

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, June 12, 2019 – 6:30 p.m.
Training Room, Otonabee-South Monaghan Fire Department
21 Third Street, Keene**

1. Call to Order

Kerri Davies, Vice-Chair

1.1. Opening Statement

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.

1.2. Welcome

Mayor Joe Taylor, Township of Otonabee-South Monaghan

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1 9.2 a b c d e f g h I 9.3.1 9.3.2 a b c 9.4.1*

5. Delegations and Presentations

5.1. Update from the Association of Local Public Health Agencies

Loretta Ryan, Executive Director

- Cover Report

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. May 8, 2019

7. Business Arising From the Minutes

7.1. Board of Health Budget Working Group Update

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

8. Staff Reports

8.1. Stewardship Committee Report: 2018 Audited Financial Statements

Cathy Praamsma, Chair, Stewardship Committee

- Cover Report

8.2. Staff Report & Presentation: Endorsement of the Canadian Public Health Association Position Statement on Children's Unstructured Play

Monique Beneteau, Health Promoter

- Staff Report
- a. CPHA Position Statement
- b. Presentation

8.3. Staff Presentation: Strategic Plan Update

Jane Hoffmeyer, Manager, Foundational Standards

Larry Stinson, Director of Operations

- Cover Report

9. Consent Items

9.1. Correspondence for Direction – Provincial Autism Supports

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. Draft Letter to Minister MacLeod

9.2. Correspondence for Information

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. Senate – Bill S228
- b. MPP Smith – Follow Up
- c. Response to CMOH Memo
- d. EOWC Correspondence
- e. EOMC Statement
- f. Leave the Pack Behind Program
- g. alPHa – BOH Section Update
- h. alPHa – E-newsletter May 27/19
- i. alPHa – Update to Members re PH Modernization

9.3. Staff Reports

9.3.1. Staff Report: Supporting a National Food Program

Luisa Magalhaes, Registered Dietitian

- Staff Report
- a. Coalition for Health School Food Position Paper

9.3.2. Association of Local Public Health Agencies Resolution and Invoice

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. Resolution
- b. alPHa Letter, April 30/19
- c. alPHa Invoice, 2019-20 Membership Fee

9.3.3. Medical Officer of Health - Coverage Request

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

9.4. Committee Reports

9.4.1. Indigenous Health Advisory Circle

Chief Phyllis Williams, Chair, IHAC

- Cover Report
- a. Minutes, March 26/19

10. New Business

10.1. Oral Report: Association of Local Public Health Agencies – 2019 Conference & Annual General Meeting Update

Dr. Rosana Salvaterra, Medical Officer of Health
Mayor Andy Mitchell, Board Member
Larry Stinson, Director of Operations

- [Cover Report](#)

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001,

- *Section 239(2)(b), Personal matters about an identifiable individual, including Board employees;*

12. Motions for Open Session

13. Date, Time, and Place of the Next Meeting

The Board previously identified a desire to meet over the summer, if required. The next regular meeting is scheduled for:

Wednesday, September 11, 2019 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

14. Adjournment

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: Update from the Association of Local Public Health Agencies
DATE:	June 12, 2019

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Update from the Association of Local Public Health Agencies
Presenter: Loretta Ryan, Executive Director

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Meeting Minutes, May 8, 2019
DATE:	June 12, 2019
PREPARED BY:	Natalie Garnett, Board Secretary
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on May 8, 2019.

ATTACHMENTS

[Attachment A – Draft Minutes, May 8, 2019](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, May 8, 2019 – 5:30 p.m.
Curve Lake Health Centre/Oshkiigmong MnoBmaadziwin Gamiing
38 Whetung Street East, Curve Lake First Nation**

In Attendance:

Board Members:

Deputy Mayor Bonnie Clark
Mr. Gregory Connolley
Ms. Kerri Davies, Vice Chair
Deputy Mayor Matthew Graham
Mayor Andy Mitchell
Ms. Catherine Praamsma
Mr. Andy Sharpe
Councillor Don Vassiliadis
Mr. Michael Williams
Chief Phyllis Williams
Councillor Kathryn Wilson, Chair
Councillor Kim Zippel

Regrets:

Councillor Henry Clarke

Staff:

Ms. Brittany Cadence, Manager, Communication Services
Ms. Donna Churipuy, Director of Public Health Programs
Ms. Natalie Garnett, Recorder
Ms. Alida Gorizzan, Executive Assistant
Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

Councillor Wilson, Chair called the meeting to order at 5:34 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be amended by moving item 8.1 to immediately after 5.1, and adding items 7.3.b. and 10.1.a.

Moved: Deputy Mayor Clark
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-068)

3. Declaration of Pecuniary Interest

There were no declarations of Pecuniary Interest.

4. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 9.1, 9.2.a-b and d-i, and 9.3.1.

Moved: Councillor Vassiliadis
Seconded: Councillor Zippel
Motion carried. (M-2019-069)

MOTION (9.1):

That the Board of Health for Peterborough Public Health:

- *receive for information, the letter dated April 25, 2019 from the Board of Health for Kingston, Frontenac and Lennox & Addington (KFL&A) regarding the Children Count Task Force Recommendations; and,*
- *support their position and communicate this support to Premier Ford, with copies to Minister Elliott, Minister Thompson (Education), Minister McLeod (MCCSS & Responsible for Women's Issues), Dr. David Williams, Chief Medical Officer of Health local MPPs, the Association of Local Public Health Agencies, Ontario Boards of Health and the Children Count Task Force.*

Moved: Councillor Vassiliadis
Seconded: Councillor Zippel
Motion carried. (M-2019-069)

MOTION (9.2.a-b and d-i):

That the Board of Health for Peterborough Public Health receive the following for information:

- a. Letter dated April 18, 2019 from Dr. Salvaterra to Lynn Fawn, County Clerk, regarding sewage system management agreements.*

- b. Letter dated April 24, 2019 from the Peterborough Family Health Team Board of Directors to Minister Elliot regarding public health modernization.*
- d. Letter dated May 1, 2019 to Premier Ford from the Board Chair regarding a provincial alcohol strategy.*
- e. Letter dated May 3, 2019 to Minister Elliott from the Board Chair regarding managed opioid programs. Correspondence from the Association of Local Public Health Agencies (alPHa):*
 - f. Letter dated April 11, 2019 regarding the 2019 Ontario Budget.*
 - g. E-newsletter dated April 24, 2019.*
 - h. Email dated May 1, 2019 regarding the 2019 alPHa Annual General Meeting and Conference.*
 - i. Letter dated May 3, 2019 regarding public health modernization.*

Moved: Councillor Vassiliadis
 Seconded: Councillor Zippel
 Motion carried. (M-2019-069)

MOTION (9.3.1):

That the Board of Health for Peterborough Public Health receive report, Q1 2019 Peterborough Public Health Activities, for information.

Moved: Councillor Vassiliadis
 Seconded: Councillor Zippel
 Motion carried. (M-2019-069)

5. Delegations and Presentations

5.1 Curve Lake First Nation Health Centre Update

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information: Presentation: Curve Lake First Nation Health Centre Update Presenters: Robin Steed, Health & Family Services Manager Joanne Pine, Community Health Representative, Health & Family Services Department and Steve Toms.

Moved: Deputy Mayor Graham
 Seconded: Mr. Connolley
 Motion carried. (M-2019-070)

8. Staff Reports

8.1 Staff Presentation: Smoke is Smoke – Vaping and the Regulatory Landscape

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information:

Staff Presentation: Smoke is Smoke – Vaping and the Regulatory Landscape

Presenter: Keith Beecroft, Health Promoter

Moved: Ms. Davies

Seconded: Deputy Mayor Graham

Motion carried. (M-2019-071)

6. Confirmation of the Minutes of the Previous Meetings

a. April 10, 2019

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on April 10, 2019 be approved as circulated.

Moved: Deputy Mayor Clark

Seconded: Mr. Connolley

Motion carried. (M-2019-072)

b. April 16, 2019

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on April 16, 2019 be approved as circulated.

Moved: Mr. Williams

Seconded: Councillor Zippel

Motion carried. (M-2019-073)

7. Business Arising From the Minutes

7.1. Request for Action Regarding the Legalization of Tailgating in Ontario

Donna Churipuy, Director, provided an update on the request from the previous meeting to advocate on this. This has been incorporated into the advocacy letter on the provincial alcohol strategy included with the agenda package (item 9.2d)

MOTION:

That the Board of Health for the Peterborough Public Health receive the update on the legalization of tailgating in Ontario, for information.

Moved: Ms. Praamsma

Seconded: Councillor Vassiliadis

Motion carried. (M-2019-074)

7.2. **Renewal of Sewage System Management Agreements Update**

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, "Renewal of Sewage System Management Agreements Update", for information.

Moved: Mr. Connolley
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-075)

7.3. **Board of Health Budget Working Group Update**

It was noted that the Working Group has held three meetings to date.

Ms. Davies provided an update on the Toronto Board of Health meeting she attended on May 6, 2019.

a. MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the oral report, Board of Health Budget Working Group Update, for information; and,*
- *receive the briefing note for MPP Smith, dated May 1, 2019.*

Moved: Deputy Mayor Graham
Seconded: Deputy Mayor Clark
Motion carried. (M-2019-076)

- b. Board of Health members were asked to submit questions they would like answered regarding this matter to staff prior to the planned meeting.

8. **Staff Reports**

8.2. **Bill S228 – Marketing to Children**

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the staff report, Marketing of Food and Beverages to Children for information; and,*
- *strongly urge the Senate to accept the amendments of Bill S-228, an Act to amend the Food and Drugs Act (prohibiting unhealthy food and beverage marketing directed at children under thirteen years) immediately. Given that this is a federal election year, it is expected that if the Bill does not pass at the current sitting (May 2019), it will be lost.*

Moved: Mr. Connolley
Seconded: Mr. Williams
Motion carried. (M-2019-077)

9. Consent Items

9.2.c Correspondence for Information

MOTION:

*That the Board of Health for Peterborough Public Health receive the letter dated April 29, 2019 from the Chief Medical Officer of Health regarding public health modernization; and,
Provide a response in writing to the Chief Medical Officer of Health.*

Moved: Deputy Mayor Clark
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-078)

10. New Business

10.1a Association of Local Public Health Agencies – 2019 Annual General Meeting Resolutions

MOTION:

That the Board of Health for Peterborough Public Health support all 11 resolutions coming forward at the alPHa Annual General Meeting on June 8, 2019.

Moved: Councillor Vassiliadis
Seconded: Mr. Williams
Motion carried. (M-2019-079)

MOTION:

That the Chair of the Board of Health for Peterborough Public Health prepare a letter to the Ministry expressing great concern with the process that has been undertaken regarding cuts to the Local Boards of Health, and that this letter be sent at the discretion of the staff following the meeting scheduled for May 10th.

Moved: Councillor Vassiliadis
Seconded: Mr. Williams
Motion carried. (M-2019-079)

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

13. Date, Time, and Place of the Next Meeting

The next meeting will be held Wednesday, June 12, 2019 at the Training Room, Otonabee-South Monaghan Fire Department, 21 Third Street, Keene, at 5:30 p.m.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Deputy Mayor Clark

Seconded by: Mr. Connolley

Motion carried. (M-2019-080)

The meeting was adjourned at 7:35 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Board of Health Budget Working Group Update
DATE:	June 12, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, Board of Health Budget Working Group Update, for information.

BACKGROUND

At its April 16 meeting, the Board of Health requested that a working group be struck in response to the 2019 Ontario Budget and the province's plans to modernize public health.

The group has met weekly since April 23rd. Membership includes board members (Kerri Davies, Deputy Mayor Graham, Mayor Mitchell and Cathy Praamsma) and staff (Dr. Salvaterra, Larry Stinson, Donna Churipuy and Brittany Cadence).

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report: 2018 Audited Financial Statements
DATE:	June 12, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant on behalf of Cathy Praamsma, Chair, Stewardship Committee

The Stewardship Committee will be meeting on June 12, 2019, just prior to the Board of Health meeting on the same date. This meeting was rescheduled due to an attendance conflict for Committee members.

The Committee will review the following statements at that meeting, and bring forward proposed recommendations to the Board:

- 2018 Peterborough Public Health (PPH) Audited Financial Statements
- 2018/19 Infant and Toddler Development Program (ITDP) Audited Statements and Transfer Payment Annual Reconciliation
- 2018/19 Preschool Speech and Language Program (PSLP) Audited Statements

The draft statements will be circulated separately, and not publicly posted until after the Board has officially approved them. The ITDP and PLSP statements will be appended to the posted agenda package once they have been approved. The approved PPH Audited Financial Statements will be posted here: <http://www.peterboroughpublichealth.ca/about-us/about-us-2/plans-reports/>.

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Endorsement of the Canadian Public Health Association Position Statement on Children’s Unstructured Play
DATE:	June 12, 2019
PREPARED BY:	Monique Beneteau, Health Promoter
APPROVED BY:	Donna Churipuy, Director of Public Health Programs Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- *receive the staff report, Endorsement of the Canadian Public Health Association (CPHA) Position Statement on Children’s Unstructured Play, for information;*
- *endorse the CPHA’s Position Statement on Children’s Unstructured Play; and,*
- *share the position statement with municipal councils and recreation staff, school boards, parent councils, early learning educators, and other key community partners including Keeping Kids Healthy.*

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

The Board of Health has not previously made a decision with regards to this matter.

BACKGROUND

Data collected between 2007 and 2009 showed that playground injury rates in Peterborough were higher than most other communities in the province. Staff were directed to look into this trend and identify strategies for preventing these types of injuries in the future. The work first looked at identifying the best practices for reducing injuries on playground equipment. Through discussions with key community partners (e.g., municipal recreation managers and school board representatives), the focus of the work shifted from preventing playground injuries to better understanding what contributed to the best outdoor play experiences for children. The result of that research was summarized in an evidence review that was published in 2017 by Peterborough Public Health.¹ The Review included reference to a *National Position Statement on Active Outdoor Play* which was endorsed by several agencies and released in 2015 while the Evidence Review was being written. The National Position Statement reads:

Access to active play in nature and outdoors—with its risks—is essential for healthy child development. We recommend increasing children’s opportunities for self-directed play outdoors in all settings—at home, at school, in child care, the community and nature.²

In the spring of 2018, the Pan-Canadian Council of Chief Medical Officers of Health (CCMOH) endorsed and supported, the National Position Statement in their own statement: *Active Outdoor Play Statement from the Council of Chief Medical Officers of Health*. CCMOH listed several recommendations including those directed to health agencies:

- Support engagement in active outdoor play
- Address benefits versus risks of outdoor play
- Encourage balance between scheduled activities and free time
- Advocate for municipal, school and government policies that address equitable access to outdoor play.³

The National Position Statement and the recommendations from the CCMOH are complimentary to the 2019 *CPHA Position Statement on Unstructured Play* (Attachment A) in that active outdoor play is a key way to encourage children’s unstructured play. The Peterborough Public Health (PPH) Evidence Review along with the National Position Statement shared very consistent messaging and identified very similar priorities that are outlined in the CPHA statement. The CPHA statement goes a step further, however, and focuses on all unstructured play whether indoors or outdoors.

More recently, PPH’s Family and Community Health Team developed longer-term outcomes to guide its work. One outcome focuses on blue and green spaces and reads: “More residents of Curve Lake and Hiawatha First Nations, the County and City of Peterborough have equitable access to health-promoting built and natural blue and green spaces by 2022.” As part of this work, the concept of spatial equity has been incorporated in order to ensure that all natural spaces are physically and financially accessible to every resident and that the quality of the spaces meets the same standard regardless of the sociodemographic characteristics of the residents of those neighbourhoods. Outdoor playspaces and natural spaces that encourage unstructured play is a key element to supporting the healthy growth and development of children in an equitable way.

In addition, other PPH programs supporting children and families, especially the Infant and Toddler Development Program and Healthy Babies, Healthy Children Program, have consistently advocated for less screen time for children and more unstructured play over the past several years.

RATIONALE

In the Evidence Review, play was described in this way:

The two key features of play focus on the idea that it is child-directed play and that it is process-focused rather than goal-oriented. According to the All-Party Parliamentary Group in the UK, play ‘...is what children freely choose to do when their time and ability to

act are entirely their own. It may be what a child chooses to do when they are not under the control, overt or implied, of an adult. Many people regard play as a 'process' rather than an outcome'. Put plainly, 'Play is 'what we do when no adult is telling us what to do''.⁴

Article 31 of the Convention on the Rights of the Child clearly refers to a child's right to play. The Article reads:

- "1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity."⁵

Unstructured outdoor play environments are inclusive spaces that welcome children of all ages and abilities. They are ideally suited to encourage physical activity, foster social connections and promote good mental health. Specifically, our research found that unstructured outdoor play results in improved health in a variety of areas, for example, improved cognitive functioning (i.e., problem-solving, conflict resolution, decision-making); improved mood and reduced stress and anxiety; elevated motor skills and greater physical activity; improved social behaviour and greater emotional resilience; greater independence; greater creativity and imagination; enhanced learning skills; way finding and spacio-temporal relation, and; empathy, compassion and a sense of wonder.⁶

Unstructured play, whether outdoors or indoors, will contribute to the development of healthy child development—physically, mentally, and socially. The CPHA position statement is the most comprehensive of the statements that focuses on all types of unstructured play.

The recommendations put forward by the CPHA emphasize the need to engage municipalities and schools in this conversation. Municipalities and schools determine where play can happen and what kind of play will be supported. Working with these and other community partners, using the position statement as a guide, we can work toward: 1) increased access to unstructured play; 2) designing and retrofitting playspaces that encourage play in all seasons, by children of all abilities in an equitable way, and; 3) mitigating against liability by using risk-benefit assessments. Since children spend much of their recreation time in these public spheres, in essence, municipalities and schools are key playspace providers. For this reason, it is essential that public health work with our partners to ensure that we provide the best play experiences for healthy child development.

STRATEGIC DIRECTION

Endorsing and taking action to ensure that children benefit from unstructured play meets PPH's strategic directions of *Community-Centred Focus and Determinants of Health and Health Equity*.

APPENDICES:

[Attachment A – Children's Unstructured Play. Position Statement, March 2019. Canadian Public Health Association](#)

REFERENCES:

¹ Peterborough Public Health (2017). Outdoor Playspaces: An Evidence Review. Peterborough, ON: Monique Beneteau from <https://www.peterboroughpublichealth.ca/wp-content/uploads/2018/05/2017-08-31-Outdoor-Playspaces-Evidence-Report-FINAL-1.pdf>

² *Position Statement on Active Outdoor Play*. Retrieved on April 30, 2019 from <https://www.haloresearch.ca/outdoorplay/>.

³ Pan-Canadian Public Health Network. (2018). *Active Outdoor Play Statement from the Council of Chief Medical Officers of Health*. Retrieved on March 26, 2019 from <http://www.phn-rsp.ca/aop-position-jae/index-eng.php>

⁴ Peterborough Public Health (2017), p. 11

⁵ United Nations. (1989). Convention on the Rights of the Child. Retrieved on March 26, 2019 from <https://www.unhcr.org/uk/4aa76b319.pdf>.

⁶ Peterborough Public Health (2017).



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

CHILDREN'S

Unstructured Play

POSITION STATEMENT | MARCH 2019



THE VOICE OF PUBLIC HEALTH

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

A healthy and just world

OUR MISSION

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

How to cite this document:

Canadian Public Health Association (CPHA). Children's Unstructured Play Position Statement. March 2019. Available at <https://www.cpha.ca/childrens-unstructured-play>.

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Children's Unstructured Play*

Unstructured play[†] happens when children follow their instincts, ideas, and interests without an imposed outcome. It may include challenging forms of play, and provides opportunities for exploring boundaries that allow children to determine their *own* limits in a variety of natural and built environments. Adults may facilitate unstructured play but not prescribe it. The benefits associated with active outdoor play, a component of unstructured play, have been described in the 2018 position statement by ParticipACTION,¹ and are supported by the Council of Chief Medical Officers of Health.²

Access to unstructured play is affected by the emphasis placed on structured extra-curricular activities and academics, which are often prioritized before play. In addition, municipalities and school boards implement strategies to reduce the likelihood of all play-related injuries, which can constrain children's play experiences and associated benefits. These short-term approaches work against the longer-term benefits of providing children opportunities to explore spaces that provide rich play experiences.[‡] Access to these play opportunities can also be limited

by the availability of natural and built play spaces in urban and rural environments, and the influence of the child's economic status, colour, gender, religion, culture or ethnic origin.

The Canadian Public Health Association (CPHA) recognizes unstructured play as a child's right and a critical component to child and youth health and well-being. Actions are necessary to reduce the barriers limiting opportunities for unstructured play at school and in the community. CPHA commends those school boards, municipalities, other governments and non-governmental organizations that are taking positive steps to improve children's access to unstructured play; however, further steps are needed.[§]

RECOMMENDATIONS

CPHA calls upon all parents/caregivers, educators, child care providers, school boards, public health professionals, the private sector and all levels of governments and Indigenous peoples' governments to improve access to unstructured, child-led play through the following actions:

All Levels of Government

- **Recognize unstructured play as a critical part of healthy child development and adopt a mandate that clarifies this importance.**
- **Develop and strengthen policies that encourage unstructured outdoor play in all seasons and related weather conditions.**

* This position statement was prepared as a result of our project to develop a policy toolkit to support children's access to unstructured play. We acknowledge and thank the Lawson Foundation for its financial support to develop the toolkit.

† The term unstructured play does not have an academic definition, but has come to be used as a generic term to represent child-led play that takes place preferably outdoors but also indoors, and includes the concept of risky play. Its use was developed to reflect the concerns of decision-makers regarding the use of the term "risky" to describe play.

‡ CPHA recognizes that education departments have been implementing play-based learning as a preferred approach for early years' education that offers a continuum of play options that includes child-led play and can become more teacher-led. We appreciate the benefits of this approach for learning and acknowledge that this is an important and complex relationship. Children also require time outside the school setting for unstructured play, preferably outdoors but also indoors, where they can self-direct play with or without the presence of adults (when age-appropriate) and without an imposed outcome, to meet their development needs.

§ Decision-making to increase access to play can be supported by [CPHA's toolkit](#).

- Strengthen investments to enhance and protect natural and inclusive play spaces within walkable distances of where children live and learn.

Provincial/Territorial Governments

- Invest in unstructured play facilitator training and development for child and youth workers, educators, and principals;
- Amend educators' collective agreements to permit additional supervision time to support unstructured play for recess.
- Reform Joint and Several Liability to require defendants to only pay the percentage of damages for which they are found liable.
- Influence the use of risk-benefit assessment processes to mitigate play-associated liability concerns for child care providers and school boards.

Municipalities

- Establish a community-wide approach to increasing access to unstructured play that establishes a common vision and addresses community concerns.
- Enhance community planning and design standards to increase and improve all-seasons play spaces and parks within existing communities and new residential or mixed-use developments.
- Identify and address gaps in access to safe places for unstructured play by location and socio-economic status.
- Influence the use of risk-benefit assessment processes to mitigate play-associated liability concerns for municipalities.

Public Health Agencies

- Strengthen partnerships with key organizations to advocate for and provide evidence about the importance of unstructured play for healthy child development and increase capacity to implement healthy public policy solutions.
- Shift the knowledge, attitude, beliefs and behaviours of parents and caregivers concerning unstructured play by using marketing, communication and social media approaches.
- Develop a position in support of unstructured play that uses a risk-benefit approach to balance injury prevention and childhood development (physical, mental, cognitive and social) benefits.

Research and Surveillance

- Collect, monitor and report play space child injury data, including exposure and demographic information, to inform standards and policy development that can be applied across provinces.
- Conduct research on the longitudinal benefits of unstructured play.

Play Space Designers

- Adopt Universal Design Principles such that a variety of play elements are available to individuals of all abilities, including those that provide sensory and tactile experiences.
- Add loose parts¹ and natural elements to manufactured play facilities, and develop dedicated natural play spaces that include loose parts.

¹ Loose parts are materials that can be moved, carried, combined, redesigned, lined up, and taken apart and put back together in multiple ways. They are materials with no specific set of directions that can be used alone or combined with other materials (Outdoor Play Working Group (2017)).

Canadian Standards Association

- Amend Playground Standard Z614 to be more considerate of child development needs and acceptable risk-taking in play, including the adoption of a risk-benefit assessment process.

CPHA recognizes the need for collaborative decision-making based on a risk-benefit assessment approach that integrates the views of children and youth into the process. These decisions must be supported by adequate funding for natural and built play space development and maintenance. Also, critical to the success of these recommendations is the development and implementation of training and education on the importance of unstructured play that extends beyond traditional stakeholders. It should be tailored to the needs of parents and those who are developing, maintaining and providing access to unstructured play, and developing, supporting, and maintaining interesting, challenging play spaces for children.

CONTEXT

Unstructured play is the business of childhood. It is an integral part of every child's healthy development and is embedded as Article 31 of the *Convention on the Rights of the Child*.³ Children and youth of all abilities have an equal need for time, appropriate space and opportunity to engage in quality play.³ Types of unstructured play can include: play at heights; play at speed; play with loose parts; rough-and-tumble play; and play where the children can “disappear” or “get lost”.^{**} Organized sports or screen-time (time spent in front of the television, computer, gaming console, tablet, smartphone, or any other electronic equipment) are *not* considered unstructured child-led play.

Canadian children are moving less and sitting more with increasing limits placed on them in and out

^{**} Definition adapted from Sandseter EBH. Characteristics of risky play. *J Adventure Education & Outdoor Learning* 2009;9(1):3–21.

of school. Limiting children's exposure to diverse types of play results in their being exposed to more sedentary behaviours,^{††} and being deprived of the benefits of healthy emotional, mental, social and physical development resulting from play.⁴ This increasingly sedentary lifestyle resulted in a recent call for Canadian children and youth to “move more for their brain health”.⁵

Unstructured play provides a variety of benefits for child and youth health and well-being:

- **Physical health and gross motor skills:** Active, unstructured play reduces sedentary behaviours, helps promote healthy weights⁶ and improves motor skills.⁷ It reduces adiposity and improves musculoskeletal fitness and cardiovascular health.⁸
- **Mental and emotional health:** Unstructured play promotes children's mental and emotional well-being,^{6,9} such as positive self-concept¹⁰ and self-esteem.¹¹ It supports the formation and maintenance of friendships, which promotes the maintenance of good mental health;¹² physically active play may decrease anxiety and depressive symptoms.^{10,13}
- **Social health and team work:** Unstructured play helps children improve their social competence,¹⁰ including emotional intelligence, self-awareness, empathy and the ability to communicate effectively in situations that involve compromise and cooperation.^{10,12}
- **Learning and attention at school:** Unstructured play has been shown to promote cognitive skills development (attention, concentration, ability to stay on task, and memory)¹⁴ and improve behaviour in class.¹⁵
- **Resiliency and risk management skills:** When children experience uncertainty during challenging play, they develop emotional

^{††} The 2018 ParticipACTION Report Card states that 76% of 3- to 4-year-olds and 51% of 5- to 17-year-olds exceed the *Canadian Sedentary Behaviour Guidelines* screen time recommendations of no more than 2 hours of recreational screen time per day.⁵

reactions, physical capabilities and coping skills, and improve their capacity to manage adversity.¹⁶⁻¹⁸ Effective coping skills promote resilience and good mental health to thrive in adolescence and adulthood.¹⁹

Societal Pressures

Societal pressures and parental attitudes toward supervision and overprotection have increased while children's independence has decreased. While supervision is needed for infants and toddlers, there is a need to balance these concerns against the benefits of unstructured play as children develop, especially those aged 6 to 12. For the latter group, "helicopter" or hyper-parenting can be perceived as a loss of trust between parents and their children.²⁰ It may have a detrimental effect on children's mental wellness, resulting in psychological problems and reduced self-confidence.²¹ Hyper-parenting can limit a child's ability to freely engage in unstructured, child-led play. For example, children's independent mobility (the distances they are allowed to travel without adult supervision)²² has decreased between generations.^{23,24} Independent mobility directly affects a child's access to play, as children who can travel greater distances are more likely to meet and play with peers,²⁵ be more physically active, and play outdoors more regularly.⁵ Lack of independent mobility also affects a child's ability to walk or cycle to school.

There are a number of factors that influence this change and the overall social climate, including:

- Canadians living within a competitive society that values achievement, with scheduled extra-curricular activities before and after school;
- Traditional and social media outlets delivering messaging that can provoke fear concerning unstructured, child-led play and contribute to risk-averse perceptions;^{††}

- Peer pressure from other parents to either participate in the culture of achievement or to limit a child's participation in self-directed play; and
- Geographic or socio-economic factors that can limit access to safe play spaces in rural or urban environments.

Steps are necessary to inform and educate parents and caregivers of the benefits of unstructured play, the harms associated with hyper-parenting and the importance of child independence in play. Consideration should be given to measures that reframe parental perceptions of risk.

Financial Limitations

School boards and municipalities often face financial limitations that restrict access to unstructured play opportunities. Building, maintenance and programming costs specifically for natural playscapes can limit rich play space development. Remote or rural locations, in particular, are faced with greater challenges accessing funding to develop diverse play environments than are urban school boards or municipalities. Similarly, funding for play spaces may come from fundraising events, whereby low socio-economic status communities have less opportunity or resources available to them for such events.

Legal Concerns and Decision-making

Municipal governments' fears of injury and the likelihood of encountering a legal claim (often driven by parent or caregiver complaints) affect their decision-making.²⁶ Such decision-making limits play when, for example, play apparatus, structures, activities or opportunities (i.e., prohibiting tobogganing hills) are removed in order to reduce the likelihood of injury. The challenge, however, is to separate the consideration of safety (the elimination of hazards from the site) with access to challenging play (the ability for children to test their limits). Play

†† These fears include, for example, the child injuring themselves as a result of play or their being abducted.

spaces should be ‘as safe as necessary’ not ‘as safe as possible’. Municipalities have implemented by-laws to restrict play, including fines for climbing trees, bans on street hockey or street play, or permits required to access park space. These safety requirements are often implemented without consideration of child development needs. As a result, children’s engagement in diverse types of play is limited.

Similar challenges exist for School Boards; however, their situation is further complicated as provincial and territorial Education Acts include a requirement for a duty of care similar to that of a “prudent parent” for school officials. A further challenge emerges when the requirements prescribed in provincial and territorial Child Care and Early Years Acts are compared to those of Education Acts. The different requirements can challenge the delivery of programs that promote unstructured play, especially when the two facilities are co-located. Consistent approaches should be developed to better align the implementation of the requirements found in both Education and Child Care Acts.

Contributing to these concerns is the issue of Joint and Several Liability, where an injured party is permitted to recover up to 100% of the compensation awarded from the party who is able to pay, regardless of the degree to which that party is found to be negligent. Steps should be taken to reform Joint and Several Liability so that the compensation paid towards an injured party is proportional to the degree to which the defendant was found to be negligent.

School and Childcare Policies

Play is a vehicle for learning and rests at the core of innovation and creativity. It provides opportunities for learning in a context in which children are at their most receptive. Play and academic work are not distinct categories for young children, and learning and doing are inextricably linked for them. There is a strong link between play and learning, especially in

the areas of problem solving, language acquisition, literacy and mathematics, as well as the development of social, physical and emotional skills.²⁷

Childcare facilities are important settings for meeting these developmental goals through unstructured play, and the Ontario College of Early Childhood Educators is commended for citing “reasonable risk-taking” in their Standards of Practice. This standard for Registered Early Childhood Educators (RECE) supports the need to, “design or modify indoor and outdoor learning environments to support children’s self-regulation, independence, reasonable risk-taking, meaningful exploration and positive interactions.”²⁸

A systematic review has found positive associations between recess and cognitive skills development (attention, concentration, ability to stay on task and memory).^{14,29} Outdoor play and play at recess has also been shown to strengthen problem solving and conflict resolution skills,^{30,31} while providing opportunity for social and emotional learning such as the ability to control aggression and regulate feelings of anger and frustration.³² Despite this, there are limitations that affect access to unstructured play at recess, including:

- A lack of designated teacher supervision time within their collective agreements, which can reduce their willingness to support unstructured play opportunities;
- Curriculum structures that focus on prescriptive, gross motor play experiences (i.e., organized activity in gym class) which diverge from the importance of creating free time for unstructured play;
- Restriction of unstructured activities at recess by use of safety rules;
- Withholding of recess as a disciplinary action; and
- Restriction or prohibition of outdoor play or recess periods during inclement weather.

Steps should be taken to withdraw these restrictions.

Risk Benefit Assessment

A risk has the potential for a positive or a negative outcome. The potential negative outcome is not hidden and the risk-taker has the opportunity to recognize and assess the challenge. A hazard is a situation where the potential for injury is hidden from the individual and there is limited opportunity to navigate the situation.³³ The challenge is then to remove the hazards while permitting those involved in the activity the opportunity to accept the level of risk with which they are comfortable.

The Canadian Standards Association's (CSA) standard for "Children's Play Spaces and Equipment" (CAN/CSA-Z614) provides a foundation for playground safety that minimizes the likelihood of serious and/or life-threatening injuries, but is not intended to address child development needs. It is voluntary and its intended use is not specified. Therefore, its application is determined by the user. Daily practices associated with play spaces, however, are strongly influenced by the Standard, as they are often applied as a minimum safety requirement or safety guideline by decision-makers. As such, the prevention of all injuries may be valued over the social, psychological and physical benefits of unstructured play. As a result, play structures that are designed to meet the standard may lack challenge, and place limitations on loose parts play. An alternative to this methodology could be the use of a risk-benefit assessment approach that balances the need for hazard identification and removal with the benefits of unstructured play to permit the establishment of interesting play spaces. A second approach may be to use the methodology incorporated in the European or Australian Playground Standards where playgrounds that do not conform to safety standards may be permitted for use should they not present a hazard to the users.

Loose Parts and Nature Play

Children who play with loose parts are more active and more likely to interact with their peers than they would on playgrounds with fixed equipment.²⁶ Loose parts play may also help children become more social, creative, and resilient.³⁴ Similarly, playgrounds designed with natural elements encourage children to play longer and in more engaging ways than contemporary play structures,^{1,35} as children tend to prefer natural outdoor play environments, and natural playgrounds may provide more enjoyable physical activity experiences for children.⁴ However, guidelines are lacking to support the development of such environments.

Play Space Accessibility

CPHA commends the provinces of Ontario, Manitoba and Nova Scotia for having enacted comprehensive accessibility laws, and the CSA's *Annex H: Children's play spaces and equipment that are accessible to persons with disabilities*^{§§} as important steps to making play spaces in Canada more accessible. Unfortunately, accessibility Acts and *Annex H* are often poorly understood, leading to confusion or inconsistency in their application. There are also a number of technical aspects that can limit play for all children, such as those that require a *minimum* accessibility standard to be met on the occurrence of major construction or redevelopment of a play space. Consequently, quality of play may be ignored, as the primary focus is placed on approval of the technical elements. Design plans for accessible play spaces often omit equipment or features that support challenging play, along with sensory and tactile elements of play. This approach can lead to perceptions that the play space is boring by typically developing children, and that they will avoid these spaces. Furthermore, highlighting the functional limitations of individuals by implicitly designating

§§ This voluntary annex establishes minimum accessibility guidelines for newly constructed and redeveloped play spaces.

specific areas for accessible play can limit access to rich play experiences by, for example:

- perpetuating stigma;
- limiting the number of diverse play elements, including sensory and tactile experiences; and
- excluding children with non-physical disabilities.

The application of Universal Design Principles⁹⁹ or the approach of Herrington and Brussoni³⁵ could improve accessibility for and meet the play needs of all children.

Indigenous Communities

Indigenous communities face strengths and challenges related to unstructured play. Challenges may include limited access to land, limited community infrastructure, aging facilities, competing community priorities, and the effects of colonization that have resulted in a variety of related outcomes. Strengths include cultures and traditions that support unstructured play, geographical benefits with access to water and land (although for some communities this remains a challenge), values that support unstructured play, and Elder teachings.

Other Considerations

Research related to unstructured play and the information consulted to make play-related decisions can be limited by the inconsistent use of the term play and its derivatives, such as risky play, nature play, outdoor play and unstructured play. This lack of consistent terminology and definitions poses difficulties with the consistent measure of effects and comparison of outcomes.

Concerns also exist around injury data reporting and collection methods related to play, such as:

- denominators in play statistics that cannot be readily compared to other sources of information (i.e., it is difficult to compare the number of

children using playgrounds with those enrolled in organized sport);

- lack of information collected on the potential cause of the injury (i.e., what apparatus or piece of equipment was involved, and the category of injury (e.g., fall));
- lack of demographic data;
- collection of injury reporting data that does not identify the location where the injury occurred (e.g., backyard v. municipal playground); and
- balancing of the need for quantitative data with that for qualitative assessment and evaluation, as a means of capturing the perspectives and experiences of children, parents and caregivers.

Unstructured play happens when children follow their instincts, ideas and interests without an imposed outcome. It provides the opportunity to develop physical, mental, emotional and social health while contributing to risk management skills and resilience. These skills provide the foundation for children's success across the life course. Access to unstructured play, however, has become limited and action is needed to reverse this trend. The recommendations propose a variety of actions that will help to improve children's access to unstructured play.

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⁹⁹ The principles of Universal Design can be found [online](#).

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CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

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Unstructured Play



Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, Endorsement of the Canadian Public Health Association (CPHA) Position Statement on Children's Unstructured Play, for information;
- endorse the CPHA's [Position Statement on Children's Unstructured Play](#); and,
- share the position statement with municipal councils and recreation staff, school boards, parent councils, early learning educators, and other key community partners including Keeping Kids Healthy.



Focus of Presentation

- Playground Injuries
- PPH work on outdoor play
- Position Statements



Playground Injuries

High injury rates from playground equipment falls

	Children (0 – 4)	Children (5 – 9)	Children (10 – 14)
ER Visits Peterborough	424	839	356
ER Visits Ontario	251	587	207
Hospitalizations Peterborough	<5	55	<5
Hospitalizations Ontario	14	43	9

Ontario Injury Data Report, 2012



Shared What We Learned



**Municipal Access to
Recreation Group**

**School Board
Representatives**

**Shift from “playgrounds” to
“play experiences”**



Evidence Review (2017)

**Outdoor Playspaces for Children:
An Evidence Review**
August 2017



Evidence Review

- **Play, types of play and child development**
- **Traditional and natural playspaces**
- **Risk and play**
- **Injuries and playground safety**
- **Risk-benefit assessment**
- **Built environment and playspaces**

Evidence Highlights

- Play is a **human right**
- Diverse elements that meet universal design principles encourages different types of **play for all abilities and interests**
- **Natural playspaces** are more inclusive, gender neutral and accessible
- **Simple adaptations** (e.g., loose parts) enhance the play experience



Evidence Highlights



- **Risky play** is essential to healthy child development
- Injuries happen; **"as safe as necessary"**
- **Risk-benefit assessments** are essential
- Design of playspaces needs to be a **collaborative** exercise



Consultation

Technical Advisory Committee (TAC)

- **Municipal sector** (recreation, parks, public works, planning)
- **Education sector** (school boards, principal, early learning experts)
- **Community sector** (accessibility advocates, nature stewards, landscape architect)



Position Statements

- **National Position Statement on Active Outdoor Play**
 - Endorsement by Council of Chief Medical Officers of Health
- **CPHA Position Statement on Unstructured Play**



National Position Statement on Active Outdoor Play (2015)

“Access to active play in nature and outdoors—with its risks—is essential for healthy child development. We recommend increasing children’s opportunities for self-directed play outdoors in all settings—at home, at school, in child care, the community and nature.”



Endorsement by Council of Chief Medical Officers of Health (2018)

Recommendations for Health...:

- Support **engagement** in active outdoor play
- Address **benefits versus risks** of outdoor play
- Encourage **balance** between scheduled activities and free time
- Advocate for municipal, school and government **policies** that address **equitable access** to outdoor play



CPHA Position Statement on Unstructured Play (2019)



“ The Canadian Public Health Association (CPHA) recognizes unstructured play as a child’s right and a critical component to child and youth health and well-being. Actions are necessary to reduce the barriers limiting opportunities for unstructured play at school and in the community. ”



A Word about Spatial Equity

A space is equitable when its **use, size, configuration, amenities, upkeep, and spatial accessibility** is fairly distributed across various sociodemographic characteristics.





Peterborough
Public Health



PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Staff Presentation: Strategic Plan Update
DATE:	June 12, 2019
PREPARED BY:	Jane Hoffmeyer, Manager, Foundational Standards Larry Stinson, Director of Operations
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

Staff Presentation: Strategic Plan Update

Presenters: Jane Hoffmeyer, Manager, Foundational Standards

Larry Stinson, Director of Operations

BACKGROUND

The development of a Strategic Plan for Peterborough Public Health for 2019 – 2024 was initiated in the fall of 2018. Social Impact Advisors were engaged to guide us through this process which was established in two phases: Establish Strategic Clarity and Intended Impact; and Creation of the Strategic Plan.

As we neared the completion of Phase 1 at the beginning of April, 2019, announcements were made about the future plans for public health, including amalgamation of existing health units. As a result, it was determined that we would pause the strategic planning process until there was more clarity on the future of Peterborough Public Health or the new regional entity and how the results for Strategic Clarity and Intended Impact could be best used going forward.

The presentation will highlight the outcomes of Phase 1, sharing the culmination of the engagement and planning workshops held through the winter and early spring. The framework developed and a supporting document that captures the consensus is the foundation for future planning. The Intended Impact and Theory of Change will be shared and explained, and insight will be provided into how this information will be used in our internal planning in the coming year and how it can be used for strategic planning in the future.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Correspondence for Direction – Provincial Autism Support
DATE:	May 8, 2019
PREPARED BY:	Patti Fitzgerald, Manager, Child Health Services
APPROVED BY:	Donna Churipuy, Director of Public Health Programs Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- approve and send the attached draft letter to the Honourable Lisa MacLeod, Minister of Children, Community and Social Services, regarding changes to provincial autism supports; and,
- copy the Ministers of Education & Health and Long-Term Care, the Ontario Autism Program Advisory Panel; County Council, City Council, Local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health

BACKGROUND

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

On May 30, 2019, the province announced the creation of the Ontario Autism Program Advisory Panel, an expert panel on needs-based supports which will provide recommendations to Minister McLeod on the best way to incorporate consultation feedback into the Ontario Autism Program.¹

Staff have been in contact with Ms. Locklin regarding these recent developments and have drafted the attached letter of support for the Board's consideration.

APPENDICES

[Attachment A: Draft Letter to Minister MacLeod](#)

REFERENCES

¹ Government of Ontario News Release, May 30, 2019. "Ontario Announces Autism Advisory Panel" Accessed on June 6, 2019 from: <https://news.ontario.ca/mcys/en/2019/05/ontario-announces-autism-advisory-panel.html>

June --, 2019

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

Dear Minister MacLeod:

Re: Changes to Provincial Autism Supports

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

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

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

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

Yours in health,

Councillor Kathryn Wilson
Chair, Board of Health

cc: The Hon. Lisa Thompson, Minister of Education
The Hon. Christine Elliott, Minister of Health

Dr. Marie Bountrogianni, Co-Chair, Ontario Autism Program Advisory Panel
Margaret Spoelstra, Co-Chair, Ontario Autism Program Advisory Panel
Council, City of Peterborough
Council, County of Peterborough
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	June 12 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

- a. Letter dated May 9, 2019 from the Board Chair to the Senate of Canada regarding Bill S-228, the Child Health Protection Act.
- b. Letter dated May 9, 2019 from the Board Chair to MPP Dave Smith in follow up to the meeting with the Warden, Mayor, Chief Carr and Dr. Salvaterra on May 3, 2019.
- c. Letter dated May 21, 2019 from the Board Chair to the Chief Medical Officer of Health regarding his memo dated April 29, 2019 on public health modernization.
- d. Correspondence dated May 27, 2019 from the Eastern Ontario Wardens' Caucus (EOWC) regarding the restructuring of public health units in Ontario. *(Note: Several items have been combined including a letter to PHUs, letter to the Province, EOWC Resolution and Proposed Map).*
- e. Statement dated May 29, 2019 from the Eastern Ontario Mayors' Caucus (EOMC) regarding the restructuring of public health units in Ontario.
- f. Email dated May 29, 2019 from the Leave the Pack Behind Program, shared with all Ontario Local Public Health Agencies, regarding the cancellation of provincial funding for the program.

Correspondence from the Association of Local Public Health Agencies (alPHA):

- g. alPHA Board of Health Section Update dated May 10, 2019.
- h. E-newsletter dated May 27, 2019.
- i. Update to Members: Public Health Modernization dated May 31, 2019.

Please note that alPHA has created an online resource page which houses communications related to public health modernization, including correspondence from local public health agencies and other stakeholders. Additional materials can be found here:

[https://www.alphaweb.org/page/PHR Responses](https://www.alphaweb.org/page/PHR%20Responses)

May 9, 2019

Senate of Canada
Ottawa, Ontario
Canada K1A 0A4

Dear Honourable Senators,

Re: Bill S-228, the Child Health Protection Act

On behalf of the Board of Health for Peterborough Public Health, we strongly urge the Senate to accept the House of Commons amendments, and support the expedited passing of Bill S-228, the Child Health Protection Act.

Restricting the marketing of unhealthy food and beverages to children is a key priority identified in Health Canada's Healthy Eating Strategy. The food industry spends billions of dollars per year marketing to children. Child-targeted marketing is unethical. It takes advantage of a vulnerable population that is unable to understand the intent of marketing and thus make an informed decision. Advertisements aimed at children can influence their lifelong eating attitudes and behaviours (including food preferences, food choices, and purchasing selections), and intends to build brand loyalty.¹ The majority of these foods and beverages are calorie-dense and low in nutrition. Frequent consumption of these foods and beverages has consistently been linked to excessive weight gain and suboptimal nutrient intake among children and youth, making it a public health concern.

Following the amendments brought forth by the House of Commons, the Senate expressed concerns that were unfounded and should not delay the vote on Bill S-228.² Specifically:

- Sports sponsorship of community sporting events - Health Canada clearly stated that these would be exempt from the proposed regulations.³
- Definition of "unhealthy foods" - Health Canada has not committed to replacing the word "unhealthy", however, they confirmed that the word would not be associated to any specific food product. The decision model was revised to consider first if an item is advertised to children before establishing if its nutrient profile exceeds restrictions. Also, foods that are recommended for children to eat often will not be included in the restrictions (e.g. most breads, milk and alternatives).⁴
- Front-of-package labelling - Despite also being part of Health Canada's multi-year Healthy Eating Strategy⁵ it is separate to Bill S-228 and should not impact the passing of this legislation.

Bill S-228 is based on scientific evidence and mirrors countless recommendations worldwide. Restricted marketing to children is a recognized best practice by the World Health Organization, as a public health approach to reduce the high prevalence of diet-related diseases, and related expenses within the healthcare system and to society at large. It is critical to protect children's health, as part of a multi-component, upstream strategy included within the Healthy Eating Strategy for Canada. Children deserve to be protected

from marketing of unhealthy food and beverages and their parents need support in their efforts to create healthy eating environments.

This legislation is required, as self-regulation by industry does not work. In Canada, over the last 10 years the food and beverage industry set standards to self-regulate marketing through the Canadian Children's Food and Beverage Advertising Initiative. Self-regulation has proven itself to be unsuccessful. Research has demonstrated that exposure to food and beverage advertising has actually increased and that the healthfulness of foods advertised to children has not changed.⁶ As long as regulation is optional, we will continue to see marketing directed to children, warranting the need for the legislation to pass.

Bill S-228 has been passed by the House of Commons and reviewed over the last two years by the Senate. We urge that the Senate approve the final passage of the Bill to positively impact the health of Canadian children and improve the food environment in Canada.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: The Right Honourable Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas, Minister of Health
Local MPs
The Stop Marketing to Kids Coalition
Association of Local Public Health Agencies
Ontario Boards of Health
Ontario Dietitians in Public Health

¹ Dietitians of Canada. 2010. Advertising of Food and Beverages to Children. Position of Dietitians of Canada.

² Parliament of Canada. (November 22nd, 2018). Bill to Amend - Message from Commons-Motion for Concurrence in Commons Amendments - Debate Continued. *1st Session, 42nd Parliament*, 150(249). Retrieved from https://sencanada.ca/en/content/sen/chamber/421/debates/249db_2018-11-22-e?language=e.

³ Health Canada. (2018). Restricting Marketing of Unhealthy Food and Beverages to Children: An Update on Proposed Regulations. Retrieve from <https://www.canada.ca/en/health-canada/programs/consultation-restricting-unhealthy-food-and-beverage-marketing-to-children/update-proposed-regulations.html>

⁴ The Senate of Canada. (2018). Standing Senate Committee on Agriculture and Forestry [Video File]. Retrieved from <https://sencanada.ca/en/committees/AGFO/Witnesses/42-1>

⁵ Government of Canada. (January 20th, 2019). Health Canada's healthy eating strategy. Retrieved from <https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html>

⁶ Potvin-Kent M, Martin CL, Kent EA. Changes in the volume, power, and nutritional quality of foods marketed to children on television in Canada. *Obesity*. 2014;22 (9):2053-2060.

May 9, 2019

Mr. Dave Smith, MPP Peterborough-Kawartha
1123 Water Street, Unit 4
Peterborough, ON K9H 3P7
dave.smithco@pc.ola.org

Dear MPP Smith,

Thank you for meeting with the delegation from Peterborough on May 3rd, at the Douro-Dummer municipal building. We appreciated the opportunity to propose to you our made-in-Peterborough solution for the modernization of the public health system.

We understood from our meeting that you were expecting to find out shortly about the planned consultations. We would appreciate hearing from your office so that we can ensure our fulsome participation. We were glad to learn that you appreciated the principles and recommendations put forward in our briefing note. Thank you for sharing your intention to advocate that Peterborough NOT be grouped with areas that are not like us. You are correct in your assertion that we are in a unique situation and that "one of the biggest advantage (for PPH) is that we have a facility that can deliver high quality public health services to Northumberland and the City of Kawartha Lakes in less time than it takes to get to some communities in the County."

You may recall hearing from the delegation that we are concerned about the size of any regional board being so big as to dilute and weaken the voice of rural Peterborough and the First Nations communities that have been members of our board since 1995.

Thank you for agreeing to have an informal discussion with the board of health once you have more information on this matter. We are prepared to organize a subsequent meeting as soon as you indicate your readiness and availability.

Of course, we remain concerned about the cuts in the 2019 budget that you confirmed to us. Although we did not get to it during our conversation, the board is looking to you to advocate that in the long term, the funding formula for our municipalities remain at the 70% provincial / 30% municipal cost ratio, as being proposed for smaller communities like ours.

We are concerned about the nature and the timing of this planned policy change. We wish to work collaboratively with your government to ensure that public health remains a protected and adequately funded investment. It would be our recommendation that changes be paused to allow for more consultation and input from the impacted communities, municipalities, First Nations, boards of health and partners.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Mayor Diane Therrien, City of Peterborough
Warden J. Murray Jones, County of Peterborough
Chief Laurie Carr, Hiawatha First Nation
Chief Phyllis Williams, Curve Lake First Nation

May 21, 2019

Dr. David Williams
Ontario Chief Medical Officer of Health
393 University Avenue, 21st Floor
Toronto, ON M5G 2M2
Sent via e-mail

Dear Dr. Williams,

On behalf of the board of health for Peterborough Public Health, I would like to respond to the letter that you sent to all Ontario boards of health on April 29th.

This was the first communication that we had received regarding one of the most significant changes to the governance, structure and funding of public health since the 1965 amalgamations in which our board participated. We are extremely concerned about the lack of consultation thus far, in decisions that are fundamental to our mandate and jurisdiction.

In response to the four specific announcements made in your letter, we have the following responses:

- **Re: Changing the cost-sharing arrangement with municipalities that would reflect an increased role for municipalities within a modernized public health system beginning 2019-20.** Peterborough supports the AMO recommendation that public health funding be cost-shared at a 75% provincial / 25% municipal ratio. We are concerned that shifting costs to municipalities will increase the pressure and potential for underfunding of services that in essence remain invisible until there is a crisis. We also know that the evidence supports public health interventions as cost-savings – if the province truly wishes to end hallway healthcare, then it must protect its investment in public health. Any “savings” should be reinvested in strengthening public health programs and services.
- **Creating 10 Regional Public Health Entities, governed by autonomous boards of health, with strong municipal and provincial representation.** As an autonomous board, we value this model, and are glad to see a commitment to continue with municipal and provincial representation. Peterborough has also had representation from two First Nations since 1995. We believe that the strong connections to our communities holds us accountable for our use of resources. It also ensures that we identify opportunities for healthy public policy in a responsive and timely fashion. As an example, the City of Peterborough banned the smoking of tobacco on hospital property and in parks a full 5 years before the province introduced these restrictions in legislation. And this is just a recent example. Looking back at a time when milk-related illnesses accounted for 25% of all food and waterborne outbreaks in Ontario, there were already 50 municipalities that had passed by-laws requiring the pasteurization of milk by the time that the province introduced its legislation in 1938. In fact, it was the City of Toronto, in 1915, that was the first jurisdiction to take this life-saving step.

We want to understand the evidence for reducing the number of boards to a mere 10, vastly increasing the geography and potentially limiting the direct representation of municipal and First Nation elected officials. We ask that any decisions to amalgamate boards of health be done in a respectful, participatory, open and transparent way. For this reason we respectfully ask that you advocate on our behalf to request that this process be undertaken so as to not jeopardize existing relationships, unnecessarily disrupt our work, and put our communities at risk from unintended consequences.

- **Modernizing Public Health Ontario to reflect changes in the health and public health landscape.** We value the support of Public Health Ontario and rely on its expertise and technical support on a daily basis. We also make tremendous use of the local PHL laboratory to process up to 45,000 water testing samples each year, which is the highest volume in the province. This service is vital to our rural home owners who rely on their private wells for drinking water. Any restructuring of public health impacts us at the local level, therefore we should be consulted in any proposed reductions in services and support.
- **Introducing a comprehensive, publicly-funded dental care program for low-income seniors.** Peterborough Public Health welcomes this announcement and will work with our municipalities and community partners to ensure a successful launch of this new provincial program. As you will know, many adults in Ontario suffer financial barriers to accessing needed dental care. We would welcome both an expansion of this program as well as financial incentives for municipalities to fluoridate their drinking water supply. From a health equity perspective, this makes the most sense to optimize the oral health of everyone in our communities.

The board values your role and contributions in advising our provincial government on public health matters. We hope that you will be influential in ensuring that we embark on a collaborative and thoughtful process that is supported by evidence and best practice, in any “modernization” of our public health system.

Sincerely yours,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

c/o City of Kawartha Lakes, 26 Francis Street, Lindsay ON K9V 5R8

May 27, 2019

RE: Restructuring of Public Health Units in Ontario

Dear Members of the Eastern Ontario Mayors' Caucus:

On behalf of the Eastern Ontario Wardens' Caucus (EOWC), please find attached a resolution passed at the board meeting of May 24, 2019 regarding the restructuring of public health units, and the serious impact this could have on rural and small urban municipalities.

The EOWC acknowledges that the Province of Ontario has set important efficiency goals for itself and for the municipal sector, in order to achieve specific financial targets in the coming years. Restructuring public health raises many questions and concerns, particularly surrounding the boundaries of the 10 new regional entities being proposed.

The EOWC applauds the province for their commitment to consultation with relevant stakeholders during these challenging times. Likewise, the EOWC recognizes the importance of being involved in ongoing discussions with the province in order to ensure that boundaries reflect the unique issues and needs of rural and small urban municipalities, given these are likely to be distinctly different from larger urban centers.

An Eastern Ontario public health unit would help protect the interests of rural and small urban municipalities, while meeting the population targets set out by the Province. The EOWC believes in the power of collaboration and the strength of a unified voice, thus formally request the support of the Eastern Ontario Mayors' Caucus as the restructuring process moves forward.

In the interest of advocacy, the EOWC respectfully request your participation in the ongoing discussions with the Province of Ontario regarding public health reform in order to safeguard the interests of rural and small urban municipalities.

Sincerely,



Mayor Andy Letham, Chair, 2019, Eastern Ontario Wardens' Caucus

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Minister of Health and Long-Term Care
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
The Members of Provincial Parliament representing Eastern Ontario
The Association of Municipalities of Ontario (AMO)
Public Health Units representing Eastern Ontario

c/o City of Kawartha Lakes, 26 Francis Street, Lindsay ON K9V 5R8

May 27, 2019

The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Minister of Health and Long-Term Care
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
The Members of Provincial Parliament representing Eastern Ontario
(delivered via e-mail)

RE: Restructuring of Public Health Units in Ontario

Dear Premier Ford, Minister Elliott, Minister Clark and MPPs of Eastern Ontario:

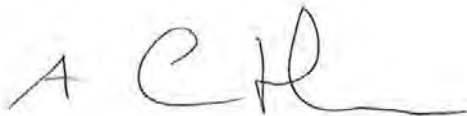
On behalf of the Eastern Ontario Wardens' Caucus (EOWC), please find attached a resolution passed at the board meeting of May 24, 2019 regarding the restructuring of public health units, and the serious impact this could have on rural and small urban municipalities.

The EOWC acknowledges that the Province of Ontario has set important efficiency goals for itself and for the municipal sector, in order to achieve specific financial targets in the coming years. Restructuring public health raises many questions and concerns, particularly surrounding the boundaries of the 10 new regional entities being proposed.

The EOWC applauds the province for their commitment to consultation with relevant stakeholders during these challenging times. Likewise, the EOWC recognizes the importance of being involved in ongoing discussions with the province in order to ensure that boundaries reflect the unique issues and needs of rural and small urban municipalities, given these are likely to be distinctly different from larger urban centers.

An Eastern Ontario public health unit would help protect the interests of rural and small urban municipalities, while meeting the population targets set out by the Province. As you are aware, the EOWC believes in the power of collaboration and the strength of a unified voice, thus formally request the support of the Province of Ontario as the restructuring process moves forward.

Sincerely,

A handwritten signature in dark ink, appearing to read 'A Letham', with a long horizontal stroke extending to the right.

Mayor Andy Letham
Chair, 2019, Eastern Ontario Wardens' Caucus

cc: Members of the Eastern Ontario Mayors' Caucus (EOMC)
The Association of Municipalities of Ontario (AMO)
Public Health Units representing Eastern Ontario



Resolution: Restructuring of Public Health Units in respect of the issues and needs of rural and small urban municipalities

MOVED BY: Warden Rick Phillips (County of Hastings)

SECONDED BY: Warden Richard Kidd (County of Lanark)

WHEREAS the Eastern Ontario Wardens' Caucus (EOWC) recognizes the importance of being involved in ongoing provincial discussions regarding the restructuring of Public Health Units in Ontario;

AND WHEREAS the EOWC firmly believes that the Public Health issues and needs of rural and small urban municipalities are unique and distinct from those of large urban municipalities;

AND WHEREAS the EOWC believes that grouping rural and small urban municipalities in Public Health Units along with large urban municipalities will draw resources and attention away from, and be detrimental to, the Public Health needs of rural and small urban municipalities;

THEREFORE BE IT RESOLVED THAT the EOWC call upon the Province of Ontario to establish boundaries for Public Health Units, in order to ensure that those boundaries respect and reflect the share and unique issues and needs of rural and small urban municipalities;

AND THAT the EOWC send correspondence and a proposal to the Province of Ontario outlining the opportunity for an Eastern Ontario Public Health Unit which is defined as the geographical area of the EOWC and the 10 separated municipalities in Eastern Ontario;

AND THAT the EOWC request the support of the Eastern Ontario Mayors' Caucus as part of these discussions with the Province of Ontario;

AND FURTHER THAT that a copy of this resolution be sent to Premier Doug Ford, Minister Christine Elliott, Minister Steve Clark, MPPs representing rural Eastern Ontario, the Eastern Ontario Mayors' Caucus, the Association of Municipalities of Ontario, and the Public Health Units representing Eastern Ontario.

CARRIED

Signed by: Andy Letham, Chair
Picton, Ontario
May 24, 2019



**Eastern Ontario Mayors' Caucus Motion RE: Changes to Public Health
May 29, 2019**

WHEREAS the EOMC recognizes the importance of being involved in ongoing provincial discussions regarding the restructuring of Public Health Units in Ontario;

AND WHEREAS the EOMC firmly believes that the Public Health issues and needs of rural and small urban municipalities are unique and distinct from those of large urban municipalities;

AND WHEREAS the EOMC believes that grouping rural and small urban municipalities in Public Health Units along with large urban municipalities will draw resources and attention away from, and be detrimental to, the Public Health needs of rural and small urban municipalities;

AND WHEREAS the EOMC recognizes the importance of Ottawa in Eastern Ontario and that as a large urban municipality and National Capital City of over a million people the public health needs in the rest of the Eastern Ontario are unique.

THEREFORE BE IT RESOLVED THAT the EOMC call upon the Province of Ontario to establish boundaries for Public Health Units that represent the unique character of Eastern Ontario in order to ensure that those boundaries respect and reflect the share and unique issues and needs of rural and small urban municipalities;

AND THAT these boundaries do not include the City of Ottawa from a proposed South Eastern Ontario public health unit.

AND THAT as Peterborough plays an important role in Eastern Ontario and in the EOMC that they be included as part of a South Eastern Ontario public health unit.

AND THAT the EOMC, in collaboration with the EOWC, send correspondence and a joint proposal to the Province of Ontario and the Leaders of the Opposition outlining the opportunity for an Eastern Ontario public health unit which is defined as the geographical area of the EOMC and the eleven separated municipalities.

AND FURTHER THAT the EOMC request the support of the Eastern Ontario Wardens' Caucus (EOWC) as part of these discussions with the Province of Ontario.

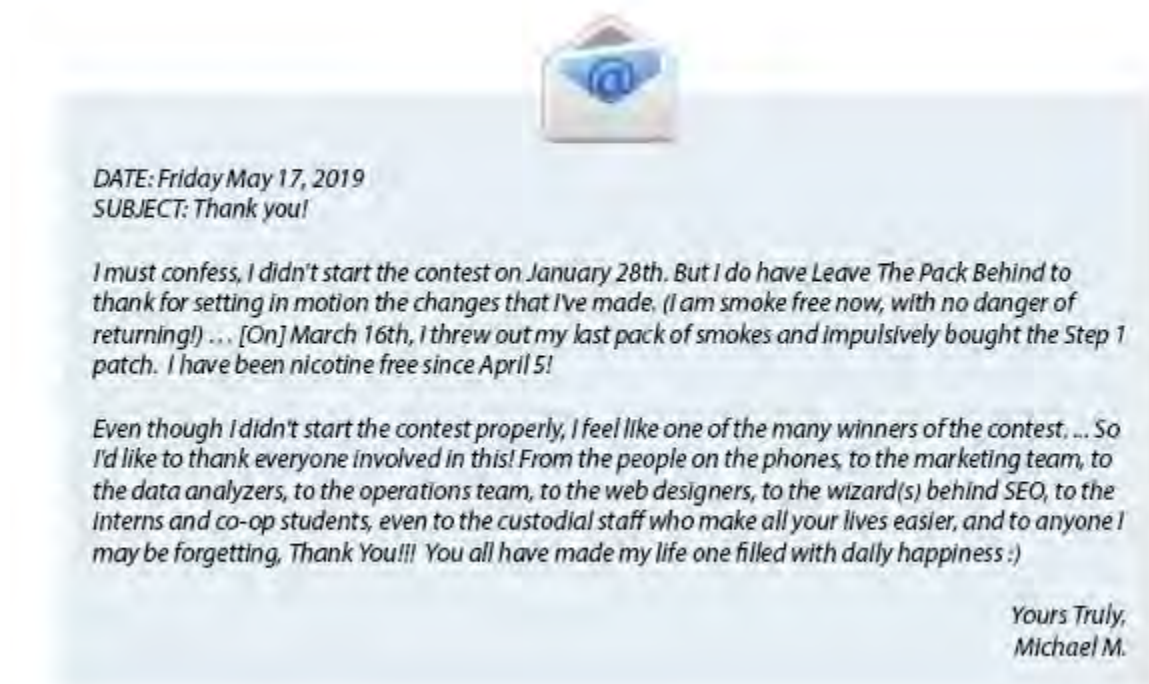
From: Heather Travis [<mailto:htravis@brocku.ca>]

Sent: May-29-19 9:42 AM

Cc: Kelli-an Lawrance <klawrance@brocku.ca>; Jennifer Ryder <jryder2@brocku.ca>; Agnes Hsin <ahsin@brocku.ca>; Lindsay Taylor <ltaylor2@brocku.ca>

Subject: Funding Cancelled for Leave The Pack Behind

Importance: High



Over the past 19 years, Leave The Pack Behind has received thousands of messages like the one above. Sadly, just 2 days before receiving this email, a representative from the Ministry of

Health and Long Term Care contacted Leave The Pack Behind's Director and Manager to verbally advise them that the Ford government was ceasing all funding to the initiative, effective March 31, 2019. No support for shuttering Leave The Pack Behind was offered.

Fortunately, in an act of extreme generosity, Brock University stepped in to help Leave The Pack Behind undertake the wide-ranging tasks of properly and ethically ending an initiative that has meaningfully improved the lives of so many Ontarians.

Leave The Pack Behind will cease all operations in June 2019. Even with the magnanimous support from Brock University, this timeline prohibits meaningful legacy planning. Indeed, we ask our valued partners, supporters, volunteers, advocates, and service-users to bear with us as we try to disengage in a way that is respectful, responsible and supportive to all. Specifically, we ask for your patience as we draft and deliver communication that is specific to your situation and responsive to the many questions you must surely have about the future of tobacco control programming for young adults.

For 19 years, Leave The Pack Behind inspired young adults to live their best lives, tobacco-free and vape-free. Its enormous success is attributable to the unrelenting dedication of skilled staff members who genuinely wanted the best for those they worked with and for. The enduring investments and support of many partners and stakeholders made Leave The Pack Behind the absolute best it could be. It is heart-breaking to see this much-valued, successful initiative come to such an unceremonious end.

Success milestones of Leave The Pack Behind over the past 19 years



40,600+

young adult smokers quit smoking with support from Leave The Pack Behind



197,700+

young adult smokers received self-help booklets + support to quit



38,300+

young adults entered the wouldrather... contest to reduce or quit



28,000+

young adult smokers ordered patches or gum online (from 2013)



23,000+

young adult smokers received quit kits and cessation counselling from campus health professionals



500+

medical & health professionals received resources to enhance their ability to treat tobacco addiction

Last year alone, Leave The Pack Behind's digital and social marketing generated **1,721,000 views**. Nearly **16,000 18-to-29 year-old Ontarians** accessed programs and services, resulting in some **2,850 young adults quitting smoking**, and hundreds more resisting or reducing use of tobacco, vapes and cannabis.

This letter has been sent to the following partners, stakeholders and advocates: Campus Administrators and Health Centres, Public Health Units/Tobacco Control Area Networks, Smoke-Free Ontario partners, various Non-Government Organizations and interested students, volunteers and individuals.



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Update to Board of Health Members May 10, 2019

2019 Ontario Budget: Public Health System Restructuring

On April 11, as part of the 2019 Ontario Budget reading, the provincial government announced plans to change the public health system as follows:

- reduce the number of public health units from the current 35 to 10 and move to a regional structure by 2020-21 (these 10 new regional public health entities will be governed by 10 regional boards of health, the size and composition of which are presently unknown);
- save \$200 million annually from across the local public health system by 2021-22;
- streamline Public Health Ontario; and
- regionalize the public health laboratory system.

Since then, the Ministry of Health and Long-Term Care has informed health units that it will reduce the current provincial-municipal cost-sharing arrangement over the next three years beginning April 1, 2019 as follows:

Year	Provincial-Municipal Share for Toronto	Provincial-Municipal Share for All Other Health Units
2019-20	60/40	70/30
2020-21	60/40	70/30
2021-22	50/50	60/40 for 6 regions with population greater than 1 million; 70/30 for 3 regions with a population less than 1 million

alPHa Responses and Action

Soon after the budget announcements, alPHa and the membership worked to make Ontarians aware of public health's concerns over the potential negative impacts of these changes on community health and well-being. On April 24, a [position statement](#) was issued and a [news release](#) was sent out on April 12.

alPHa's Executive Committee, COMOH members, and Board of Health Chairs also held several emergency meetings over the past several weeks to discuss the proposals and strategize on next steps. The alPHa Board of Directors met at the end of April and sent a [letter](#) on May 3rd to the Minister of Health and Long-Term Care seeking clarification on aspects of the proposed changes. alPHa has set up a [dedicated page](#) on its website that houses all communications to date by the association, as well as those by members, on the proposed changes. These are being shared with health units and boards of health in the hopes they may be adapted for local context and use.

Quick Links to alPHa's Online Resources Regarding Public Health Restructuring:

- [Speaking Notes – Toronto Board of Health Meeting May 6th](#)
- [Letter to the Minister](#)
- [alPHa Position Statement](#)

- [Speaking Notes – Toronto Board of Health Meeting April 15th](#)
- [alPHa News Release - Budget 2019 & PH Restructure](#)
- [alPHa Memo to Members - Budget 2019](#)
- [alPHa Post-Election Flyer](#)
- [alPHa Pre-Budget Submission 2019](#)
- [Resource Paper](#)
- [Local Public Health Responses](#)
- [alPHa Submission - Expert Panel on Public Health](#)
- Public health promotional material including a [brochure](#) and [video](#)
- Media Coverage on Twitter: [@PHAgenies](#)

Next Steps

As we wait to hear further details from the Ministry in the coming weeks, alPHa encourages the membership to attend the upcoming annual conference in Kingston, Ontario. Retitled **Moving Forward with Public Health**, the program has been redrafted to reflect the recent announcements on sectoral changes. Canada's Chief Public Health Officer will kick off the event with a keynote address on building partnerships and there will be two panel discussions related to public health restructuring. The first panel will look at the cyclical nature of support for public health in this province and the second panel will examine the critical elements of Ontario's public health system as it evolves. This conference will provide many opportunities for board of health members to share their thoughts and ideas on restructuring as public health moves forward.

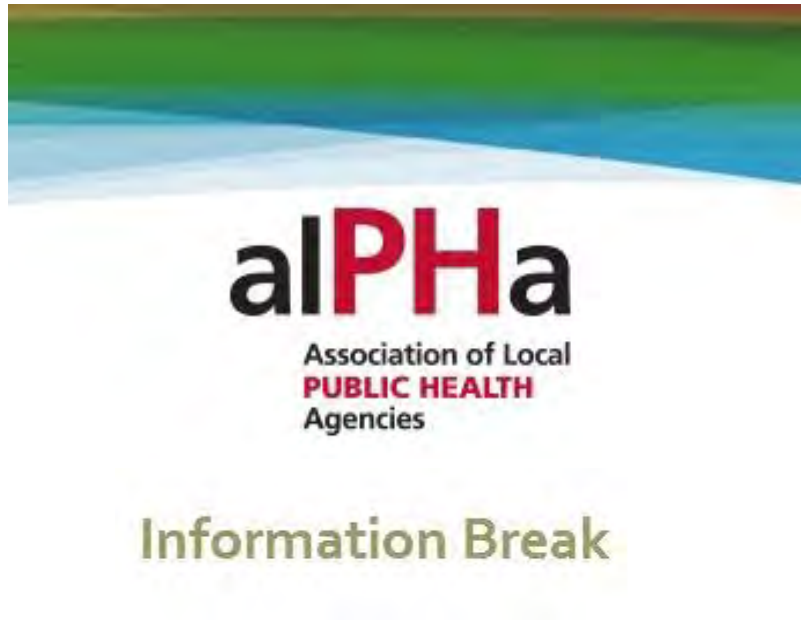
Upcoming Events and Meetings for All Board of Health Members

June 9-11, 2019: Moving Forward with Public Health, [alPHa 2019 Annual General Meeting & Conference](#), Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario.

June 11, 2019 (during alPHa Annual Conference): [alPHa Boards of Health Section Meeting](#)
All board of health members in Ontario are welcome to attend this meeting, which will be held during the alPHa Annual Conference in Kingston (pre-registration required).

This update was brought to you by the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on the Association's various committees. Learn more about us at www.alphaweb.org

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Monday, May 27, 2019 12:28 PM
To: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: alPHa Information Break - May 27, 2019



May 27, 2019

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

alPHa Action on Public Health Budget Announcements

alPHa has a dedicated [2019 Public Health Modernization resource page](#) on alPHa's website for posting alPHa responses and related background materials, statements from other stakeholders, and communications from individual Boards of Health (collected in the Local Board Resolutions – Public Health Policy library at the bottom of the page).

The foundation of alPHa's messages throughout this process has been to emphasize the value of public health and its demonstrable return on investment. We encourage members to examine the various alPHa documents collected on this page to cite, amplify and / or modulate key messages in your own health unit's communications.

alPHa has transmitted a [communication to members](#) (April 11), a [news release](#) (April 12), a [Position Statement](#) (April 24) and a [Letter to the Minister](#) (May 3). alPHa President Dr. Robert Kyle has also presented twice to the Toronto Board of Health ([April 15](#) and [May 6](#)) and participated in a number of media interviews.

Please notify us of local board of health resolutions or other communications that have not been included in our library. Please send these to: loretta@alphaweb.org

Lastly, alPHa is staying on top of media coverage on public health restructuring through its Twitter account: [@PHAgencies](#)

Last Chance to Register for 2019 Annual Conference

With our Annual Conference less than two weeks away, alPHA is putting the finishing touches on what is shaping up to be likely our best attended AGM. More than thirty health units have registered representatives to participate in *Moving Forward with Public Health*, the focus of which will be public health restructuring. If you haven't registered as yet, please do so by Friday, June 7th.

[Learn more about alPHA's 2019 Annual Conference here](#)

[Register here](#)

Last Call for BOH Nominations to alPHA Board: May 31

Board of health members have until end of day May 31 to submit their nomination to the alPHA Board of Directors. There are openings for four board of health representatives on the alPHA Board, one each from the following regions: Central East, East, South West and North East.

[Click here to learn more](#)

alPHA Fitness Challenges

This is a reminder that May 31, noon is the deadline to submit your Board of Health's results in the alPHA BOH Fitness Challenge. These should be sent to loretta@alphaweb.org. Once we tally the results, an announcement will be made and recognition will be given at the upcoming annual conference.

[Download BOH Fitness Challenge information here](#)

Congratulations to Huron County Health Unit and Northwestern Health Unit for achieving 100% staff participation in the 2019 alPHA Health Unit Employee Fitness Challenge. Honourable mentions go to Public Health Sudbury & Districts Health Unit in this annual competition. The winning health units will each receive a plaque commemorating their achievement in a presentation at the June annual conference.

Upcoming Events - Mark your calendars!

June 9, 10 & 11, 2019 - [Annual General Meeting & Conference](#), Moving Forward with Public Health. Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario. See the program [here](#). Registration ends June 7!

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

This email was sent to atanna@pcchu.ca from the Association of Local Public Health Agencies (info@alphaweb.org).

To stop receiving email from us, please UNSUBSCRIBE by visiting:

<http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=39018253&e=atanna@pcchu.ca&h=259eac101f844d0202098f20032910254783e047>

Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHA.

alPHa Update to Members: Public Health Modernization

May 31, 2019

On April 11, 2019, the Ontario Government tabled its [2019 Budget](#), which contained [plans to significantly restructure Ontario's public health system](#), including a replacement of its 35 health units with 10 new regional public health entities along with new boards that would be under a common governance model. In addition, the budget included adjustments to the provincial-municipal cost sharing formula. There were no details presented on the proposed structure. alPHa made a commitment to its members at that time to strongly represent the public health sector and to provide new information as it becomes available. In keeping with this, alPHa created a public health modernization [resource page](#) for members where updates on alPHa activities, responses from members and other stakeholders, and related information are posted. This page continues to be regularly updated.

We have new information that we would like to share:

- The Ministry of Health and Long-Term Care is now consulting with the public health sector on aspects of the new regional public health approach for the purpose of informing legislation that alPHa understands is planned to be introduced in the fall.
- The alPHa Executive is representing the Association on a Public Health Technical Table and will serve as the point of contact for members during stakeholder consultations.
- alPHa recognizes the importance of having the wider public health sector as part of this process. Towards this, alPHa is working to ensure there is an opportunity to provide expertise and advice to the government on a regional approach.
- As a first step, Dr. David Williams, Chief Medical Officer of Health for Ontario, will be speaking to alPHa members at the 2019 Annual General Meeting and Conference on Tuesday, June 11th in Kingston. For those who cannot attend this session, we will be sharing the materials with the broader membership following this event.
- Through the Public Health Technical Table, we will also be discussing a process for the broader consultation with the membership that will likely occur during the summer (given timelines), along with opportunities for regular communications updates to our members on the modernization process.

alPHa is committed to strongly representing the public health system. We look forward to hearing input from members and providing engagement opportunities.

Loretta

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PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Supporting a National School Food Program
DATE:	June 12, 2019
PREPARED BY:	Luisa Magalhaes, Registered Dietitian
APPROVED BY:	Donna Churipuy, Director of Public Health Programs Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Supporting a National School Food Program*, for information;
- endorse the position paper by the Coalition for Healthy School Food calling for a universal healthy cost-shared national school food program; and,
- request that the five federal party leaders commit to work with provinces and territories towards the creation of a cost-shared national school food program, with copies to local MPs and MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

At its September 14, 2016 meeting, the Board of Health sent a letter to MPs Philpott, Duclos, Brison, Morneau, and Sohi, with copies to MPPs Hunter and Jaczek, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health, urging the Canadian government to invest to leverage provincial efforts for student meal programs, through the development of a national Universal Healthy School Food Program.

The Board of Health is a longtime supporter of local Student Nutrition Programs (SNP). In addition to staff support for SNP (Public Health Dietitian, Public Health Inspector, Accounting Services, Administrative support, Media support), the Board of Health has also sent letters in February 2013 to request continued and increased support and funding for SNPs; as well as advocate for the use of locally grown food by SNPs, with a specific request for a pilot of Farms to Schools.

BACKGROUND

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to

improve food choices and support academic success (including academic performance, reduced tardiness and improved student behaviour) for all students. Canada is the only G7 country without a National School Food Program. The following chronology highlights recent advancements towards this:

2013

- The provincial government recommended establishing a universal school nutrition program for all Ontario publicly-funded elementary and secondary schools. This recommendation focused on expanding existing SNPs to provide broad food literacy education and access to school food through a 'competitive social finance approach to fund breakfast and lunch programs where required'.¹
- The Sustain Ontario Edible Education Network began advocacy efforts for the establishment of a universal SNP for all publicly-funded schools across Ontario along with complementary food literacy.²
- The Coalition for Healthy School Food, coordinated by Food Secure Canada, was founded with a goal of seeking an investment by the federal government in a cost-shared Universal Healthy School Food Program. Thirty groups and organizations joined the coalition, including Dietitians of Canada.

2016

- The federal Standing Committee on Social Affairs, Science and Technology released a report on Obesity in Canada and recommended the federal Minister of Health advocate "for childcare facility and school programs related to breakfast and lunch programs... and nutrition literacy courses."³

2018

- Senator Art Eggleton expressed support of the Coalition for Healthy School Food and urged the Federal Senate to recommend the government initiate consultations with the provinces, territories, Indigenous people, and other interested groups to develop an adequately funded national cost-shared universal nutrition program:
*Senate Motion No. 358: That the Senate urge the government to initiate consultations with the provinces, territories, Indigenous people, and other interested groups to develop an adequately funded national cost-shared universal nutrition program with the goal of ensuring healthy children and youth who, to that end, are educated in issues relating to nutrition and provided with a nutritious meal daily in a program with appropriate safeguards to ensure the independent oversight of food procurement, nutrition standards, and governance.*⁴
- The Board of Health for Toronto Public Health supported the call for a federal universal health school food program and urged other health units to endorse.⁵

2019

A House of Commons *Petition E1957 (Food Policy)* was released. It gained enough signatures to ensure its parliamentary sponsor, MP Dabrusin would read and speak to the following on the floor of the House after the petition closed on April 3, 2019:

*Petition: We, the undersigned, **residents and citizens of Canada**, call upon the **Minister of Health** to implement an adequately funded national cost-shared universal healthy school food program, enabling children to develop the food and nutrition habits they need to lead healthy lives and succeed at school. This aligns with Senator Eggleton's Senate Motion No. 358 in June 2018, so that Canada joins the G7 and many countries with a national school food program.*⁶

- Municipal support for universal school food programs is growing. Cities like Toronto have demonstrated the importance of having better fed students. Around the world, there are cost-shared models in which cities play an active role. For example, in Japan parents pay the equivalent of \$40 U.S.D. a month for the lunch program; the federal government covers the cost for low income families and pays for infrastructure. Japanese municipal governments pay the cost for staffing the school food programs, supported by very active students, who clear and wipe down their lunch tables when they are finished lunch.
- The 2019 Federal Budget introduces a Food Policy for Canada. Under the pillar of access to healthy food, the government announces an intention to work with provinces and territories towards the creation of a cost-shared National School Food Program.
- Dr. Salvaterra, Debbie Field (Coalition for Healthy School Food), and Principal Cozzarini (Chair, Food for Kids Peterborough and County) met with MP Monsef on March 25th to raise awareness and discuss strategies and opportunities to advocate for a National School Food Program.

RATIONALE

Currently, SNPs are funded 15% from the province, with the remainder coming from community grants and corporate and community donations. Dedicated, annualized funding from the federal government could help:

- ensure adequate budget for nutritionally appropriate food and supplies;
- ensure adequate infrastructure for food preparation, safe food storage, and seating; and,
- provide a stipend for school coordinators to help reduce coordinator turn-over.

Organizations such as the Ontario Dietitians in Public Health, and Food for Kids Peterborough and County SNP have both endorsed the Coalition for Healthy School Food.

In Peterborough and County, 94% of our schools offer programs (comparatively, other Ontario communities have less than 50% of schools with programs). Almost 90% of school age children and youth locally have access to SNPs. Last year 16,707 students had access to SNPs.

The impact of SNPs include:

- support student health and wellness as well as school and community connectedness;
- increase the consumption of fruits and vegetables and other healthy foods;
- assist with student learning and success at school;
- contribute to improved productivity due to the health benefits and increased scholastic success attributed to such programs; and,
- could support local economies by increasing jobs and the market for fresh local food.⁷

STRATEGIC DIRECTION

This report supports the PPH strategic directions of the *Determinants of Health and Health Equity* by supporting vulnerable children, and *Community-Centred Focus* by helping make healthy food choices universally available to children and youth at school.

APPENDICES

Appendix A – For A Universal Healthy School Food Program: Presented by the Members and Supporters of The Coalition for Healthy School Food. March 22, 2016.

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¹ Ontario Healthy Kids Panel. (2013). *Healthy Kids Strategy: No Time To Wait* (p. 37). Accessed on June 5, 2019 at

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<http://sustainontario.com/work/edible-education/say-yes/>

³ Standing Senate Committee on Social Affairs, Science and Technology. (2016). *Obesity in Canada: A Whole-of-Society Approach for a Healthier Canada*. P. 44. Accessed on June 5, 2019 at

https://sencanada.ca/content/sen/committee/421/SOCI/Reports/2016-02-25_Revised_report_Obesity_in_Canada_e.pdf

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<https://foodsecurecanada.org/resources-news/news-media/press-releases/media-release-senator-art-eggleton-tables-motion-calling>

⁵ Toronto Board of Health. (2018). *Motion to endorse a federal universal health school food program*. Accessed on June 5, 2019 at

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.5>

⁶ House of Commons Canada. (2019). *Petition calling upon the Minister of Health to implement an adequately-funded national cost-shared universal healthy school food program*. Accessed June 5, 2019 at

<https://petitions.ourcommons.ca/en/Petition/Details?Petition=e-1957>

⁷ Food Secure Canada: Coalition for healthy school food. *For a universal healthy school food program*. Accessed June 5, 2019 at

https://foodsecurecanada.org/sites/foodsecurecanada.org/files/coalition_document_en.compressed.pdf

FOR A UNIVERSAL HEALTHY SCHOOL FOOD PROGRAM

Presented by the Members and Supporters of
The Coalition for Healthy School Food



THE COALITION
FOR HEALTHY SCHOOL FOOD

MEMBERS OF THE COALITION FOR HEALTHY SCHOOL FOOD



THE COALITION FOR HEALTHY SCHOOL FOOD is seeking an investment by the federal government in a cost-shared Universal Healthy School Food Program that will enable all students in Canada to have access to healthy meals at school every day. Building on existing programs across the country, all schools will eventually serve a healthy meal or snack at little or no cost to students. These programs will include food education and serve culturally appropriate, local, sustainable food to the fullest extent possible.

DID YOU KNOW?

Canada remains one of the few industrialized countries without a national school food program. Canada's current patchwork of school food programming reaches only a small percentage of our over 5 million students. Only federal government policy can ensure universal coverage of the population.

WHY?

All children should have access to healthy food at school. We need to lay the foundation for healthy eating habits that will last a lifetime and ensure that learning is not hindered by a lack of access to good food.



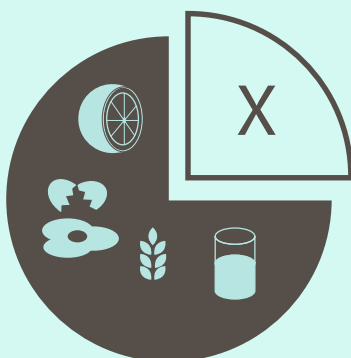
HEALTHY EATING CHALLENGES

Only about 1/3 of children between the ages of 4 and 13 years eat **five or more** servings of vegetables and fruit daily.

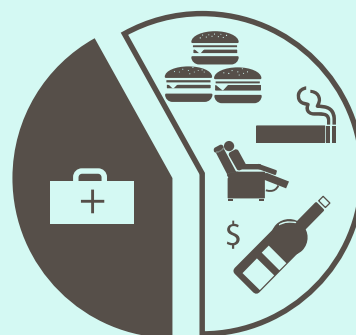
1/3 of students in elementary schools and 2/3 of students in secondary schools do not eat a nutritious breakfast before school, leaving them at risk for learning, behavioural and health challenges at school.

The prevalence of diabetes and obesity are at all-time highs particularly amongst Indigenous peoples, for whom prevalence is higher than in the rest of the population.

About 1/4 of children's calorie intakes are from food products not recommended in Canada's Food Guide.



More than half (58%) of all annual healthcare spending in Canada is for the treatment of chronic diseases for which the main risk factors are unhealthy eating, physical inactivity, smoking and the harmful use of alcohol.





SCHOOL FOOD FACTS

SCHOOL FOOD PROGRAMS SUPPORT STUDENT HEALTH AND WELLNESS AS WELL AS SCHOOL AND COMMUNITY CONNECTEDNESS.

- School food programs have been linked with positive impacts on children's mental health, including reductions in behavioural and emotional problems, bullying, aggression, anxiety, and depression as well as fewer visits to the school nurse.
- Children who eat a morning meal are sick less often, have fewer problems associated with hunger, such as dizziness, lethargy, head aches, stomach aches and earaches and do significantly better than their peers in terms of cooperation, discipline, and interpersonal relations.

SCHOOL FOOD PROGRAMS INCREASE THE CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER HEALTHY FOODS.

- Studies have shown that school food programs can contribute to reducing the risk of cardiovascular events and chronic disease such as stroke, heart disease, Type 2 diabetes, and certain types of cancer by increasing the intake of vegetables, whole grains, and macro- and micronutrients.
- Research from northern Ontario and British Columbia found that students that who participated in a school food program reported higher intakes of fruits and vegetables and lower intakes of "other" (i.e., non-nutritious) foods.
- Students who participate in school food programs consume more fibre and micronutrients and consume less saturated and trans fat, sodium and added sugars.

SCHOOL FOOD PROGRAMS ASSIST WITH STUDENT LEARNING AND SUCCESS AT SCHOOL.

- An evaluation of a morning meal program in the Toronto District School Board found that students who consume a morning meal most days show at least a 10% increase in skills such as independent academic work, initiative, conflict resolution, class participation and problem solving at school.
- When children attend school hungry or undernourished their energy levels, memory, problem solving skills, creativity, concentration, and other cognitive functions are all negatively impacted. They are also more likely to repeat a grade.
- Food insecurity is an urgent public health challenge in Canada, affecting 1.15 million, or one in six, Canadian children under age 18. Not all populations are affected the same. Two in three Inuit children experience food insecurity, where the household food insecurity rate for Inuit is the highest amongst any Aboriginal population living in an industrialized country.



SCHOOL FOOD PROGRAMS CONTRIBUTE TO IMPROVED PRODUCTIVITY DUE TO THE HEALTH BENEFITS AND INCREASED SCHOLASTIC SUCCESS ATTRIBUTED TO SUCH PROGRAMS.

- 78% of students in Grade 10 at a Toronto District School Board school who ate breakfast most days were on track for graduation compared to 61% of those who did not have breakfast.
- It is estimated that each 1% increase in graduation rates could result in a \$7.7 billion savings per year in Canada since high-school graduates earn higher salaries, pay more taxes, have lower healthcare costs, are less likely to encounter the justice system, and are less dependent on social assistance.
- Supporting a Universal School Food Program reduces the financial burden on our healthcare system by reducing the risk of diet-related chronic disease and mental illness, which are some of the most costly and long-term health problems to treat.

SCHOOL FOOD PROGRAMS HAVE THE POTENTIAL TO SUPPORT NATIONAL AND LOCAL ECONOMIES BY INCREASING JOBS AND THE DOMESTIC MARKET FOR FRESH LOCAL FOOD

- A Universal School Food Program in Canada has the potential create thousands of new jobs in communities across Canada.
- When local food is served, the local multiplier of the increased local food purchases will impact regional food production, household and business earnings, long-term gross domestic product, and part-time jobs created or sustained.

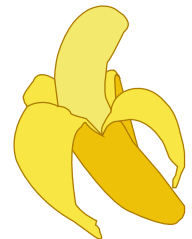
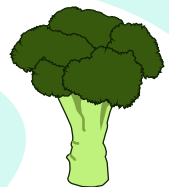


A HEALTHY WAY FORWARD

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success for all students. Our schools can become places that model healthy living. Eating healthy meals together is an important, hands-on experience through which children can learn healthy habits that will last a lifetime.

Many leaders and experts have called for a universal school food program, including the United Nations Special Rapporteur on the Right to Food, the Ontario Healthy Kids Panel and Dr. David Butler-Jones, former Chief Public Health Officer for Canada.

For more information:
<http://foodsecurecanada.org/coalitionforhealthyschoolfood>



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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Association of Local Public Health Agencies Resolution and Invoice
DATE:	June 12, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- *approve the resolution, Public Health Modernization: Getting it Right!, for submission for the Association for Local Public Health Agencies (alPHA) Resolution Session (2019);*
- *receive the letter dated April 30, 2019 from alPHA regarding 2019-20 membership fees for approval; and,*
- *approve the alPHA 2019-20 fee in the amount of \$10,540.79.*

BACKGROUND

The Board of Health (BOH) was polled electronically to confirm support in principle for the resolution and invoice given that these items required approvals prior to the June 12th Board meeting.

The resolution was drafted by the BOH Budget Working Group which has continued to meet on a weekly basis since the May BOH meeting. The resolution was supported and submitted to alPHA, and circulated to all Ontario Boards of Health for their consideration as a late submission for the Annual General Meeting (AGM) scheduled to occur on Monday, June 10, 2019.

alPHA also requested that the membership fee for 2019-20 should be paid in full prior to the AGM. In years past this has often come to the Board in June given that correspondence regularly arrived after the May meeting package was finalized. The Board supported payment of the fee as noted. For your information, the fee for 2018-19 was \$10,395.25, the 2019-20 fee represents an increase of \$145.54, or 1.4%.

ATTACHMENTS:

[Attachment A – PPH Resolution: Public Health Modernization: Getting it Right!](#)

[Attachment B – alPHA Letter, April 30/19](#)

[Attachment C – alPHA Invoice for 2019-20 Membership](#)

TITLE: Public Health Modernization: Getting it Right!

SPONSOR: Peterborough Public Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

April 30, 2019

Peterborough County-City Health Unit
Dr. Rosana Salvaterra
Medical Officer of Health
Jackson Square 185 King Street
Peterborough, ON
K9J 2R8

Dear Dr. Rosana Salvaterra:

RE: alPHA 2019-20 Membership

It is time to renew your membership in the Association of Local Public Health Agencies (alPHA), the voice of Ontario's public health system. Now, more than ever, in this time of public health restructuring, your membership is important.

Throughout this time of transformation, alPHA continues to represent Ontario's Medical Officers of Health, Boards of Health and affiliate members across the province by providing a strong and collective voice on issues that impact the structure, funding and delivery of local public health.

alPHA is actively creating communication and resource tools to inform provincial and municipal politicians and stakeholders about the importance of public health, promote an understanding of the key role that local public health plays in communities, and to reinforce the value of our work of our members. In addition to more than a dozen deputations and speeches along with 35 [submissions to the government](#) over the past year, alPHA has also recently developed the following [resources](#):

- [Position Statement](#)
- [News Release - Budget 2019 & PH Restructure](#)
- [Budget 2019](#)
- [Post-Election Flyer](#)
- [Pre-Budget Submission 2019](#)
- [Resource Paper](#)
- [Local Public Health Responses](#)
- [Submission - Expert Panel on Public Health](#)

We ensure that members are aware of proposed legislation and matters that are of interest to local public health. alPHA has, for example, has provided summaries on many key pieces of legislation that allow members to be knowledgeable about the latest developments. Further, alPHA facilitates the exchange of member positions, resolutions and discussion documents to encourage broader support among our membership. These are shared through our website, email, e-newsletter *Information Break*, and on social media via alPHA's Twitter account @PHAgenies.

Page 1 of 2

RECEIVED

MAY 06 2019

Peterborough Public Health

Association of Local Public Health Agencies

1306-2 Carlton Street
Toronto M5B 1J3

INVOICE

Invoice No.: 74224
Date: 04/30/2019
Ship Date:
Page: 1
Re: Order No.

Sold to:

Peterborough Public Health
Dr. Rosana Salvaterra

Jackson Square 185 King St.
Peterborough, Ontario K9J 2R8

Ship to:

Peterborough Public Health
Dr. Rosana Salvaterra

Jackson Square 185 King St.
Peterborough, Ontario K9J 2R8

Business No.: 127380822RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
2019_20 MF alPHa Me	Each	1	alPHa Membership - April 1, 2019 - March 31, 2020	H1	9,328.13	9,328.13
			H1 - HST 13% HST			1,212.66
Association of Local Public Health Agencies HST: #127380822 RT0001						
Shipped By: Tracking Number:					Total Amount	10,540.79
Comment: Payable to Association of Local Public Health Agencies (alPHa)					Amount Paid	0.00
Sold By:					Amount Owng	10,540.79

BOH Meeting Agenda

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Medical Officer of Health - Coverage Request
DATE:	June 12, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of June 23 - 30, 2019.

Dr. Pfaff has provided coverage on a number of occasions for Dr. Salvaterra in the past, Board approval was not required as it was covered by [Board policy 2-345, Medical Officer of Health Absence.](#)

Dr. Pfaff has since retired from Simcoe Muskoka however is still a physician in good standing and fully capable of providing coverage for this absence.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Indigenous Health Advisory Circle Report
DATE:	June 12, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Chief Phyllis Williams, Chair
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle from March 26, 2019, for information.

BACKGROUND

The Indigenous Health Advisory Circle met last on May 28, 2019. At that meeting, the Circle requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

[Attachment A - Meeting Minutes, March 26, 2019](#)

**Board of Health for
Peterborough Public Health
MINUTES
Indigenous Health Advisory Circle Meeting
Tuesday, March 26, 2019 – 5:00 p.m.
Mississagua Lake Room, 185 King Street, Peterborough**

Present: Ms. Lori Flynn
Mr. Andy Dufrane
Chief Phyllis Williams, Chair
Councillor Kathryn Wilson
Councillor Kim Zippel

Staff: Dr. Rosana Salvaterra, Medical Officer of Health
Ms. Natalie Garnett, Recorder
Donna Churipuy, Director of Public Health Programs, Chief Nursing
Officer & Privacy Officer

1. Call to Order

Chief Williams, Chair, called the Indigenous Health Advisory Circle meeting to order at 5:01 p.m.

2. Confirmation of the Agenda

The agenda was confirmed by the members.

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meetings

5.1 **November 6, 2018**

5.2 **January 12, 2019**

The members agreed that the minutes of the November 6, 2018 and January 12, 2019 meetings were correct.

6. Business Arising from the Minutes

Dr. Salvaterra provided updates on the following items from the November 6, 2018 minutes:

- 8.1 Traditional Foods in Indigenous Health & Food Safety
 - Staff are working on this item.
- 8.2 Indigenous Parenting Programs
 - Work is being undertaken to establish a training program using the Cancer Care Ontario and PHESC modules. This will be a 12-hour on-line training program.
- 8.7 PPH Orientation
 - It was decided that an orientation about PPH will be held on May 24, 2019 at 1:30 p.m. at the Nogojiwanong Friendship Centre. Members from the Métis Nation of Ontario will also plan to attend.

7. New Business

7.1 Terms of Reference

The Terms of Reference for IHAC as revised will be brought forward to the Board for approval.

7.2 Board of Health Procedure – Land Acknowledgement

The members of the Indigenous Health Advisory Circle agreed that the Land Acknowledgement Policy be brought forward to the Board as revised.

7.3 Request from the Dietitians of Public Health Nutrition Exchange – May 2 Event

The Dietitians of Public Health Nutrition Exchange are holding a meeting in Peterborough on May 2, 2019 and have requested several speakers to provide brief presentations on Indigenous health matters. The Committee brought forward names from individuals at Trent University, Hiawatha First Nation, and Alderville First Nation and PPH staff will work to find presenters for this event.

7.4 Cancer Care Ontario Report – Cancer in First Nation People in Ontario

The members of the Indigenous Health Advisory Circle reviewed the report.

7.5 **Discussion: Allyship in Ontario**

Discussion was held on the matter of Allyship in the area. It was suggested that the Trent University Indigenous Program could potentially look at developing reference documents. Chief Williams will follow up on this matter.

7.6 **Discussion: Future of LHINs and Impact on Indigenous Engagement in Health Care Related Decisions**

Discussion was held about the experience of working with LHINs on Indigenous Health Care matters.

7.7 **Dr. Linna Li – Residential Rotation in Peterborough April 8 - June 28, 2019**

Dr. Salvaterra advised that Dr. Li was looking for a placement to gain experience with Indigenous Public Health matters. The Circle discussed possible projects for Dr. Li to work on while with PPH.

7.8 **2019 Work Plan**

Updates were provided on the issues of water (IHAC #1), education (TRC #8), and the Metis Nation of Ontario (IHAC #2).

8. **Date, Time and Place of Next Meeting**

The next meeting will be held Tuesday, May 28, 2019 in the Mississauga Lake Room, Peterborough County-City Health Unit, 185 King Street, Peterborough, at 5:00 p.m.

9. **Adjournment**

The meeting ended at 6:19 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Association of Local Public Health Agencies (alPHa) – 2019 Annual General Meeting and Conference Update
DATE:	June 12, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies (alPHa) – 2019 Annual General Meeting and Conference Update, for information.

BACKGROUND

The 2019 alPHa Annual General Meeting & Conference is scheduled to take place from June 9 – 11 in Kingston, Ontario. In attendance on behalf of Peterborough Public Health are Dr. Salvaterra, Mayor Mitchell and Larry Stinson.

Additional details including the final conference program and Board of Health section meeting agenda are posted on the alPHa website:

<https://www.alphaweb.org/events/EventDetails.aspx?id=1133270&group=>

alPHa Response

Report back to Peterborough Public Health
on Resolution A18-1

(Sustainable Funding for Local Public Health in Ontario)

Peterborough's Three Prong Approach:

Advocate for Sustained and Adequate Provincial Funding

- alPHa and OPHA
- AMO and Local Municipality Support

Judicious Use of Reserves

- Establish clear policy on minimums and use of reserves
- Identify funds available to offset deficits

Move to 30% Local Funding

- Plan for increased local share of cost-shared public health budget (from current 25% to 30% over 3 years)

Request to alPHa:

- Sustained advocacy for adequate levels of funding from the province to deliver public health mandate, with a minimum of 75% commitment for cost-shared programs;
- Develop and implement provincial campaign to identify and secure required investment in public health, along with other partners
- Commission and circulate a position paper demonstrating
 - the role, contributions and benefits of local governance and delivery of public health;
 - The true funding requirements to ensure all communities have access and ability to benefit

Follow-up by alPHa

Board met on September 28, 2018 and directed staff to:

- develop a provincial budget submission for spring 2019;
- approach PHO to assist with ROI research and a TOPHC workshop on public health ROI, and
- continue partnerships with CMOH, City of Toronto, OPHA etc to advocate for a fully funded PH system.

Deliverables:

- 4 page budget submission advocating for support for public health as an important investment
- 2 page resource paper on contribution of public health to reducing hallway medicine
- ROI data used in the above, and in new brochure
- ROI workshop held at TOPHC 2019
- Video and information sheets prepared for October municipal elections
- alPHa Executive and ED continue regular contact with partners

alPHA Resolution A18-1, Sustainable Funding for Local Public Health in Ontario

At the June 2018 alPHA AGM, a resolution was brought forward by Peterborough Public Health related to advocacy for sustainable provincial funding for local public health (Resolution A 18-1, attached), which was supported by the alPHA membership. The operative clauses include the following elements:

- Sustained advocacy for adequate levels of funding for all public health programs and a minimum commitment for a 75% provincial proportion for cost-shared programs.
- The development and implementation of an ongoing provincial campaign to identify and secure the real resource needs for an optimal local public health system in Ontario, to be carried out in partnership with other stakeholders (AMO, the City of Toronto, OPHA, CPHA, AOHC, etc.).
- The commission and circulation of a position paper that explores, researches and reports on the evidence to support the local governance and delivery of public health services and the true funding requirements to ensure all communities, including First Nations, Métis and Inuit, whether in partnership with existing boards of health or in alternate models, are able to benefit fully from what public health has to offer.

This resolution was discussed by the alPHA Board of Directors during its September 28, 2018 meeting. The Board acknowledged the importance of advocating for sustainable public health funding and alPHA's key role while also recognizing that the specific asks would be very difficult to achieve in the near-term with alPHA's available resources. Also discussed was the need to be strategic given the new provincial government and its priorities. The Board therefore directed the Executive Committee to take the lead on the following action items:

- Develop a provincial budget submission (report) in Spring 2019 focusing on public health funding;
- Approach PHO regarding assisting with public health Return on Investment (ROI) research and a TOPHC workshop in March 2019 on public health ROI; and
- Continue current partnerships with other stakeholders (CMOH, City of Toronto, OPHA, etc.) to advocate for an optimally funded public health system.

The alPHA budget submission and several other materials focused on ROI have been finalized since that time and some of these are attached for your information. These activities included developing a Public Health Resource Paper that highlighted the important role of the public health sector and its contribution in reducing hallway medicine. This resource paper was followed by a Pre-Budget Submission that recommended that the integrity of the public health system be maintained and reinforced. Related activities included inviting the Minister of Health and Long-Term Care to attend the November 2018 meeting of the alPHA Board and there have also been a number of meetings with other MPPs and their staff. Communication materials were developed including a brochure highlighting the importance of public health, a video and information sheets for the October municipal elections.

alPHA's Executive Director has had several meetings with Public Health Ontario regarding ROI and a ROI workshop was held as part of TOPHC 2019. ROI information was incorporated into several documents, including the above noted documents.

The Government recently announced significant restructuring of Ontario's public health system, including changes to the cost-shared funding formula as part of the 2019 Budget. Since then, alPHA's focus has been nearly exclusively on this and regular updates on our communications and other activities are collected on a dedicated page on the alPHA website:

https://www.alphaweb.org/page/PHR_Responses This page highlights the numerous submissions, deputations, statements and other related documents. The page also features submissions from stakeholders and local public health units.

The alPHA Executive and Executive Director are in regular contact with other public health stakeholders (notably the CMOH, PHO and AMO) in order to inform the strategic framework for engagement with the current government on the critical importance of public health and the resources required to carry out its mandate regardless of the eventual structure.

We hope that you find this information useful. Updates will continue to be provided through alPHA's regular communications, including *Information Break*.

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

aPHa RESOLUTION A18-1

TITLE: Sustainable Funding for Local Public Health in Ontario
SPONSOR: Peterborough Public Health

WHEREAS it is widely recognized that public health interventions save lives and represent a significant return on investment and the goal of the Ministry of Health and Long-Term Care is a sustainable publicly funded health system that is based on helping people stay healthy, delivering good care when people need it, and protecting the health system for future generations; and

WHEREAS the operation of boards of health (or local public health agencies) is governed by the Health Protection and Promotion Act (HPPA) which requires the obligated municipalities to pay all related expenses and the Minister of Health to, under Section 76, “make grants for the purposes of this Act on such conditions as he or she considers appropriate”, which since 2007, has been by policy defined at a ratio of 75:25 (provincial/municipal); and

WHEREAS provincial funding for local public health in Ontario is achieved through a combination of cost-shared (Ministry of Health and Long-Term Care (MOHLTC) Grants and Municipal/First Nations contributions) and 100% Ministry (MOHLTC, Ministry of Child and Youth Services, Ministry of Community and Social Services) programs so that the cost-shared annual operating budget comprises a significant amount of the overall local public health budgets; and

WHEREAS the funding challenges faced by local public health in recent years has included:

- a lack of annual increases (which has led to increased proportional funding from local partners and decreased provincial shares);
- insufficient ongoing provincial funding to fully implement both cost-shared and 100% provincially funded programs;
- application of a funding formula that has not been validated and lacks support from the field;
- funding approvals provided late in the fiscal year; and

WHEREAS that as funding shortfalls have grown, boards of health have been forced to reduce staffing levels and been unable to fulfill program requirements, despite the recent revision of program standards to provide a greater level of flexibility at the local level, putting communities at an increased risk of losing services and not achieving desired public health outcomes;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies’ (aPHa) board and staff will make the long-term sustainable provincial funding for local boards of health a priority for advocacy and strategy development for its members, specifically that the following elements be addressed:

- alPHa continue to advocate for adequate levels of funding for all public health programs and a minimum commitment for a 75% provincial proportion for cost-shared programs to ensure the needs for the effective and optimal delivery of evidence informed and legislated interventions and services to promote or protect local public health are sustained;
- alPHa engage with other strategic and provincial partners, such as the Association of Municipalities of Ontario (AMO), the City of Toronto, the Ontario Public Health Association (OPHA), the Canadian Public Health Association (CPHA), the Association of Ontario Health Centres (AOHC) etc. to develop, implement, sustain and update as required an ongoing provincial campaign to identify and secure the real resource needs for an optimal local public health system in Ontario; and
- alPHa commission and share a position paper that explores, researches and reports on the evidence to support the local governance and delivery of public health services and the true funding requirements to ensure all communities, including First Nations, Métis and Inuit, whether in partnership with existing boards of health or in alternate models, are able to benefit fully from what public health has to offer.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

The Honourable Victor Fedeli
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

January 25, 2019

Submitted via e-mail: submissions@ontario.ca

Dear Minister Fedeli,

Re: Budget 2019

On behalf of the Association of Local Public Health Agencies (ALPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to provide input for your consideration as you develop the 2019 Ontario Budget.

Specifically, we are recommending that the integrity of Ontario's public health system, as outlined in this submission, be maintained and reinforced with assurances from the Province that it will continue its funding commitment to cost-shared programs and make other strategic investments that address the government's priorities of improving services and ending hallway medicine.

Public Health is on the Front Line of Keeping People Well

ALPHA's members are the medical officers of health, members of boards of health and managers of the major public health programs. These are the people on the front lines of delivering the programs and services that prevent disease and promote health in every community in Ontario. For more than 180 years, Ontarians have enjoyed a strong, locally-based public health system that puts their health and wellbeing at the front and centre.

Public Health Delivers an Excellent Return on Investment

Public Health makes a critical contribution to alleviating pressures on our hospitals and doctors' offices, by delivering programs and services that keep people from becoming ill in the first place. While it is difficult to accurately measure the impacts (one cannot count the number of outbreaks that didn't happen because of a vaccine campaign or cases of food poisoning that were prevented through regular inspection of restaurants), studies have nonetheless demonstrated that public health interventions are good value for money and an excellent return on investment.

The following are only a few examples of the return on investment in public health:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs.
- Every \$1 invested in community water fluoridation yields an estimated \$38 in avoided costs for dental treatment.
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs.
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs ,
- Every \$1 spent on early childhood development and health care saves up to \$9 in future spending on health, social and justice services.

Public Health is an Ounce of Prevention that is Worth a Pound of Cure

The 2017 report of the Auditor General of Ontario (AGO) contained a chapter on the Ministry of Health and Long-Term Care's (MOHLTC) Chronic Disease Prevention program, which concluded that most chronic diseases (e.g., diabetes, cancer, etc.) are preventable, or their onset can be delayed by addressing physical inactivity, smoking, unhealthy eating and excessive alcohol consumption. The Institute for Clinical Evaluative Sciences estimated that 22% of the Province's spending on health care was attributable to those four modifiable risk factors associated with chronic diseases, which totaled \$90 billion in health care costs, including hospital care, drugs and community care, between 2004 and 2013.

The MOHLTC's own estimates conclude that major chronic diseases and injuries accounted for 31% of direct, attributable health care costs in Ontario. Preventing chronic diseases not only helps to reduce the financial burden on the health care system but it also creates a better quality of life that in turn supports individuals' ability to contribute to vibrant communities and a strong economy. Public Health leads in reducing the modifiable risk factors behind chronic disease and injury. The effective execution of this role is limited only by its capacity.

Public Health Contributes to Strong and Healthy Communities

Boards of health in each of Ontario's public health units provide programs and services that are tailored to improve the health of the entire population starting with addressing needs at the local level. In so doing, they form the local foundation of a province-wide system that works "upstream" to address risks to health thereby reducing the demand on and costs to the health care system. These activities are outlined and mandated in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* under the Health Protection and Promotion Act and fall under the following categories:

- Chronic Disease Prevention and Well-being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- Substance Use and Injury Prevention

Four “Foundational Standards” ensure that population health assessment, a focus on health equity, effective public health practice through quality assurance and transparency, and emergency management are considerations in each of these categories.

Boards of health tailor the requirements to meet local needs in collaboration with a wide array of community partners (local medical/health care communities, municipalities, school boards, etc.) or develop new programs to address the specific health needs of their communities.

Public Health is Money Well Spent

Boards of health budgets are paid for by their respective obligated municipalities in accordance with the Health Protection and Promotion Act (HPPA) with the MOHLTC providing offsetting grants of up to 75% for mandatory programs and up to 100% for priority programs.

According to the 2018-19 MOHLTC Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) is \$1.267 billion, or about 2% of the total MOHLTC operating expenses. We believe that this demonstrates the tremendous value of Ontario’s system of local public health given its significant impact on the health of the people of Ontario.

Having applied the lessons learned from several public health crises that emerged in Ontario in the first decade of the new millennium (the Walkerton tragedy (2000), SARS (2003) and pandemic influenza (2009)), Ontario’s public health system is more clearly understood and more robust now than it was then. Investing in public health has given Ontario a mature, integrated, cost-effective, and accountable public health system.

We have demonstrated that modest investments in the public health system can generate significant returns, including better health, lower costs and a stronger economy. We believe first and foremost that the integrity of Ontario’s locally-based public health system, as outlined above, should remain intact. In addition, we believe that an explicit commitment to the ongoing provision of the 75% provincial share of public health funding along with additional strategic investments in the public health system will address your Government’s priorities of improving services, ending hallway medicine and addressing Ontario’s fiscal challenges.

Public Health’s broad efforts in the areas of health protection and promotion and disease prevention touch upon where we live, work and play, improving our quality of life and promoting healthy communities across the province. Further investments in these efforts will only strengthen their contributions to your Government’s goals of cutting hospital wait times and ending hallway health care, improving the delivery of government programs and services, and even putting money back in people’s pockets by keeping them healthy and able to contribute to the prosperity of the Province of Ontario.

In closing, thank you for the opportunity to present this information as you deliberate on how Ontarians' tax dollars are to be spent over the coming year. We would be pleased to discuss our submission with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
alPHa President

COPY:

Honourable Christine Elliott, MPP, Deputy Premier and Minister of Health and Long-Term Care
Stephen Crawford, MPP, Chair, Standing Committee on Finance and Economic Affairs
Timothy Bryan, Committee Clerk, Standing Committee on Finance and Economic Affairs
Helen Angus, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health and Population and Public Health, MOHLTC
Peter Donnelly, President & CEO, Public Health Ontario

About alPHa

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario.

Membership in alPHa is open to all public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

The Association works with governments, including local government, and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

Contact: Loretta Ryan, Executive Director
loretta@alphaweb.org or 647-325-9594

Further information on alPHa can be found at: www.alphaweb.org

Improving and Maintaining the Health of the People

The Contribution of Public Health to Reducing Hallway Medicine

As the Government of Ontario considers one of its most high-profile election commitments – the elimination of “Hallway Medicine” in Ontario – this paper has been developed to explain the work of the public health sector and to highlight the important role that the sector can play in meeting that challenge.

One of the answers to keeping people out of hospital hallways is to reduce the demand for hospital and primary care services. Building healthy communities through an efficient, proactive and locally managed public health system, mandated to lead on preventative measures to protect and promote the health of Ontarians, can go a long way to reducing that demand.

Ontario’s public health system delivers value for money, ensuring Ontarians remain healthy, and are able to contribute fully to a prosperous Ontario. Studies have shown tremendous return on investment. For example, every \$1 spent on:

- **mental health and addictions** saves \$7 in health costs and \$30 dollars in lost productivity and social costs;
- **immunizing children** with the measles-mumps-rubella vaccine saves \$16 in health care costs; and
- **early childhood development and health care** saves up to \$9 in future spending on health, social and justice services.

A systematic review of international public health investments published in 2017 concludes that cuts to public health budgets in high income countries represent a false economy and are likely to generate billions of dollars of additional costs to health services and the wider economy.

At the same time, the public health system supports an effective health care system by reducing the demand for hospital services through:

- advising and convening diverse stakeholders (e.g. schools, police, healthcare) to improve mental health and addictions treatments in community settings;
- ensuring people are treated for sexually transmitted infections and tuberculosis and preventing infections and related hospital visits;
- safeguarding the community from harms caused by impure drinking water and environmental hazards;
- reducing the impact of outbreaks, such as influenza in Long Term Care Homes and hospitals; and
- providing a point of access to supports and information for people with greater needs, whether rural, newcomers or others isolated in urban environments.

In short, public health actions now can result in fewer emergency room and doctor’s office visits today and in the future.

The geographic breadth of Ontario means that the needs of residents differ from region to region. Public health and community-based programs and services require localised input and delivery, leveraging existing partnerships with schools, municipalities, business networks, health care providers and social services organizations, resulting in the ability to quickly and efficiently respond to the needs

of the people:

- In 2016, the Middlesex-London Health Unit identified an outbreak of HIV in London. Provincially, HIV rates largely driven by men who have sex with men, had been declining for a decade. In London, rates were spiking, and driven by IV drug use. The Health Unit put boots on the ground, assembled an outreach team to find people on the street, and connected them with HIV testing and treatment. Today, the outbreak is over.
- As the opioid crisis became critical in 2017, Ottawa Public Health supported people most at risk, informed schools and parents, made naloxone available across the city, and created a new real-time surveillance system. Today, the public health unit is using the surveillance data to inform and organize a Mental Health and Substance Use Summit, with The Royal Hospital. A broad range of stakeholders is identifying actions to increase prevention and create a more integrated approach to improve mental health assessment and access to treatment.
- Recently, the North Bay Parry Sound Health Unit identified a need for enhanced dental services for low-income adults, based on data about high rates of emergency room visits for dental problems. The health unit solved the problem by starting a now well-used dental clinic for people who meet the financial and program criteria.
- Last year, Toronto Public Health completed implementation of a wireless strategy that allows personal services setting inspectors and nurses inspecting vaccine fridges in doctors' offices to complete their visits using tablets that upload results in real time rather than recording the inspection on paper and entering it on the website later. This means that results of inspections, information on the BodySafe website that people use each day to shop for a nail salon or other personal service, is the most current information.
- Local public health units are increasingly using technology to serve people, improving convenience and cost-effectiveness, such as through interactive web-based prenatal education and chats with nurses on Facebook and by using on-line video to observe people taking tuberculosis medication instead of in-person observation. Such innovations begin locally and have spread across the province.

These local solutions show that, when combined with stable, designated funding, the public health system has the capacity to relieve pressure on doctors and hospitals. Furthermore, accountability is firmly established by provincial legislation and policy ensuring that the money spent on public health is spent effectively and with purpose.

Together we serve the people of Ontario to ensure:

- that healthy people can support a strong economy, providing a direct economic impact;
- coordination of responses to community health concerns such as mental health and addictions, in partnership with community level organizations;
- reduction of pressures on doctors and hospitals by concentrating on the health of the community, starting at birth; and,
- a significant, cost-effective contribution to the elimination of hallway medicine.

In conclusion, public health works as a system that is greater than the sum of its parts - leveraging the skills and experience of nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more – to together support and protect the health of the people of Ontario. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government.

What is Public Health

Public health is the science of protecting, promoting and improving the health of people and their communities. It does this by:

- Promoting healthy lifestyles and behaviours and environment
- Advocating for healthy public policy and legislation
- Preventing disease, disability and injury
- Protecting health through inspections of drinking water systems and restaurants
- Monitoring communicable diseases, outbreaks and environmental hazards

Here are some examples of public health in action in your local community:

- Schoolchildren immunization
- Keeping tobacco products out of children's hands
- Parenting support and education
- Investigation and prevention of outbreaks of food-borne illnesses
- Free dental service for eligible people
- Inspections of restaurants, pools, beaches, and private wells



Why Public Health Matters

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

The following shows how public health is a **good return on investment (ROI)** for communities:

- Saves \$38 in dental care for every \$1 invested in adding fluoride to drinking water.
- Saves up to \$20 in future health care costs for every \$1 invested in tobacco prevention programs.
- Saves \$16 in health care costs for every \$1 spent on vaccinating children with the measles-mumps-rubella vaccine.
- Saves up to \$9 in future spending on health, social and justice services for every \$1 spent on early childhood health and development.

Source: Canadian Public Health Association. (2013). Public health: A return on investment. Retrieved from https://youtu.be/TVZxtuZhN_M

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Supporting Ontario's local public health units and their boards of health to achieve a strong and effective public health system across all communities

Who We Are

Established in 1986, the Association of Local Public Health Units (alPHA) is the non-profit organization that provides leadership to Ontario's public health units and their boards of health.

alPHA works closely with the senior leadership of its member health units, including board of health members, medical and associate medical officers of health, and senior public health managers in each of the following public health disciplines:

- nursing
- inspection
- dentistry
- nutrition
- epidemiology
- health promotion
- business administration

alPHA represents the interests of member public health units and lends expertise to members on the governance, administration and management of public health units and their boards of health. The Association also works with governments and other health organizations, advocating for healthy public policy and a strong, effective and efficient public health system in Ontario.

What We Do

Through policy analysis, discussion, partnership and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities. alPHA also provides member benefits such as group plans, networking opportunities, and recognition, to name just a few.

Here are key activities that we engage in as the voice of Ontario's public health units:

Advocacy - alPHA communicates on behalf of members on public health matters to government and decision-makers. It also develops and disseminates positions and reports on key public health issues and relevant legislation.

Communications - We keep members informed on the latest news and events as well as emerging issues.

Education - alPHA holds timely and informative sessions on matters affecting the governance and delivery of public health programs and services.

Representation - alPHA representatives participate on key public health working groups and committees.

Members of alPHA

Membership is open to all Ontario public health units and their boards of health.

Representatives from member public health units include:

- board of health members
- medical and associate medical officers of health
- senior public health managers in nursing, inspection, dentistry, nutrition, epidemiology, health promotion and business administration

alPHA's members also comprise of the following Affiliate Organizations:

- Association of Ontario Public Health Business Administrators (AOPHBA)
- Association of Public Health Epidemiologists in Ontario (APHEO)
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
- Health Promotion Ontario (HPO)
- Ontario Association of Public Health Dentistry (OAPHD)
- Ontario Association of Public Health Nursing Leaders (OPHNL)
- Ontario Dietitians in Public Health (ODPH)

Visit <https://alphaweb.site-ym.com/page/PHU> for a list of Ontario's public health units



UPDATE ON PPH STRATEGIC PLAN DEVELOPMENT

May 8, 2019



Overall Process

Phase 1 – Impact and Strategic Clarity

Phase 2 – Strategic Plan development



Proposed Recommendations

- To receive the presentation for information.



Phase 1 progress

- Sept-Dec – Core work group meets with Innoweave coach
- January - Draft Impact Statement and Theory of Change (TOC) presented to BOH and management team



Phase 1 progress - continued

- Feb-March – Further input sought from management on TOC and identifying priorities to focus on in Phase 2
- April – revising Impact Statement and TOC graphic with narrative



Revising the TOC graphic

By 2025, priority populations* residing in Peterborough County and City, and Hiawatha and Curve Lake First Nations, will experience an increase in the number of healthy years lived*.

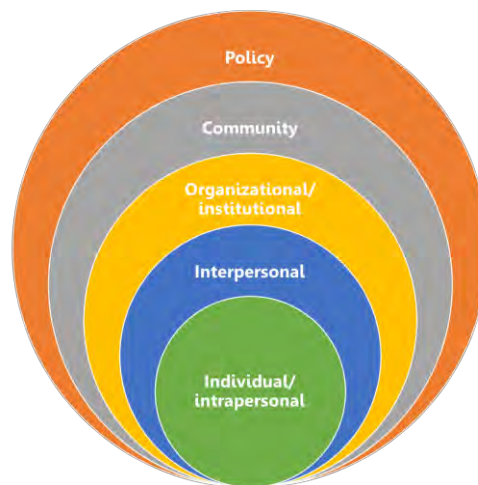


Revising the TOC graphic

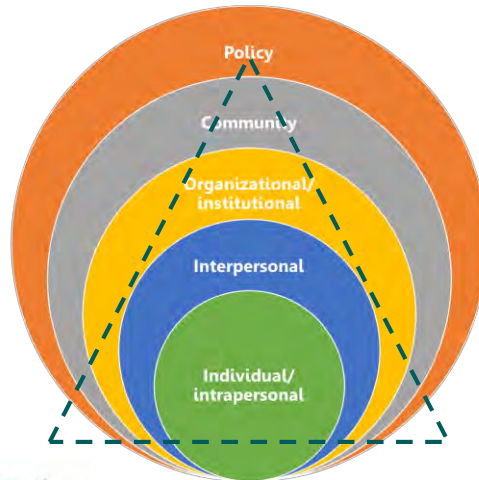
- Assessing and Reporting
- Engaging in Multi-Sectoral Collaboration
- Health Equity Analysis, Policy Development and Advancing Healthy Public Policies
- Modifying and Orienting Public Health Interventions

Revising the TOC graphic

The socio-ecological model helps situate expected effects and/or focus for action.



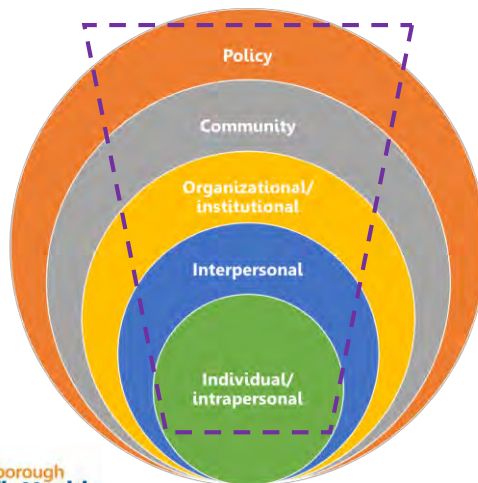
Public health historical focus



**Peterborough
Public Health**

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

PPH future focus for results chain



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Sample of implications of the TOC

Assessing and Reporting	Engaging in Multi-Sectoral Collaboration	Health Equity Analysis, Policy Development and Advancing Healthy Public Policies	Modifying and Orienting Public Health Interventions
<ul style="list-style-type: none"> Develop a learning agenda with associated resource needs for the organization beginning with confirming definitions or terminology 			
<ul style="list-style-type: none"> Select a change management model / approach to guide PPH 			
<ul style="list-style-type: none"> Define priority populations 			
<ul style="list-style-type: none"> Strengthen organization and staff capacity to engage with priority populations and community stakeholders 			
<ul style="list-style-type: none"> Establish a human resource strategy to support the Theory of Change 			
<ul style="list-style-type: none"> Adequately support and resource the performance measurement of the Theory of Change 			
<ul style="list-style-type: none"> Align accountability reporting to funders with organizational planning needs (ranging from intervention design to annual plans and detailed work plans and seek efficiencies. 			

Phase 1 to 2

- June - Summary report of Phase 1 to be completed and provided to funder (Innoweave) and BOH
- Pause Phase 2 – Strategic Plan development
- Internal work with TOC still possible!