Number: [redacted]

Email Address: [redacted]

Mailing Address:
[redacted]

Reason(s) for delegation request: Present new findings of climate scientists on rate of change in the earthsystem and evident consequences for Hamilton and Great Lakes basin. This pertains to the report from the Interdepartmental taskforce on climate emergency that will be debated at the June 17th meeting.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

6.2

Form: Request to Speak to Committee of Council
Submitted on Wednesday, June 12, 2019 - 4:47 pm

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Kate Flynn

Name of Organization: Centre for Climate Change Management at Mohawk College

Contact Number: (905) 575-1212 ext 4366

Email Address: kate.flynn@gmail.com

Mailing Address:
Mohawk College
135 Fennell Avenue West
Hamilton, ON L9C 0E5

Reason(s) for delegation request: Supporting the Information Report: "Corporate Climate Change Task Force Response to Climate Change Emergency Declaration". I will speak to the synergies and areas where the Centre for Climate Change Management, as well as the Bay Area Climate Change Council, can support City's response to the climate change emergency.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No

6.3

Form: Request to Speak to Committee of Council
Submitted on Monday, June 17, 2019 – 1:20 pm

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Lynda Lukasik, Ian Borsuk

Name of Organization: Environment Hamilton

Contact Number: 9055490900

Email Address: iborsuk@environmenthamilton.org

Mailing Address:
22 Wilson St, Suite 4
Hamilton, ON, L8R1C5

Reason(s) for delegation request: Supporting the Information Report: "Corporate Climate Change Task Force Response to Climate Change Emergency Declaration"

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No

Hamilton

Minutes
FOOD ADVISORY COMMITTEE

May 14, 2019
7:00 – 9:00 p.m.
City Hall, Room 264, 2nd Floor
71 Main Street West, Hamilton

Present: Maria Biasutti, Elly Bowen, Krista D'aoust, Jordan Geertsma, Vicky Hachey, Drew Johnston, Biniam Mehretab, Mary Ellen Scanlon, Jennifer Silversmith, Barbara Stares, Frank Stinellis, Andrew Sweetnam, Brian Tammi, Vivien Underdown, Edward Whittall, Sandy Skrzypczyk (Staff Liaison)

Absent with Regrets: Laurie Nielsen, Kyle Swain, Councillor Merulla

1. **CHANGES TO THE AGENDA**
   There were no changes to the agenda.

2. **DECLARATIONS OF INTEREST**
   There were no declarations of interest.

3. **APPROVAL OF MINUTES OF PREVIOUS MEETING**
   N/A - First meeting of the 2019-2022 term.

4. **PRESENTATION**
   None

5. **DISCUSSION ITEMS**

   5.1. Members introduced themselves and shared their interest in being part of the Food Advisory Committee.

   5.2. Presentation on the Orientation to Advisory Committee Procedures by the staff liaison was received. A Chair, Co-Chair/Vice Chair, and Secretary will need to be appointed at the next meeting. Members were asked to consider stepping forward for any of these positions.

   ACTION
   Members interested in putting their name forward for the Chair, Co-Chair, and Secretary positions to send a written expression of interest (short paragraph) to the staff liaison, who will distribute to the whole membership prior to the next meeting.

   5.3. Review of the Food Advisory Committee Terms of Reference, past accomplishments, and budget was discussed. A facilitated planning discussion to direct

the focus of the Committee's work moving forward will be added to the next meeting agenda. Suggested that time be allocated to explore members' understanding and use of food-related terminology, such as food systems, community food security, etc.

ACTION
Invitation will be made to B. Morris from Planning and Economic Development Department to present on the latest Hamilton agricultural profile at the next meeting.

6. NOTICES OF MOTION
None

7. GENERAL INFORMATION & OTHER BUSINESS
None

8. ADJOURNMENT

Meeting adjourned at 9:00 PM.

7.2

City of Hamilton
PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE
Clerk's Report 19-001

2:30 p.m.
Wednesday, May 29, 2019
Room 264
Hamilton City Hall
71 Main Street West

Pursuant to Section 3.6(4) of the City of Hamilton's Procedural By-law 18-270 at 3:01 p.m. the Committee Clerk advised those in attendance that quorum had not been achieved within 30 minutes after the time set for the Governance Review Sub-Committee, therefore, the Clerk noted the names of those in attendance and the meeting stood adjourned.

Present:

Councillor S. Merulla
Councillor T. Whitehead
Dr. D. DiValentino
Dr. S. Kinzie

Respectfully submitted,

Tamara Bates
Legislative Coordinator
Office of the City Clerk