

June 5, 2019

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
10<sup>th</sup> Floor Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4  
[christine.elliottco@ola.org](mailto:christine.elliottco@ola.org)

Dear Minister Elliott,

**RE: Proposed changes to Public Health in Ontario**

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

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

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

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

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

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

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

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

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

Sincerely,




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

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



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

**Resolution:**

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

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

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

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

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

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

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

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



Whereas the health of Ontarians may be put at risk.

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

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

**CARRIED: Chair's Signature:**

- Patricia Avery
- Louise Caicco Tett
- Randi Condie
- Deborah Graystone

- Micheline Hatfield
- Adrienne Kappes
- Lee Mason
- Heather O'Brien

- Ed Pearce
- Brent Rankin
- Karen Raybould
- Mathew Scott



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

**Resolution:**

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

**CARRIED: Chair's Signature:** *Lee Mason*

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