



**City of Hamilton**  
**BOARD OF HEALTH ADDENDUM**

**Meeting #:** 20-002  
**Date:** February 21, 2020  
**Time:** 9:30 a.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**

- \*5.1 Correspondence from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury and Districts, respecting a Resolution Supporting a Universal Publicly Funded Healthy School Food Program.  
Recommendation: Be endorsed.
- \*5.2 Correspondence from the Windsor–Essex County Board of Health, respecting their Resolution on The Children Count Pilot Project  
Recommendation: Be endorsed.
- \*5.3 Correspondence from David. C. Williams, Chief Medical Officer of Health, respecting a Response to the City of Hamilton's request for a Seamless Provincial Immunization Registry  
Recommendation: Be received.
- \*5.4 Correspondence from the Association of Location Public Health Agencies respecting Registration for the Winter 2020 aIPHa Symposium and Section Meetings  
Recommendation: Be received.
- \*5.5 Correspondence from Cynthia St. John, Chief Executive Officer, Southwestern Public Health, respecting Public Health Modernization Team Meeting  
Recommendation: Be received.

- \*5.6 Correspondence from the Association of Local Public Health Agencies, respecting the 2020 Annual General Meeting and Conference on June 7-9, 2020

Recommendation: Be received.

- \*5.7 Correspondence from Peterborough Public Health respecting their Board of Health's Position Paper on the Modernization of Public Health

Recommendation: Be received.

## **12. NOTICES OF MOTION**

- \*12.1 Implementation of a By-Law to Regulate the Smoking of Non-Tobacco Combustible Substances in Public Places and Work Places

**From:** [Fernandes, Krislyn](#)  
**To:** [Kolar, Loren](#)  
**Subject:** ENDORSE (2020-01-31) Sudbury - Fully Funded Universal Healthy School Food Program  
**Date:** February 4, 2020 1:40:19 PM  
**Attachments:** [L Fully Funded Universal Healthy School Food Program 2020-01-31.pdf](#)

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**From:** Rachel Quesnel <quesnelr@phsd.ca>  
**Sent:** January 31, 2020 2:55 PM  
**To:** 'allhealthunits@lists.alphaweb.org' <allhealthunits@lists.alphaweb.org>  
**Cc:** Penny Sutcliffe <sutcliffep@phsd.ca>; René Lapierre <lapierrerr@phsd.ca>  
**Subject:** FW: Fully Funded Universal Healthy School Food Program

ATT: Ontario Boards of Health

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**From:** Rachel Quesnel  
**Sent:** January 31, 2020 2:54 PM  
**To:** 'patty.hajdu@parl.gc.ca' <[patty.hajdu@parl.gc.ca](mailto:patty.hajdu@parl.gc.ca)>; 'Christine Elliott ([ccu.moh@ontario.ca](mailto:ccu.moh@ontario.ca))' <[ccu.moh@ontario.ca](mailto:ccu.moh@ontario.ca)>  
**Cc:** 'paul.lefebvre@parl.gc.ca' <[paul.lefebvre@parl.gc.ca](mailto:paul.lefebvre@parl.gc.ca)>; 'marc.serre@parl.gc.ca' <[marc.serre@parl.gc.ca](mailto:marc.serre@parl.gc.ca)>; 'carol.hughes@parl.gc.ca' <[carol.hughes@parl.gc.ca](mailto:carol.hughes@parl.gc.ca)>; 'todd.smithco@pc.ola.org' <[todd.smithco@pc.ola.org](mailto:todd.smithco@pc.ola.org)>; 'loretta@alphaweb.org' <[loretta@alphaweb.org](mailto:loretta@alphaweb.org)>; 'info@fcm.ca' <[info@fcm.ca](mailto:info@fcm.ca)>; René Lapierre <[lapierrerr@phsd.ca](mailto:lapierrerr@phsd.ca)>  
**Subject:** Fully Funded Universal Healthy School Food Program

Please see attached letter from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury & Districts, regarding a resolution from the Board of Health for Public Health Sudbury & Districts, supporting a universal publicly funded healthy school food program.

Thank you,

## **Rachel Quesnel**

**Executive Assistant to the Medical Officer of Health and Secretary to the Board of Health**

**Adjointe de direction et Secrétaire du Conseil de santé**

Public Health Sudbury & Districts / Santé publique Sudbury et districts

1300 rue Paris Street, Sudbury, Ontario P3E 3A3

[quesnelr@phsd.ca](mailto:quesnelr@phsd.ca) | Tel#: 705.522.9200 ext. 291 | Fax#: 705.677.9606

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**From:** [Fernandes, Krislyn](#)  
**To:** [Kolar, Loren](#)  
**Subject:** ENDORSE (2020-01-20) WECHU - Children Count Pilot Project  
**Date:** February 4, 2020 1:39:24 PM  
**Attachments:** [WECHU BOH Resolution - Children Count Pilot Project.pdf](#)

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**From:** Lee Anne Damphouse <ldamphouse@wechu.org>

**Sent:** January 20, 2020 4:41 PM

**To:** Christine Elliott (christine.elliottco@pc.ola.org) <christine.elliottco@pc.ola.org>

**Cc:** stephen.lecce@pc.ola.org; David Williams (Dr.David.Williams@ontario.ca) <Dr.David.Williams@ontario.ca>; pwalsh@opha.on.ca; 'erin.kelly@publicboard.ca' <erin.kelly@publicboard.ca>; Loretta Ryan (loretta@alphaweb.org) <loretta@alphaweb.org>; allhealthunits@lists.alphaweb.org; amopresident@amo.on.ca; Percy Hatfield (phatfield-co@ndp.on.ca) <phatfield-co@ndp.on.ca>; Lisa Gretzky (lgretzky-co@ndp.on.ca) <lgretzky-co@ndp.on.ca>; 'Natyshak, Taras' <TNatyshak@ndp.on.ca>; Rick Nicholls (rick.nichollSCO@pc.ola.org) <rick.nichollSCO@pc.ola.org>; Brian Masse (brian.masse@parl.gc.ca) <brian.masse@parl.gc.ca>; Mary Birch <MBirch@countyofessex.ca>; Becky Murray (bmurray@citywindsor.ca) <bmurray@citywindsor.ca>; 'picajose@cscprovidence.ca' <picajose@cscprovidence.ca>; Terry Lyons (director@wecdsb.on.ca) <director@wecdsb.on.ca>; Martin Bertrand (mbertrand@csviamonde.ca) <mbertrand@csviamonde.ca>; Irek.Kusmierczyk@parl.gc.ca; contact@chrislewissex.ca; Dave.Epp@parl.gc.ca; 'Gary McNamara' <gmcnamara@tecumseh.ca>; John Scott - Chrysler Canada - Windsor Assembly (john.scott@fcagroup.com) <john.scott@fcagroup.com>; Tracey Bailey <T.Bailey@communitysupportcentre.ca>; Debbie Kane <dkane@uwindsor.ca>; Judy Lund (jlund@fswe.ca) <jlund@fswe.ca>; Joe Bachetti <jbachetti@tecumseh.ca>; Larry Snively <lsnively@essex.ca>; Rino Bortolin - City of Windsor (rbortolin@citywindsor.ca) <rbortolin@citywindsor.ca>; Fabio Costante (fcostante@citywindsor.ca) <fcostante@citywindsor.ca>; Gary Kaschak <gkaschak@citywindsor.ca>; 'Sleiman, Ed' <esleiman@citywindsor.ca>; Theresa Marentette <tmarentette@wechu.org>; Wajid Ahmed <wahmed@wechu.org>; Lorie Gregg <lgregg@wechu.org>; Dan Sibley <dsibley@wechu.org>; Kristy McBeth <kmcbeth@wechu.org>; Nicole Dupuis <ndupuis@wechu.org>

**Subject:** WECHU Board of Health Resolution - Children Count Pilot Project

**To: Minister of Health, The Hon. Christine Elliott**

Please see the attached Resolution passed by the Windsor–Essex County Board of Health at their January 16, 2020 Regular Meeting regarding **The Children Count Pilot Project** recognizing that the Children Count Pilot Study Project, Healthy Living Module, is a feasible approach to fulfil local, regional and provincial population health data gaps for children and youth.

Kindest Regards,

**LEE ANNE DAMPHOUSE | Executive Assistant | Administration**

Windsor-Essex County Health Unit  
1005 Ouellette Avenue, Windsor, N9A 4J8  
Ph. 519-258-2146 ext. 1421  
Fx. 519-258-6003



*Our vision is a healthy community.*

**Windsor and Essex County's climate is getting warmer, wilder and wetter!**

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January 17, 2020

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

Dear Minister Elliott:

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

**Windsor-Essex County Board of Health**

**RECOMMENDATION/RESOLUTION REPORT – Children Count Pilot Project**

**January 16, 2020**

**ISSUE**

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

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

## BACKGROUND

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

The objectives of the Pilot Study were:

1. To work collaboratively to develop a HLM for the SCS;
2. To pilot test and evaluate the applicability and feasibility of the partnership between public health units and school boards in coordinated monitoring and assessment utilizing the SCS; and
3. To develop a toolkit for implementation of coordinated monitoring and assessment for health service planning using the SCS for child and youth health in Ontario.

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

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

## PROPOSED MOTION

**Whereas**, boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends over time, and

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

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

**Whereas**, Ontario lacks a single coordinated system for the monitoring and assessment of child and youth health and well-being, and

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

**Whereas**, the Children Count Pilot Study Project, Healthy Living Module is a feasible approach to fulfill local, regional and provincial population health data gaps for children and youth, and

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



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

## References

Children Count Task Force. (2019). Children Count: Task Force Recommendations. Windsor, ON: Windsor-Essex County Health Unit.

Office of the Auditor General (2017). Annual Report 2017. Toronto: Queen’s Printer for Ontario.

Ministry of Education. (2019). The Ontario Curriculum, Grades 1-8: Health and Physical Education.

Ministry of Health and Long-Term Care. (2018). Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Toronto: Queen’s Printer for Ontario.

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

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

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

Sincerely,



Gary McNamara  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

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

[..\..\2020 BOARD MEETINGS\01-JANUARY 16-20\RESOLUTION\Children Count Pilot Study Report ENG 2019.pdf](#)

[..\..\2020 BOARD MEETINGS\01-JANUARY 16-20\RESOLUTION\Children Count Pilot Study Toolkit ENG 2019.pdf](#)

**Ministry of Health**

Office of Chief Medical Officer of Health, Public Health  
393 University Avenue, 21<sup>st</sup> Floor  
Toronto ON M5G 2M2

Tel.: 416 212-3831  
Fax: 416 325-8412

**Ministère de la Santé**

Bureau du médecin hygiéniste en chef, santé publique  
393 avenue University, 21<sup>e</sup> étage  
Toronto ON M5G 2M2

Tél. : 416 212-3831  
Télééc. : 416 325-8412

**DEC 10 2019**

**DEC 17 2019**

Fred Eisenberger  
Mayor of Hamilton  
71 Main Street West, 2<sup>nd</sup> Floor  
Hamilton ON L8P 4Y5

Dear Mr. Eisenberger:

Thank you for your letter to the Honourable Christine Elliott, Deputy Premier and Minister of Health, and myself regarding a seamless provincial immunization registry.

Immunization is a core component of Ontario's public health system, saving lives through the prevention of disease. The Immunization of School Pupils Act helps to protect children from many serious diseases by ensuring their vaccinations are up-to-date. Local public health units play an important role in supporting the successful implementation of the immunization requirements under the Act.

The Ministry of Health (the ministry) has been working over the last several years to provide appropriate digital tools to the public, health care providers, and public health to enable them to access and maintain their (or their patient's) complete immunization history. The provincial Digital Health Immunization Repository (DHIR) has been improving since its inception, with the ultimate goal being a fully interoperable system for immunization records in Ontario. In November 2018, the ministry began working with eHealth Ontario, OntarioMD, and electronic medical record vendors to enable transmission of immunization information from electronic medical records to the DHIR.

The ministry is committed to work towards the integration of immunization records across health care providers and organizations and to a strong and effective immunization system which will result in healthier children, healthier communities, and safer schools throughout the province.

The Minister and I thank you for taking the time to share your views on this important public health matter and for your continued collaboration as we work together to improve the health and well-being of all Ontarians.

Yours truly,



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

SEARCHED	INDEXED
SERIALIZED	FILED
DEC 17 2019	
FBI - TORONTO	

**DRAFT PROGRAM**

(as of January 7, 2020)

**THURSDAY, FEBRUARY 20**

7:30	<p><b>Continental Breakfast &amp; Registration</b></p>
8:30 – 8:40	<p><b>Greetings and Land Acknowledgement</b></p> <p>Carmen McGregor, President, alPHa</p>
8:45 – 12:15	<p><b>Workshop – Leadership, Collaboration and Change Management with Tim Arnold from Leaders for Leaders</b></p> <p>Boards of Health and Medical Officers of Health need to work together now more than ever. It is a critical time to equip public health leaders with the skills and tools required for effective collaboration. The workshop is also an important opportunity to provide skill development around how to effectively implement change. Key objectives for the workshop are:</p> <ol style="list-style-type: none"> <li>1. To allow participants to understand the unavoidable workplace tensions they are currently managing during times of great change and uncertainty.</li> <li>2. To develop transferable skills on how to effectively manage the relations between boards of health and medical officers of health.</li> <li>3. To specifically focus on embracing change and innovation and preserving tradition and stability.</li> <li>4. To provide change management insight and skills with personal and team applications.</li> </ol>
12:15 – 2:00	<p><b>Lunch with Special Guest Speaker on Cyber Security</b></p> <p>Cyber security is a top of mind concern from many public health units and municipalities. The luncheon speaker will highlight the key issues and actions that need to be taken to ensure that information is secure.</p> <p><i>Introduction:</i> Dr. Paul Roumeliotis, Medical Officer of Health and Chief Executive Officer, Eastern Ontario Health Unit; Chair, Council of Ontario Medical Officers of Health (COMOH)</p> <p><b>Speaker:</b> Detective Sergeant Vern Crowley, Team Leader of the OPP Cybercrime Investigation Team</p> <p>Lunch is provided. Speaker session will take place 1:00 – 1:30 PM.</p>

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2:00 – 4:30	<p><b>Consultation and Update on Public Health Modernization</b></p> <p><i>Introduction:</i> Carmen McGregor, President, alPHa</p> <p><b>Speakers:</b> Representatives from the Ministry of Health</p>
<hr/>	
4:30 – 5:00	<p><b>Update from the Association of Municipalities of Ontario</b></p> <p><i>Introduction:</i> Trudy Sachowski, Vice-Chair, Northwestern Board of Health and Chair, alPHa Boards of Health Section</p> <p><b>Speaker:</b> Monika Turner, Director of Policy, Association of Municipalities of Ontario</p>
<hr/>	
5:00	<p><b>Wrap Up and End of Symposium</b></p> <p>Carmen McGregor, President, alPHa</p>

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**FRIDAY, FEBRUARY 21**

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7:30	<p><b>Continental Breakfast &amp; Registration</b></p>
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8:30 – 12	<p><b>Boards of Health Section Meeting</b></p> <p><i>Chair:</i> Trudy Sachowski, Board of Health, Northwestern Health Unit</p>
<hr/>	
8:30 – 12	<p><b>COMOH Section Meeting</b></p> <p><i>Chair:</i> Dr. Paul Roumeliotis, Medical Officer of Health and Chief Executive Officer, Eastern Ontario Health Unit</p>
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12 Noon	<p><b>Meetings end</b> (Lunch is on your own)</p>

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**DRAFT AGENDA**  
as of January 8, 2020

7:30                   **Continental Breakfast & Registration**

8:30                   **Greetings and Land Acknowledgement**

Trudy Sachowski  
Vice-Chair, Northwestern Board of Health  
Chair, alPHA Boards of Health Section

8:40 – 9:40           **alPHA Affiliates – On the Front Lines – Part II**

In addition to alPHA's Medical and Associate Medical Officers of Health and the Board of Health representatives, alPHA on its Board has senior public health managers in key public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration. Come and hear about key public health issues in Ontario from the unique perspectives of these affiliate members. Join in on the conversation as we explore public health issues in a time of modernization. This is a continuation of the very well-received session from the Fall BOH Section meeting featuring our affiliate representatives. There will be all new speakers and topics.

Speakers:

David Groulx  
Manager Professional Practice and Development  
Knowledge and Strategic Services  
Public Health Sudbury & Districts

Steven Rebellato  
Director, Environmental Health Department  
Simcoe Muskoka District Health Unit

Cynthia St. John  
Chief Executive Officer  
Southwestern Public Health

Moderator:

Carmen McGregor, alPHA, President

9:40 to 10:10 **Strengthening Continuous Quality Improvement (CQI) in Ontario's Public Health Units (PHUs)**

Speakers:

Anita Brisson  
Public Health Sudbury & Districts

Alex Berry  
Manager, Communications & Foundations Services  
Northwestern Health Unit

This session will provide an overview of the results from the Locally Driven Collaborative Project (LDCP) on Strengthening CQI in Ontario's Public Health Units. A culture of CQI supports organizational efficiency, effectiveness, transparency and accountability – all issues that are front-of-mind for Boards of Health in the midst of public health modernization. The research project recently wrapped up, creating a common vocabulary for CQI in public health in Ontario, and developing an online repository of case studies from PHUs to share successes and challenges in supporting CQI. The presenters will share information about the tools you can use, and actions you can take, to strengthen CQI in your public health unit.

10:10 – 10:40 **Break**

10:40 – 11:10 **Social Prescribing**

Speaker:

Kate Mulligan  
Assistant Professor in Social and Behavioural Health Sciences at the Dalla Lana School of Public Health and the School of Cities at the University of Toronto, and the Director of Policy and Communications at the Alliance for Healthier Communities

What would it look like for the healthcare system to see a patient as a whole person, instead of focusing on just their medical diagnoses? What if, along with medication, doctors and nurse practitioners were enabled to prescribe dance lessons, cooking classes, volunteer roles, caregiver supports, single-parent groups, and connections to bereavement networks? This kind of "social prescription" is sweeping across the United Kingdom and gaining international recognition. The Alliance for Healthier Communities piloted a Social Prescribing project in 11 diverse Community Health Centres (CHCs) to adapt and measure its impacts in an Ontario context. Find out more about this project that aims to bring sustainable service innovation to the front lines of primary health care.

11:10 – 11:40 **Vaping/E-Cigarettes – Key Issues and What You Need to Know as a Member of a Board of Health**

Speaker:

Michael Perley  
Director  
Ontario Campaign for Action on Tobacco

The Ontario Campaign for Action on Tobacco (OCAT) was founded in 1992 by the Ontario Medical Association, The Heart and Stroke Foundation of Ontario, the Canadian Cancer Society's Ontario Division and the Non-Smokers' Rights Association to promote comprehensive tobacco control across Ontario. Come and hear the latest on vaping/e-cigarettes and what you need to know as a Member of a Board of Health.

11:40 – 11:50

**Section Business**

Approval of Minutes from November 2019 BOH Section Meeting  
(5 minutes)

Executive Director Update (5 minutes)

11:50

**Closing Remarks**

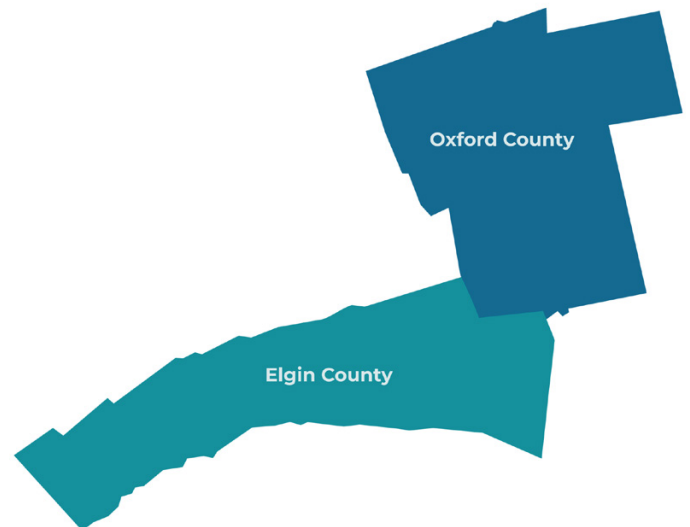
Trudy Sachowski  
Vice-Chair, Northwestern Board of Health  
Chair, alPHa Boards of Health Section

*Lunch on your own*

# Public Health Modernization Consultation

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

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



## STRENGTHS OF PUBLIC HEALTH

Maintain the strengths in the existing public health system:



Local presence that supports deep and diverse partnerships with municipalities, schools, community and social agencies; engagement with community leaders; for example, the Community Leaders' Cabinet and Healthy Communities Partnership



Comprehensive models of care delivery ranging from disease prevention (e.g. safe water) to health protection (e.g. vaccination) to health promotion (e.g. walkability)



Legislative authority under the HPPA that supports ability to protect and promote the health of the public



Access to support of Public Health Ontario for clinical decision-making, evidence-informed decision-making, coordination of response to public health outbreaks, laboratory services



Programs and services that meet a range of local client needs be they individuals, families, communities, priority populations, the system. Cradle to grave programs and services that support communities (e.g. the environment) and people to be healthier



Programs and services that focus more resources on areas of greater need and groups of people who face the greatest challenges getting what they need to be healthy



Programs and services that always include interventions that will support the community to be healthier. Even individual health interventions benefit the community e.g. vaccinating individuals contributes to building population immunity which protects everyone



## LOCAL VERSUS PROVINCIAL

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



### Local (Current Health Unit Region)

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

### Provincial

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

## PUBLIC HEALTH'S CONNECTION WITH THE HEALTH SECTOR AND BEYOND

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

### Public health has had significant success:

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



## How to better connect?

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

## BOUNDARIES/LEADERSHIP/GOVERNANCE

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

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



## THE BENEFITS AND CHALLENGES OF AMALGAMATIONS

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

### Benefits

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

### Challenges

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





## VISION

Healthy people  
in vibrant  
communities.

## MISSION

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

## VALUES

Evidence  
Collaboration  
Accountability  
Quality  
Equity

### Woodstock Site

519-421-9901  
1-800-922-0096  
info@swpublichealth.ca  
410 Buller Street  
Woodstock, Ontario, N4S 4N2

### St. Thomas Site

519-631-9900  
1-800-922-0096  
info@swpublichealth.ca  
1230 Talbot Street  
St. Thomas, Ontario, N5P 1G9



[www.swpublichealth.ca](http://www.swpublichealth.ca)



480 University Avenue, Suite 300  
Toronto ON M5G 1V2  
Tel: (416) 595-0006  
E-mail: info@alphaweb.org

*Providing leadership in public health management*

## N O T I C E

### 2020 ANNUAL GENERAL MEETING

NOTICE is hereby given that the 2020 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES** will be held at the Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario on **Monday, June 8, 2020 at 8:00 AM** at the *2020 Annual Conference*, for the following purposes:

1. To consider and approve the minutes of the 2019 Annual General Meeting in Kingston, Ontario;
2. To receive and adopt the annual reports from the President, Executive Director, Section Chairs and others as appropriate;
3. To consider and approve the Audited Financial Statement for 2019-2020;
4. To appoint an auditor for 2020-2021; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario, January 20, 2020.

BY THE ORDER OF THE BOARD OF DIRECTORS.

A handwritten signature in black ink, appearing to be "L. Ryan", with a horizontal line extending to the right.

**Loretta Ryan**  
Executive Director

**From:** [Fernandes, Krislyn](#)  
**To:** [Kolar, Loren](#)  
**Subject:** RECEIVE (2020-01-20) alPHa - 2020 alPHa Annual General Meeting & Conference - Notice & Calls  
**Date:** February 4, 2020 1:41:53 PM

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

**PLEASE ROUTE TO:**

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

\*\*\*\*\*

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

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

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

**[June 2020 alPHa AGM Notice and Calls](#)**

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

Regards,

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

*Please note our address and phone extensions have changed*



## Call for Resolutions

ALPHA members are invited to submit resolutions for consideration at the 2020 ALPHA Annual General Meeting & Resolutions Session during the Annual Conference in June.

It is important that resolutions are drafted using the "**Procedural Guidelines for ALPHA Resolutions**" found by [clicking here](#).

We request that resolutions be limited to **one** operative clause **per issue** (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

### Who may submit?

- a member board of health
- a Section Executive Committee, or general meeting of a Section
- the ALPHA Board of Directors, its Executive Committee or a Standing Committee of the Association; or
- an Affiliate member organization

### What is required?

- resolutions must first be endorsed by a properly constituted body, i.e. a board of health, a Section of ALPHA, etc.
- a covering letter specifying your submission must accompany the resolution(s)
- proper formatting according to procedural guidelines, including clearly-worded introductory and operative clauses
- any concise background material to help prepare members voting on the issue

### When is the deadline to submit?

- **Friday, April 23, 2020, 4:30 PM for all resolutions that do not request a change in ALPHA's Constitution.**
- **For resolutions to amend the ALPHA Constitution, the deadline is April 8, 2020, 4:30 PM.**
- Taking into account that a late resolution may be necessary in response to a current event, you may bring a late resolution to the Resolutions Session. These late resolutions, however, will not have the benefit of being reviewed by ALPHA's Executive Committee and there will be a vote during the Resolutions Session to determine if the membership will consider late resolutions. If the vote is successful, your resolution will be brought forward and considered.

### When will resolutions be debated by the ALPHA membership?

- There will be a special session to consider resolutions immediately following the Annual General Meeting portion of the Annual Conference.

### How may I submit the resolutions?

- only electronic submissions in **MS Word** will be accepted; [click here](#) to download a template.
- e-mail to: Susan Lee, Manager, Administrative & Association Services, ALPHA  
[susan@alphaweb.org](mailto:susan@alphaweb.org)

## CALL FOR NOMINATIONS alPHa Distinguished Service Award

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.

### How many awards are given yearly?

- One award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside alPHa for their contributions to public health.

### Who is eligible to receive the DSA?

- Members of alPHa who fall under the following categories are eligible:
  - an elected/appointed member of a local board of health or regional health committee;
  - a medical officer of health or associate medical officer of health;
  - one of alPHa's seven affiliated organizations (i.e. AOPHBA, APHEO, ASPHIO, HPO, OAPHD, ODPH, OPHNL).
- An individual outside the alPHa membership who has made outstanding contributions to public health in Ontario.

### Who deserves the DSA?

- Eligible recipients have:
  - demonstrated exceptional qualities of leadership in his/her own milieu;
  - achieved tangible results through lengthy service and/or distinctive acts; and
  - displayed exemplary devotion to public health at the provincial level.

### What are the eligibility criteria for nominees?

- Nominees:
  - currently hold a position of significant responsibility in one of alPHa's member agencies (i.e. board of health/local public health unit/affiliated organization) and have been a member in alPHa for at least three years; and
  - have been nominated by at least three voting members from the **nominee's Section or Affiliate organization** who are in good standing of alPHa.

#### Note:

1. good standing refers to members who have paid their membership dues;
2. voting members are individuals representing a member health unit. These individuals include board of health chairs, medical and associate medical officers of health, and representatives appointed to the alPHa Board of Directors by the seven alPHa Affiliate organizations.

### Who can nominate?

- Any member of alPHa including Board of Health members, medical and associate medical officers of health, and Affiliate representatives may nominate. Please note that three (3) Section or Affiliate members of alPHa must sign the nomination form.
- In the case of nominations of *non-members of alPHa*, nominations must come from any three (3) active members of alPHa; only alPHa members may nominate potential candidates.
- The Award is presented on behalf of each of alPHa's various membership groups, i.e. the Boards of Health Section, Council of Ontario Medical Officers of Health (COMOH), and the seven Affiliate organizations of alPHa. **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e. nominations of Board of Health members must come from the Board of Health Section; nominations of medical/associate medical officers of health must come from the Council of Ontario Medical Officers of Health; and nominations of senior public health staff must come from the nominee's respective Affiliate organization). If you want to recommend an individual for nomination by their Section or Affiliate organization, please contact the Chair or President of the respective Section or Affiliate organization.

### What materials must accompany the nomination form?

1. Signatures of the nominator and two (2) other supporting voting members of alPHa.
2. A **cover letter explaining why the nominee is deserving of this award**. Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why it is outstanding.
3. A service record or curriculum vitae that includes the following:
  - personal achievements at the local level;
  - special or distinctive services on behalf of public health provincially;
  - leadership and contributions on behalf of alPHa and/or one of its Sections; an affiliated organization; or a provincial public health organization.

### Where should I send the nominations to?

- Nomination forms along with all relevant accompaniments should be e-mailed to Susan Lee, Manager, Administrative and Association Services, alPHa, at [susan@alphaweb.org](mailto:susan@alphaweb.org)

### When is the deadline to submit nominations?

- **Tuesday, April 14, 2020, 4:30 PM**

### Who selects the DSA recipients?

- All nominations are reviewed by the Executive Committee of alPHa.
- In the event of a tie, the alPHa Board of Directors will determine the Award recipient.

### How are Award recipients notified?

- Award recipients are notified in writing by alPHa approximately one month prior to the conference date.
- Award recipients are invited to attend as guests of the association at the Annual Awards Luncheon, which is held during the Annual Conference.

### Who can I contact if I have further questions on the Awards?

- Susan Lee, Manager, Administrative and Association Services, alPHa
- tel: (416) 595-0006 ext. 225, e-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)





# 2020 NOMINATION FORM

## Distinguished Service Award

**I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE alPHa DISTINGUISHED SERVICE AWARD:**

Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Health Unit/Agency/Org'n: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Membership Group within alPHa (choose one):

BOH

COMOH

AOPHBA

APHEO

ASPHIO

HPO

OAPHD

ODPH

OPHNL

OTHER

### NOMINATOR'S SIGNATURE:

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Health Unit/Agency/Org'n: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUPPORTING SIGNATURES *(must be different from nominator):*

1. \_\_\_\_\_ Name (please print): \_\_\_\_\_

2. \_\_\_\_\_ Name (please print): \_\_\_\_\_

This completed form **must** be accompanied by a **cover letter** and **service record** or curriculum vitae to at least include a list of personal achievements at the local level, special or distinctive services on behalf of public health provincially and contributions on behalf of alPHa and/or one of its Sections, affiliated organizations or a provincial health organization.

Please forward by **April 14, 2020, 4:30 PM** to:

Susan Lee, Manager, Admin. & Assoc. Services  
Association of Local Public Health Agencies  
E-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)

## CALL FOR BOARD OF HEALTH NOMINATIONS 2020-2021 & 2021-2022 alPHa BOARD OF DIRECTORS



alPHa is accepting nominations for **three** Board of Health representatives from the following regions for the following term on its Board of Directors:

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. <b>Central East</b></li><li>2. <b>North East</b></li><li>3. <b>North West</b></li></ol> | } <b>2-year term each</b><br>(i.e. June 2020 to June 2021 & June 2021 to June 2022) |
|--|---|

See the attached appendix for boards of health in each of these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors.

### **Qualifications:**

- Active member of an Ontario Board of Health (or regional health committee) that is a member organization of alPHa;
- Background in committee and/or volunteer work;
- Supportive of public health;
- Able to commit time to the work of the alPHa Board of Directors and its committees;
- Familiar with the Ontario Public Health Standards.

An election to determine the representatives will be held at the Boards of Health Section Meeting on June 9 during the 2020 alPHa Annual Conference, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario.

Nominations close **4:30 PM, Friday, May 29, 2020.**

---

### **Why stand for election to the alPHa Board?**

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;

*Continued*

- Lend your expertise to the development of alpha position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

#### **What is the Boards of Health Section Executive Committee of alpha?**

- This is a committee of the alpha Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members.
- Members of the Section Executive attend all alpha Board meetings and participate in teleconferences throughout the year.

#### **How long is the term on the Boards of Health Section Executive/alpha Board of Directors?**

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

#### **How is the alpha Board structured?**

- There are 22 directors on the alpha Board:
  - 7 from the Boards of Health Section
  - 7 from the Council of Ontario Medical Officers of Health (COMOH)
  - 1 from each of the 7 Affiliate Organizations of alpha, and
  - 1 from the Ontario Public Health Association Board of Directors.
- There are 3 committees of the alpha Board: Executive Committee, Boards of Health Section Executive, and COMOH Executive.

#### **What is the time commitment for a Section Executive member/Director of alpha?**

- Half-day alpha Board meetings are held in person 4 times a year in Toronto; a fifth and final meeting is held at the June Annual Conference.
- Boards of Health Section Executive Committee teleconferences are held 5 times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alpha Executive Committee teleconferences, which are held 5 times a year.

#### **Are my expenses as a Director of the alpha Board covered?**

- Any expenses incurred by an alpha Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

#### **How do I stand for consideration for appointment to the alpha Board of Directors?**

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alpha by **May 29, 2020**.

#### **Who should I contact if I have questions on any of the above?**

- Susan Lee, alpha, Tel: (416) 595-0006 ext. 225, E-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)

### Board of Health Vacancies on aPHa Board of Directors

aPHa is accepting nominations for **three** Board of Health representatives to fill positions on its 2020-2021 and 2021-2022 Board of Directors from the following regions and for the following terms:

- |  |   |   |
|--|---|---|
| <ol style="list-style-type: none"><li>1. <b>Central East</b></li><li>2. <b>North East</b></li><li>3. <b>North West</b></li></ol> | } | <b>2-year term each</b><br>(i.e. June 2020 to June 2021 & June 2021 to June 2022) |
|--|---|---|

See below for boards of health in these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the aPHa Board of Directors. An election will be held at aPHa's annual conference in June to determine the new representatives (one from each of the regions below). If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consider standing for nomination.

#### Central East Region

Boards of health in this region include:

Durham  
HKPR  
Peel  
Peterborough  
Simcoe Muskoka  
York Region

#### North East Region

Boards of health in this region include:

Algoma  
North Bay Parry Sound  
Porcupine  
Sudbury  
Timiskaming

#### North West Region

Boards of health in this region include:

Northwestern  
Thunder Bay

**FORM OF NOMINATION AND CONSENT**  
*alPHa Board of Directors 2020-2021 & 2021-2022*

\_\_\_\_\_, a Member of the Board of Health of  
*(Please print nominee's name)*

\_\_\_\_\_, is HEREBY NOMINATED  
*(Please print health unit name)*

as a candidate for election to the alPHa Board of Directors for the following Boards of Health Section Executive seat from *(choose one using the list of Board of Health Vacancies on previous pages)*

- Central East Region (2 year term)**
- North East Region (2 year term)**
- North West Region (2 year term)**

AND SPONSORED BY THE FOLLOWING MEMBERS OF THE BOARD OF HEALTH:

1) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CONSENT to my nomination and agree to serve  
*(Please print name of nominee)*

as a DIRECTOR OF THE alPHa BOARD if appointed.

**Nominee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT:**

1. Nominations close **4:30 PM, May 29, 2020** and must be submitted to alPHa by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate pages by the deadline.
3. E-mail the completed form, biography and copy of Board motion by **4:30 PM, May 29, 2020** to Susan Lee at [susan@alphaweb.org](mailto:susan@alphaweb.org)



Peterborough  
Public Health

# The Modernization of Public Health in Ontario

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

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

January 8, 2020

## Executive Summary

---

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

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

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

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

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

### Principles of Reform

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

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

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

## Recommendations

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

### 1. Structure and Governance

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



<sup>1</sup> Mays et al. Institutional and Economic Determinants of Public Health System Performance. Amer J Pub Health 2006;96;3;523-531.



## 2. Program Delivery

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

## 3. Implementation

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

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



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

## Introduction

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

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

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

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

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

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

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

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

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



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

## Section 1: Structure and Governance

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

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

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

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



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

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

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

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

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



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

## Section 2: Program Delivery

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

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

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

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



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

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

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

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



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

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

We make 5 recommendations to improve the delivery of services:

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

## Section 3: Implementation

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

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



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

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

PPH has 4 recommendations to offer on implementation:

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



## Conclusion

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

We are all Treaty people.



*Aerial view of Rice Lake and the surrounding area.*