City of Hamilton
BOARD OF HEALTH

Meeting #: 19-003
Date: March 18, 2019
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

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

---

1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

(Added Items, if applicable, will be noted with *)

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1 February 22, 2019

5. COMMUNICATIONS

5.1 Correspondence from the Regional Municipality of Durham respecting their Cannabis Use in Public Places Resolution

Recommendation: Be received.

5.2 Correspondence from the Windsor Essex County Health Unit respecting the Smoke Free Ontario Act, 2017 and Cannabis Legislation

Recommendation: Be received.

5.3 Correspondence from the Windsor Essex County Health Unit respecting Ontario's Basic Income Pilot

Recommendation: Be received.

5.4 Correspondence from the Windsor Essex County Health Unit respecting an Endorsement for Mandatory Food Literacy Curricula in Ontario Schools

Recommendation: Be received.

5.5 Correspondence from the Windsor Essex County Health Unit respecting Funding for the Healthy Babies, Healthy Children (HBHC) Program

Recommendation: Be received.

5.6 Correspondence from the Windsor Essex County Health Unit respecting an Endorsement of a Universal Student Nutrition Program 2018

Recommendation: Be received

5.7 Correspondence from the Simcoe Muskoka District Health Unit respecting the Public and Environmental Health Implications of Bill 66, Restoring Ontario's Competitiveness Act, 2018

Recommendation: Be received.

5.8 Correspondence from the North Bay Parry Sound District Health Unit respecting Food Insecurity and Bill 60, an Act to Amend the Ministry of Community and Social Services Act to Establish the Social Assistance Research Commission.

Recommendation: Be received.

5.9 Correspondence from the Peterborough Public Health Unit respecting Support for Provincial Oral Health Programs for Low Income Adults and Seniors

Recommendation: Be received.

5.10 Correspondence from David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care respecting Amendments to Select Ontario Public Health Standards Protocols, Guidelines and Appendices

Recommendation: Be received

5.11 Correspondence from David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care respecting the Transformation of Health Care System

Recommendation: Be received.

5.12 Correspondence from the Council of Ontario Medical Officers of Health's Resolution respecting HIV Case Management and the "Undetectable = Untransmittable" messaging as part of a comprehensive public health approach to sexual health.

Recommendation: Be received.

5.13 Correspondence from the Renfrew County and District Health Unit respecting Strengthening the Smoke-Free Ontario Act, 2017 to Address the Promotion of Vaping

Recommendation: Be received.

5.14 Correspondence from the Association of Local Public Health Agencies (alPHa) respecting an Update to Boards of Health Section Members

Recommendation: Be received.

5.15 Correspondence from the Association of Local Public Health Agencies (alPHa) respecting their 2019 Annual General Meeting & Conference, June 911, in Kingston, Ontario.

Recommendation: Be received.

5.16 Correspondence from the Association of Local Public Health Agencies (alPHa) respecting a Call for Board of Health Nominations for the 2019-2020, and 2020-2021 alPHa Board of Directors

Recommendation: Be received.

5.17 Correspondence from the Association of Local Public Health Agencies (alPHa) respecting Alcohol Choice & Convenience and a Provincial Alcohol Strategy

Recommendation: Be received.

6. DELEGATION REQUESTS

6.1 Ian Borsuk and Dr Lynda Lukasik, Environment Hamilton, respecting climate change (for today's meeting)

7. CONSENT ITEMS

7.1 Nurse Family Partnership Program 2019 Funding and Service Level Update (BOH07035(h)) (City Wide)

8. PUBLIC HEARINGS / DELEGATIONS

8.1 Juliet Ehlert Gordon, respecting research on the effects of electro magnetic fields on human health and the environment (approved at the February 22, 2019 meeting)

8.2 Alexander Kinkade, respecting fentanyl overdose prevention initiatives (approved at the February 22, 2019 meeting)

9. STAFF PRESENTATIONS

9.1 Consumption and Treatment Services in Hamilton (BOH19017)

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 19-002
1:30 p.m.
Friday, February 22, 2019
Council Chambers
Hamilton City Hall

Present: Mayor F. Eisenberger (Chair)
Councillors M. Wilson, J. Farr, N. Nann, S. Merulla, C. Collins, T. Jackson, E. Pauls, J.P. Danko, B. Clark, M. Pearson, L. Ferguson, A. VanderBeek, T. Whitehead and J. Partridge

Absent with Regrets: Councillor B. Johnson – City Business

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Stock Epinephrine Auto Injector Expansion in Restaurants (BOH13040(e)) (City Wide) (Item 7.1)

(Ferguson/VanderBeek)
That Report BOH13040(e) respecting Stock Epinephrine Auto Injector Expansion in Restaurants, be received.

CARRIED

2. Population Health Assessment and Health Priorities (BOH19005) (City Wide) (Item 9.1)

(Collins/Farr)
That Report BOH19005 respecting a Population Health Assessment and Health Priorities, be received.

CARRIED

3. 2019 Annual Service Plan and Budget (BOH19006) (City Wide) (Item 10.1)

(Ferguson/Partridge)
That Appendix "A" attached to Report (BOH19006) respecting the 2019 Annual Service Plan and Budget be approved, for submission to the Ministry of Health and Long-Term Care.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Lloyd Ferguson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Arlene VanderBeek
NOT PRESENT - Councillor Brenda Johnson
NOT PRESENT - Councillor Maria Pearson

4. Appointments to the Food Advisory Committee (Added Item 14.1)

(Merulla/Farr)
That the recommendation respecting Appointments to the Food Advisory Committee, be released publicly following approval by Council.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Lloyd Ferguson
YES - Councillor Brad Clark

NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Arlene VanderBeek
NOT PRESENT - Councillor Brenda Johnson
NOT PRESENT - Councillor Maria Pearson

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Clerk advised the Board of the following changes to the agenda:

1. DELEGATION REQUESTS (Item 6)

6.2 Delegation request from Alexander Kinkade, respecting fentanyl overdose prevention initiatives (for a future meeting)

2. CONSENT ITEMS (Item 7)

7.2 Minutes of the Interview Sub-Committee to the Board of Health - February 15, 2019

3. PRIVATE AND CONFIDENTIAL (Item 14)

14.1 Appointments to the Food Advisory Committee (distributed under separate cover)

(Pauls/Collins)
That the agenda for the February 22, 2019 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Arlene VanderBeek
YES - Councillor Lloyd Ferguson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark

NOT PRESENT - Councillor Nrinder Nann
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor John-Paul Danko
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Brenda Johnson

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) January 14, 2019 (Item 4.1)

(VanderBeek/Ferguson)
That the Minutes of the January 14, 2019 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Arlene VanderBeek
YES - Councillor Lloyd Ferguson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Nrinder Nann
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor John-Paul Danko
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Brenda Johnson

(e) DELEGATION REQUESTS (Item 6)

(i) Juliet Ehlert Gordon, respecting research on the effects of electro magnetic fields on human health and the environment (for a future meeting) (Item 6.1)

(Farr/VanderBeek)
That the delegation request from Juliet Ehlert Gordon, respecting research on the effects of electro magnetic fields on human health and the environment, be approved, for a future meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Arlene VanderBeek
YES - Councillor Lloyd Ferguson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Nrinder Nann
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor John-Paul Danko
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Brenda Johnson

(ii) Alexander Kinkade, respecting fentanyl overdose prevention initiatives (for a future meeting) (Added Item 6.2)

(Farr/VanderBeek)
That the delegation request from Alexander Kinkade, respecting fentanyl overdose prevention initiatives, be approved, for a future meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Arlene VanderBeek
YES - Councillor Lloyd Ferguson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Nrinder Nann
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor John-Paul Danko
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Brenda Johnson

(f) CONSENT ITEMS (Item 7)

(i) Minutes of the Interview Sub-Committee to the Board of Health – February 15, 2019 (Added Item 7.2)

(Pauls/Whitehead)
That the Minutes of the Interview Sub-Committee to the Board of Health for February 15, 2019, be received.

CARRIED

(g) STAFF PRESENTATIONS (Item 9)

(i) Population Health Assessment and Health Priorities (BOH19005) (City Wide) (Item 9.1)

Dr. E. Richardson, Medical Officer of Health addressed the Board with a presentation respecting Population Health Assessment and Health Priorities (BOH19005), and 2019 Annual Service Plan and Budget (BOH19006), with the aid of a PowerPoint presentation. A copy of the presentation has been included in the official record.

(Ferguson/Partridge)
That the presentation respecting Population Health Assessment and Health Priorities (BOH19005), and 2019 Annual Service Plan and Budget (BOH19006), be received.

CARRIED

For disposition of this matter, refer to Items 2 and 3

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

(h) GENERAL INFORMATION/OTHER BUSINESS (Item 13)

(i) Amendments to the Outstanding Business List (no copy)

1. Revised due date required (Item 13.1(a)):

(Ferguson/Partridge)
That the following due date be revised:

Item 2015-A – Review of the City of Hamilton's Pest Control By-law (November 16, 2015, Item 9.1)
Due Date: February 2019
Revised Due Date: May 2019

2. To be removed from Outstanding Business List (Item 13.1(b)):

Item 2018-D – Stock Epinephrine Auto Injector Expansion in Restaurants
Original date: June 19, 2017, 17-005, Item 7.1
Placed back on OBL: December 10, 2018, 18-009, Item 13.1

(Ferguson/Partridge)

(a) That an update be provided in three months time respecting the Stock Epinephrine Auto Injector Expansion in Restaurants project; and

(b) That the item remain on the Outstanding Business List for the Board of Health until the update is provided.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor Chad Collins
YES - Councillor Esther Pauls
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger
YES - Councillor Judi Partridge
YES - Councillor Lloyd Ferguson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Terry Whitehead
NOT PRESENT - Councillor Arlene VanderBeek
NOT PRESENT - Councillor Brenda Johnson
NOT PRESENT - Councillor Maria Pearson

(i) PRIVATE AND CONFIDENTIAL (Item 14)

The Board determined that discussion of Item 14.1 respecting the Appointments to the Food Advisory Committee was not required in Closed Session, so the matter was addressed in Open Session.

(i) Appointments to the Food Advisory Committee (Added Item 14.1)

For disposition of this matter, refer to Item 4.

(j) ADJOURNMENT (Item 15)

(Ferguson/Wilson)
That, there being no further business, the Board of Health be adjourned at 2:44 p.m.

CARRIED

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

January 31, 2019

The Honourable Doug Ford
Premier of Ontario
Minister of Intergovernmental Affairs
Room 281
Legislative Building, Queen's Park
Premier's Office
Toronto ON M7A 1A1

The Regional Municipality of Durham

Corporate Services Department
Legislative Services

605 Rossland Rd. E.
Level 1
PO Box 623
Whitby, ON L1N 6A3
Canada

905-668-7711
1-800-372-1102
Fax: 905-668-9963

durham.ca

Don Beaton, BCom, M.P.A.
Commissioner of Corporate Services

Dear Minister Ford:

RE: Motion re: Cannabis Use in Public Places
Our File: P00

Council of the Region of Durham, at a meeting held on January 30, 2019, adopted the following recommendations of the Committee of the Whole:

"A) Whereas the use of cannabis became legalized in Canada on October 17, 2018; and

B) Whereas every time cannabis is used it can adversely affect learning and remembering, mental health, and mood and feelings; and

C) Whereas regular cannabis use over a prolonged period of time can injure the lungs, adversely affect mental health, and lead to physical dependence or addiction; and

D) Whereas cannabis use in public places combined with its known health effects can adversely affect community safety, such as through impaired driving, etc.; and

E) Whereas Section 11 of Schedule 1 (*Cannabis Act, 2017*) of *The Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017*, S.O. 2017, c. 26 – Bill 174 prohibited the use of cannabis in public places; and

F) Whereas Section 11 of Schedule 1 (Amendments to the Cannabis Act, 2017 and Other Acts) repealed Section 11 (Restrictions on places of consumption) of the *Cannabis Act, 2017*; and

G) Whereas Section 12 of the *Smoke-Free Ontario Act, 2017* prohibits the smoking or holding of lighted cannabis in only enclosed public places and workplaces; and

H) Whereas it is desirable to mitigate the human health effects of cannabis use and to de-normalize the use of cannabis in all public places, particularly with respect to children and youth; and

I) Whereas it is also desirable to mitigate the community safety impacts of cannabis use in all public places;

J) Now therefore be it resolved that the Council of the Regional Municipality of Durham urges the Government of Ontario to amend the *Smoke-Free Ontario Act, 2017* such that the smoking or holding of lighted cannabis is prohibited in all public places; and

K) Now be it further resolved that the Councils of Durham's lower-tier municipalities are requested to endorse this resolution; and

L) Now be it further resolved that the Premier of Ontario, Deputy Premier & Minister of Health and Long-Term Care, Attorney General of Ontario, Minister of Finance, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa and all Ontario Boards of Health be so advised."

Ralph Walton,
Regional Clerk/Director of Legislative Services

RW/np

c: Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
The Honourable Caroline Mulroney, Attorney General
The Honourable Victor Fedeli, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health
Pat Vanini, Executive Director, Association of Municipalities of Ontario (AMO)

Loretta Ryan, Executive Director, Association of Public Health Agencies (alPHa)
Rod Phillips, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP (Northumberland-Peterborough South)
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

The Honorable Caroline Mulroney
Ministry of the Attorney General
McMurtry-Scott Building, 720 Bay Street
Toronto, ON M7A 2S9
Caroline.mulroney@pc.ola.org

Dear Minister Mulroney:

Smoke-Free Ontario Act, 2017 and Cannabis legislation

On behalf of our board of health, I am writing you in support of Peterborough Public Health's (PPH) call to action and shared concern regarding funding associated with the cannabis legislation and the introduction of the *Smoke-Free Ontario Act 2017*.

The Windsor-Essex County Health Unit (WECHU) applauds the ministry on the modernization of smoking regulations in Ontario and welcomes the additional restrictions outlined in the new legislation due to their alignment with local and regional goals related to reducing places of use for harmful products. The consequences however, of the inclusion of electronic cigarette-use and the smoking of cannabis as prohibited products in prescribed places involve the added responsibility of public health tobacco enforcement officers in enforcing these regulations. In addition, the transfer of responsibility from the province to local public health units related to the oversight of tobacconist and specialty vape store authorizations represents an additional burden on administrative and enforcement resources.

Although boards of health were permitted to submit for reimbursement of costs incurred due to the legalization of cannabis, through a one-time grant application process in which the Windsor-Essex County Health Unit requested $197, 392 , there are concerns about the ability to ensure effective enforcement and oversight over the long-term without sustained resources dedicated to enforcement, administration, and public education. To date, no such resources have been received by the Windsor-Essex County Health Unit and there is no guarantee that resources allocated to municipalities to assist with the costs associated with cannabis legalization will be redistributed to public health agencies.

With the introduction of a sustained and dedicated funding model to account for the additional responsibilities introduced through the Smoke-free Ontario Act 2017, as well as those associated with cannabis legalization, public health units across Ontario will be able to efficiently and effectively enforce and provide oversight over these new requirements. Without these supplementary resources, WECHU has significant and legitimate concerns related to its ability to maintain existing programming when these new requirements are taken into account.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

https://www.wechu.org/board-meetings/january-2019-board-meeting

Encl. Peterborough Public Health – Letter to Hon. Caroline Mulroney – Nov 2018

c: The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Association of Local Public Health Agencies (alPHa)
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Local Municipal Councils
Windsor-Essex MPPs
Windsor-Essex Board of Health

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

The Honorable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honorable Lisa MacLeod
Minister of Children, Community and Social Services
lisa.macleodco@pc.ola.org

Dear Premier Ford and Minster Macleod:

Ontario's Basic Income Pilot

On behalf of our Board of Health, I am writing to you in support of Thunder Bay District Health Unit's concern and call to action to reconsider the termination of the Ontario's Basic Income Pilot and reduction of scheduled increases to the Ontario Works and Ontario Disability Support Programs (3% to 1.5%).

The Windsor-Essex County Board of Health has previously written the government expressing its support for the Basic Income Pilot as an evidence-based program to improve quality of life for the most vulnerable Ontarians.

The Windsor-Essex County Health Unit agrees that addressing issues of poverty is a public health priority, and a health equity and human rights issue. Individuals, or households, with lower incomes experience higher levels of food insecurity and suffer from higher mortality from chronic diseases, including mental illness. In Windsor approximately 33% of children under 18, or 1 in 3, live in poverty. Providing a basic income assists in ensuring their basic needs are met, including proper nutrition, and allowing children to grow healthy and reach their full potential.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette, RN, MCs
Chief Executive Officer, Chief Nursing Officer

https://www.wechu.org/board-meetings/january-2019-board-meeting

Encl.
c: Association of Local Public Health Agencies (alPHa)
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Windsor-Essex MPPs
Windsor-Essex Board of Health

Thunder Bay District
Health Unit

MAIN OFFICE
999 Balmoral Street
Thunder Bay, ON P7B 6E7
Tel: (807) 625-5900
Toll Free in 807 area code
1-888-294-6630
Fax: (807) 623-2369

GREENSTONE
P.O. Box 1360
510 Hogarth Avenue, W.
Geraldton, ON P0T 1M0
Tel: (807) 854-0454
Fax: (807) 854-1871

MANITOUWADGE
1-888-294-6630

MARATHON
P.O. Box 384
Marathon Library Building
Lower Level,
24 Peninsula Road
Marathon, ON P0T 2E0
Tel: (807) 229-1820
Fax: (807) 229-3356

NIPIGON
P.O. Box 15
Nipigon District
Memorial Hospital
125 Hogan Road
Nipigon, ON P0T 2J0
Tel: (807) 887-3031
Fax: (807) 887-3489

TERRACE BAY
P.O. Box 1030
McCausland Hospital
20B Cartier Road
Terrace Bay, ON P0T 2W0
Tel. (807) 825-7770
Fax: (807) 825-7774

TBDHU.COM

November 21, 2018

Hon. Doug Ford
Premier of Ontario
Doug.fordco@pc.ola.org

Hon. Lisa Macleod
Minister of Children, Community and Social Services
Lisa.macleodco@pc.ola.org

Dear Premier Ford and Minister Macleod,

As chair of the board of health for the Thunder Bay District Health Unit, I am writing to convey my concern at the termination of Ontario's Basic Income Pilot and reduction of the scheduled increase to Ontario Works and Ontario Disability Support Program from 3% to 1.5%, and urge you to reconsider your decision.

The government's current decision is a retraction of the pre-election indications to continue the project, and will place more than 4000 pilot participants in very challenging socio-economical circumstances. The pilot was provincially and nationally recognized as a pivotal opportunity to study the impact of basic income on societal, economical and health outcomes in Ontario. Significant resources have already been invested in the planning and implementation of the project; to terminate the project at this inopportune time would be wasteful especially without gathering insight from its outcomes.

The Thunder Bay District Health Unit believes that addressing issues of poverty is a public health priority, and a healthy equity and human rights issue. There is considerable research to show that individuals or households with lower income experience higher levels of food insecurity, which is linked to higher levels of adverse health and societal outcomes, compared to those with higher incomes[1]. This includes morbidity and/or

mortality from chronic diseases (i.e. obesity, diabetes), mental illness (i.e. depression, anxiety, and reduced learning and productivity), infant mortality, infectious diseases, amongst others[1]. In 2014, 11.9% or 594,900 Ontario households experienced food insecurity[2], which is defined as the inadequate or insecure access to food due to financial constraints[1]. This statistic is acknowledged as an underestimate as it does not reflect households in First Nations reserves and those that are homeless[2]. Furthermore, 64% of Ontario households reliant on social assistance were food insecure[2]. In some cases, employment does not guarantee that a households' basic needs are met, as almost 60% of food insecure Ontario households were relying on income from wages and salaries[2]. As a result, the estimated burden on healthcare costs from socio-economic health inequalities amounts to a staggering $6.2 billion annually, with Canadians in the lowest income bracket accounting for approximately 60% of these costs[3]. The fact is, health is related to food security, which is deeply rooted in poverty. It's not just about having inadequate skills or nutrition knowledge to prepare healthy food, or that the distance to supermarkets is too far – the main reason is the lack of adequate disposable income for food[2].

The allocation of Thunder Bay as a designated pilot site of the Ontario Basic Income Pilot was an exciting opportunity to explore the impact of basic income in our community and to gather local level data. Poverty and food insecurity pose a risk for certain individuals in our District. Most recent data from Statistics Canada indicates that 13.8% of all households in the District of Thunder Bay are considered low-income, of which 19.8% are children aged 0 – 17[4]. This represents approximately 1 in 7 households being food insecure. As an example of how the basic income pilot positively impacts food security, I will use the most recent information from our local Nutritious Food Basket (2018; Appendix 1). The monthly cost of food for a family of four in the District of Thunder Bay is $828.68 per month. If the family relies on Ontario Works, the income remaining for other living expenses is limited and increases risk for financial strain, whereas the same family enrolled in the basic income pilot would be in a much better position to meet their basic needs. Furthermore, the on-going effectiveness of the Guaranteed Income Supplement for

seniors provides evidence of how overall health is improved from ensuring financial security[5,6]. As an advocate for promoting socio-economic and health equity within my community, I am supportive of the Ontario Basic Income Pilot and increased social assistance rates as it is based on evidence informed research indicating the strong relationship between income, food security and health.

I strongly urge the province to maintain the continuation of the Ontario Basic Income Pilot and the scheduled increases of Ontario Works and Ontario Disability Support Program. The need for adequate income from basic income and social assistance rates provides socio-economic stability and equity, and is highlighted in the report: "Income Security – A Roadmap for Change"[7].

Ontario has the opportunity to champion an initiative that could have a profound impact on informing future policies that could expand to the international level. But more importantly, it could provide the residents of Thunder Bay and Ontario with improved livelihood, healthy equity, and the opportunity to live with dignity.

Yours Sincerely,

Original Signed by

Joe Virdiramo, Chair,
Board of Health for Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)
Judith Monteith-Farrell, MPP (Thunder Bay-Atikokan)
All Ontario Boards of Health

References:

1. PROOF Food Insecurity Policy Research. (2017). Household Food Insecurity in Canada: Factsheets. Accessed at: http://proof.utoronto.ca/resources/fact-sheets/
2. PROOF Food Insecurity Policy Research. (2016). Household Food Insecurity in Canada – Research to identify policy options to reduce food insecurity. Accessed at: http://proof.utoronto.ca/resources/proof-annual-reports/annual-report-2014/

3. Public Health Agency of Canada. (2016) The direct economic burden of socioeconomic health inequalities in Canada: an analysis of health care costs by income level. Accessed at: http://vibrantcanada.ca/files/the_direct_economic_burden_-_feb_2016_16_0.pdf.
4. Statistics Canada. (2016). Census Profile, 2016 Census (Income). Accessed at: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3558&Geo2=PR&Code2=35&Data=Count&SearchText=thunder%20bay&SearchType=Begins&SearchPR=01&B1=Income&TABID=1
5. Government of Canada. (2016). Canada's most vulnerable single seniors will see an increase of up to $947 annually to the Guaranteed Income Supplement. Accessed at: https://www.canada.ca/en/employment-social-development/news/2016/06/canada-s-most-vulnerable-single-seniors-will-see-an-increase-of-up-to-947-annually-to-the-guaranteed-income-supplement.html
6. Mcintyre, L, Kwok, C, Herbert-Emery, J.C, Dutton, D.J. (2016). Impact of a guaranteed annual income program on Canadian senior's physical mental and functional health. *Can J Public Health;107*(2):e176-e182
7. Income Security Reform Working Group, First Nations Income Security Reform Working Group, Urban Indigenous Table on Income Security Reform. (2017). Income Security – A Roadmap for Change. Accessed at: https://files.ontario.ca/income_security_-_a_roadmap_for_change-english-accessible_0.pdf

Appendix 1 - Comparison of Household Income and Expenses for *Families* (2018)

Low-income households often live in rental housing. Using the average costs of renting in the District of Thunder Bay for 2018, and the results from the NFBS, here are five family scenarios outlining their respective monthly costs of living.

Scenarios	Family of 4 Ontario Works (2 parents; 2 children)	Family of 4 Ontario Basic Income Pilot (2 parents; 2 children)	Family of 4 Full-Time Minimum Wage (2 parents; 2 children)	Family of 4 Median Income (After Tax) (2 parents; 2 children)	Family of 3 Ontario Works (1 parent; 2 children)
Monthly Income[i]	**$2601.00**	**$3353.00**	**$3622.00**	**$7871.00**	**$2382.00**
Rent[ii]	$1194.00 (3 Bdr. Apartment)	$1194.00 (3 Bdr. Apartment)	$1194.00 (3 Bdr. Apartment)	$1194.00 (3 Bdr. Apartment)	$959.00 (2 Bdr. Apartment)
Cost of Food[iii]	$828.68	$828.68	$828.68	$828.68	$595.84
Income Remaining for Other Living Expenses	**$578.32**	**$1330.32**	**$1599.32**	**$5848.32**	**$827.16**

i. Incomes (except those including the Ontario Basic Income Pilot) derived from NFBS Income Scenario Spreadsheet (May 2018), developed by the Ontario Dietitians in Public Health - Locally Driven Collaborative Project Food Insecurity Working Group

ii. Rental cost calculations are from the Rental Market Report – Canada Mortgage and Housing Cooperation (June 2017)

iii. Based on the NFBS for the District of Thunder Bay (May 2018)

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

Hon. Christine Elliott, Deputy Premier
Minister, Ministry of Health and Long-Term Care
80 Grosvenor St., Hepburn Block, 10th Floor
Toronto, ON M7A 1E9
christine.elliottco@pc.ola.org

Hon. Lisa Thompson, Minister
Ministry of Education
900 Bay St., Mowat Block, 22nd Floor
Toronto, ON M7A 1L2
lisa.thompson@pc.ola.org

Dear Ministers Elliott and Thompson:

Mandatory Food Literacy Curricula in Ontario Schools

On behalf of the Windsor-Essex County Health Unit, we would like to express our support for the Kingston, Frontenac, Lennox & Addington Board of Health's call to examine the current school curricula concerning food literacy, and the introduction of food literacy and food skills as a mandatory component of school curricula.

Food literacy and food skills are the foundation for healthy eating, encompassing factors including food and nutrition knowledge, and the skills necessary to prepare healthy and affordable meals. In Canada, food literacy has been in decline over the past few decades affecting all segments of society. The lack of essential food literacy skills coupled with changes in the food environment and increased practices in marketing of unhealthy food and beverages have made it a challenge for Ontarians to practice healthy eating habits. It has led to an increase of pre-prepared, packaged and convenience foods higher in fat, salt and sugar; and foods linked to a greater risk of diet-related chronic diseases.

The school setting is an opportunity to support students with knowledge and food skills that will equip them to make healthy decisions in a complex food environment. While, the current system makes food literacy curriculum available to students in high school, it is estimated that only one-third of Ontario students who entered Grade 9 from the 2005/06 to 2009/10 school years earned one or more credits in a course that included a food literacy component during their secondary school education. Food literacy needs to be part of the mainstream school curriculum, incorporated in a cross-curricular approach starting at the elementary school level. This approach would ensure that healthy eating concepts are consistently taught, reinforced, and reflected as students move through the school years.

As the Ministry of Education engages in a consultation regarding the education system in Ontario, our Board of Health strongly urges that mandatory food literacy and food skills training be included in the school curricula.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,

Gary McNamara
Chair, WECHU Board of Health

Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

https://www.wechu.org/board-meetings/september-2018-board-meeting

Encl. KFL&A Public Health – Letter to Hon. Indira Naidoo-Harris – April 2018

c: Ontario Boards of Health
Windsor-Essex Board of Health
Lisa Gretzky, MPP Windsor-West
Percy Hatfield, MPP Windsor-Tecumseh
Taras Natyshak, MPP Essex
Rick Nicholls, MPP Chatham-Kent-Essex
WEC local school boards
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies (alPHa)
Association of Municipalities of Ontario (AMO)
Ophea and ODPH

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

The Honorable Lisa MacLeod, Minister
Ministry of Children, Community and Social Services
56 Wellesley Street West, 14th Floor
Toronto, ON M7A 1E9

Dear Minister MacLeod:

Funding for the Healthy Babies, Healthy Children (HBHC) program

On behalf of our Board of Health, I am writing to you in support of Thunder Bay District Health Unit's call to action and shared concern regarding the Healthy Babies, Healthy Children (HBHC) program funding.

As noted in Thunder Bay District Health Unit's call to action, the HBHC program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

The Windsor Essex County Health Unit has seen an increase in the complexity of the clients in the HBHC program. As evidenced by the 2018 *Response to Screening* and *Working With Families With Complex Needs* survey that was completed by all 35 public health units, the HBHC program is seeing an increase in the complex needs of the clients across the province. This survey highlights the need for the potential changes to the model. However, the Ministry has indicated that there is no funding available for the implementation of these changes to the HBHC program in the 2019 fiscal year. Over the last several years, our local School Boards have expressed concerns over the number of children who are experiencing challenges at school entry. The inability to change the current model will continue to affect the percentage of children who achieve optimal growth and development and readiness for school.

The province did indeed commit to funding the HBHC program at 100%. However, since 2008, the HBHC program has not seen any increases in the budget except for the one-time funding in 2012 to support the implementation of the 2012 protocol, and an increase in our FTE to support the Liaison role.

Furthermore, as noted in Thunder Bay District Health Unit's call to action, the review of the HBHC program in 2016 by MNP found a funding gap of approximately $7.808m (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7). Notably, this gap continues to grow every year with the increases in salaries, benefits, and operational costs.

On behalf of the Windsor-Essex County Health Unit, we thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

https://www.wechu.org/board-meetings/january-2019-board-meeting

c: Association of Local Public Health Agencies (alPHa)
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Windsor-Essex MPPs
Windsor-Essex Board of Health

Thunder Bay District
Health Unit

MAIN OFFICE
999 Balmoral Street
Thunder Bay, ON P7B 6E7
Tel: (807) 625-5900
Toll Free in 807 area code
1-888-294-6630
Fax: (807) 623-2369

GREENSTONE
P.O. Box 1360
510 Hogarth Avenue, W.
Geraldton, ON P0T 1M0
Tel: (807) 854-0454
Fax: (807) 854-1871

MANITOUWADGE
1-888-294-6630

MARATHON
P.O. Box 384
Marathon Library Building
Lower Level,
24 Peninsula Road
Marathon, ON P0T 2E0
Tel: (807) 229-1820
Fax: (807) 229-3356

NIPIGON
P.O. Box 15
Nipigon District
Memorial Hospital
125 Hogan Road
Nipigon, ON P0T 2J0
Tel: (807) 887-3031
Fax: (807) 887-3489

TERRACE BAY
P.O. Box 1030
McCausland Hospital
20B Cartier Road
Terrace Bay, ON P0T 2W0
Tel. (807) 825-7770
Fax: (807) 825-7774

TBDHU.COM

November 21, 2018

SENT VIA EMAIL

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
14th Flr, 56 Wellesley St W,
Toronto, ON
M7A 1E9

Dear Minister MacLeod,
On behalf the Thunder Bay District Health Unit (TBDHU) Board of Health, it is with significant concern that I am writing to you regarding funding for the Healthy Babies, Healthy Children (HBHC) Program.

The Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

In 1997 the province committed to funding the Healthy Babies Healthy Children program at 100%. Province wide funding allocations have been essentially "flat-lined" from an original allocation that was completed in 2008, with the exception of the one-time funding increases for implementation of the 2012 Protocol. In the interim, collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program. Management and administration costs related to the program are already offset by the cost-shared budget for provincially mandated programs.

Simultaneously the complexity of clients accessing the program has increased requiring that more of the services be delivered by professional versus non-professional staff. The TBDHU has made every effort to mitigate the outcome of this ongoing funding shortfall however it has become increasingly more challenging to meet the targets set out in HBHC service agreements. At the current funding level services for these high-risk families will be reduced.

In 2016 the firm MNP performed a review of the HBHC program provincially and found that "based on the activities of the current service delivery model, and using the targets outlined in the service agreements … there is a gap in the current funding of the program of approximately $7.808M." (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7)

The Thunder Bay District Board of Health continues to advocate that the Ministry of Children, Community and Social Services fully funds the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

…/2

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

Sincerely,

Original Signed by

Joe Virdiramo, Chair
Board of Health
Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)
Judith Monteith-Farrell, MPP (Thunder Bay-Atitkokan)
All Ontario Boards of Health

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

Hon. Ginette Petitpas Taylor
Minister of Health, Canada
House of Commons
Ottawa, On K1A 0A6

Ginette.petitpastaylor@parl.gc.ca

Dear Minister Petitpas Taylor:

Petition for an adequately-funded national cost-shared universal healthy school food program

On behalf of the Windsor-Essex County Health Unit, we are writing to express our support for Toronto's Board of Health and Senator Art Eggleton's call for a federal universal health school program, passed at WECHU's September 2018 Board of Health meeting.

Student nutrition programs (SNPs) are community-based meal and snack programs that operate primarily in schools. School food programs are increasingly seen as vital contributors to students' physical and mental health, and academic achievement. A growing body of research demonstrates the potential of school food programs to improve food choices, prevent disease, and support academic success (including academic performance, reduced tardiness, and improved student behaviour) for all students.

In Windsor and Essex County, SNPs have been a driving force in ensuring children have access to healthy food and beverages throughout the school day. This is especially important because our region has low rates of vegetables and fruit consumption in children.

In Ontario, SNPs are run locally by students, parents and volunteers, and are funded through multiple sources including provincial funding, local community groups and organizations, grants, and local fundraising. For most programs, the current funding available does not cover the full cost to run the programs at full capacity. As well, many schools lack the infrastructure to support cooking healthy meals.

To deal with these funding shortfalls, programs resort to a variety of methods including reducing the number of meals served, offering fewer servings with smaller portions, relying on ready-made food more often, or decreasing the quality of food offered. These can significantly undermine the potential positive health effects that SNPs can have on Canadian children.

Given the documented benefits of SNPs, we urge the federal government to support an adequately-funded national cost-shared universal healthy school food program. Sustained federal investment, as proposed by Senate Motion no. 358, would leverage local efforts and allow SNPs to expand their impact and improve children's health and educational outcomes, while lowering future healthcare costs.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

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

https://www.wechu.org/board-meetings/september-2018-board-meeting

c: Cheryl Hardcastle, MP Windsor-Tecumseh
Brian Masse, MP Windsor West
Tracey Ramsey, MP Essex
Dave Van Kesteren, MP Chatham Kent-Leamington
Hon. Christine Elliott, Deputy Premier, Ontario Minister of Health and Long-Term Care
Ontario Boards of Health
Windsor-Essex County Board of Health
Association of Public Health Agencies (alPHa)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities
Ontario Student Nutrition Program, Windsor-Essex Region
WEC local school boards

simcoe muskoka
DISTRICT HEALTH UNIT

February 20, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queens's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

Re: Public and Environmental Health Implications of Bill 66, Restoring Ontario's Competitiveness Act, 2018

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to express concern about the Government of Ontario's decision to enact Bill 66, Restoring Ontario's Competitiveness Act, 2018.

We appreciate the intention to enhance employment opportunities throughout Ontario, and recognize good quality employment as a key element which influences health. Individuals who are unemployed, have precarious employment, or experience poor working conditions are at higher risk of stress, injury, high blood pressure and heart disease. However, the proposed bill will amend a number of acts and regulations intended to protect and promote public and environmental health.

In consideration of the proposed amendments, Bill 66 was assessed by SMDHU staff for implications to public and environmental health. We are apprehensive of unintended negative consequences which may arise from the implementation of this bill. The attached appendices outline concerns related to Schedule 3 (Appendix 1) and Schedule 5 (Appendix 2). Schedule 10 (Appendix 3) is also included, though the Board of Health is aware of media reports and social media remarks made by Honourable Minister Clark indicating "w*hen the legislature returns in February,* (the Government*) will not proceed with Schedule 10 of the Bill*." This is welcomed, however, from our assessment of Bill 66 as it is presently written, its implementation to amend and repeal current legislation will potentially result in:

- Negative impacts to Ontario's natural and built environment;
- Degradation of important water sources;
- Decreased preservation of greenspaces including agricultural lands, forests, parks and natural heritage features;
- Decreased opportunities for physical activity;
- Impacts to child safety; and
- Increased risk of the spread of infectious diseases.

We request the government consider the impacts on the public health and safety of residents of Ontario prior to Bill 66 proceeding through the legislative process. We thank you for the opportunity to provide comment and your consideration of our feedback.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:BA:cm

cc. Honorable Christine Elliot, Minister of Health and Long-Term Care
Honorable Steve Clark, Minister of Municipal Affairs
Honorable Lisa Thompson, Minister of Education
Honorable Rod Phillips, Minister of the Environment, Conservation and Parks
Dr. David Williams, Chief Medical Officer of Health
Members of Provincial Parliament for Simcoe and Muskoka
Ontario Boards of Health
Ms. Loretta Ryan, Association of Local Public Health Agencies
Association of Municipalities of Ontario
Ontario Public Health Association
Members of Provincial Parliament
Municipal Councils
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

Appendix 1: Concerns and considerations related to Schedule 3 – Ministry of Education

SMDHU recognizes the efforts to enhance child care availability to families by increasing the total number of children under the age of two that can be cared for by home child care providers. Though evidence on optimal infant to caregiver ratios is inconclusive, the current limits in Child Care and Early Year's Act, 2014, were chosen to ensure child safety[1]. We urge the government to evaluate the effects of this legislation on child safety and developmental outcomes if implemented. The proposed changes will not adequately address issues of access, affordability, and quality child care for families. Similar to our high quality education system, a child care strategy that prioritizes accessibility, affordability and quality is best addressed through a government system that ensures universal access to high quality care.

In addition, there may be implications to infection prevention and control due to the proposed amendment to paragraph 4 subsection 6 (4) of the Child Care and Early Years Act, 2014, which recommends the reduction of the age restriction from six years of age to four for registration in authorized recreation and skill building programs. Authorized recreational and skill building programs are not proactively inspected for food safety nor infection prevention and control by local public health units. With immunization follow-up doses for several diseases (e.g. measles, pertussis, and chickenpox) not occurring until a child is between 4 – 6 years, coupled with the potential for decreased hygienic practices and larger numbers of children congregating in one location[2], there is the potential for the spread of vaccine-preventable diseases. Facilities that are not required to be inspected may not have the administrative (e.g. policies on when to exclude ill children) or physical (e.g. appropriate disinfectants) infrastructure to prevent infections. By lowering the age from six years to four, a potential increased infectious disease risk will occur for children 4-6 years attending these programs.

[1] Ontario Ombudsman. 2014. Ombudsman Report: "Careless about Childcare" Investigation into how the Ministry of Education responds to complaints and concerns relating to unlicensed daycare providers .Available at: www.ombudsman.on.ca/Files/sitemedia/Documents/Investigations/SORT%20Investigations/CarelessAboutChildCareEN-2.pdf

[2] Canadian Paediatric Society. 2015. Well Beings: A Guide to Health in Child Care – 3rd edition.

Appendix 2: Concerns and considerations related to Schedule 5 - Ministry of Environment, Conservation and Parks

The purpose of the Toxics Reductions Act (TRA) is to prevent pollution and protect human health and the environment, through reducing the use and creation of toxic substances within Ontario. While SMDHU supports efforts to avoid duplication of existing provincial and federal regulations, it is important to recognize the need to reduce the availability of toxic substances within Ontario. Existing federal requirements through the National Pollutant Release Inventory and the Chemical Management Plan have limitations to supporting further reduction of toxic substances that the province of Ontario hoped to address. The TRA can provide important economic benefits which lead to potential cost savings, creating new markets, and supporting employee health and safety. Similar legislation has shown to be effective in other jurisdictions in the United States that have required toxic reduction plans. Thus, SMDHU encourages the province to not eliminate the TRA, but to evaluate more effective opportunities for toxics reduction in Ontario that can support creating healthy environments while reducing barriers for business

Appendix 3: Concerns and considerations related to Schedule 10 - Ministry of Municipal Affairs and Housing

The Planning Act and associated provincial regulations support effective planning, by ensuring development meets community needs, allows for sustainable economic growth, while protecting green spaces such as agricultural lands, forests, parks and natural heritage features which provide multiple health, economic and environmental benefits. The health benefits of well-designed communities based on provincial policies include better air quality, protected drinking water supplies, availability of locally grown foods, reduced urban heat islands, increased climate resiliency, mitigation of vector-borne diseases, increased opportunities for physical activity, general wellbeing and lower health care costs. Conservation of natural heritage features such as the Greenbelt addresses climate change mitigation (carbon sequestration) and adaptation (mitigating flood risks). For example, the Greenbelt actively stores carbon, with an estimated value of $4.5 billion over 20 years; annual carbon sequestration is valued at 10.7 million per year[1]. Benefits of greenspaces are communicated within the 'Preserving and Protecting our Environment for Future Generations: a Made in Ontario Environment Plan' which identifies the government's commitment to protect the Greenbelt for future generations[2].

SMDHU is concerned that the proposed amendment to the Planning Act will allow the use of *Open for Business* planning by-laws to permit the use of these important lands for alternative purposes without adhering to existing local planning requirements, such as official plans. Employment land needs are explicitly identified within local planning documents, and thus the use of the by-law will compromise long-term planning decisions. While the by-law may provide short-term economic benefit through the expansion of employment lands, this will be at the expense of long-term, sustainable economic development and protection of green space currently prescribed by the Planning Act.

In addition, Bill 66 allows municipalities to bypass important environmental legislation and discount protections for clean water and environmentally sensitive areas across Ontario. After the events of 2000 in Walkerton, where seven people died and thousands were ill[3], Ontario put legislation in place to protect the over 80% of Ontarians who get their drinking water from municipal sources. The Clean Water Act, which directly addresses 22 of the 121 recommendations made following the Walkerton Inquiry, supports the adoption of a watershed based planning process, and serves as the instrument for the creation of source water protection plans.

Current legislation protects drinking water sources and greenspace. The changes proposed in Bill 66 will weaken a number of noteworthy acts including the Clean Water Act, the Great Lakes Protection Act, the Lake Simcoe Protection Act, the Greenbelt Act, the Oak Ridges Moraine Conservation Act, and the Places to Grow Act. Currently these acts prevail in the case of conflict between a municipal plan and the noted act; under the proposed changes this would no longer be the case.

---

[1] Tomalty, R. 2012. *Carbon in the Bank: Ontario's Greenbelt and its role in mitigating climate change*. [Vancouver]: David Suzuki Foundation

[2] Ministry of the Environment, Conservation and Parks. 2018. *Preserving and protecting our environment for future generations: A Made-in-Ontario environment plan.* [Toronto]: Ontario Ministry of the Environment, Conservation and Parks.

[3] Walkerton Inquiry (Ont.) and Dennis R. O'Connor. 2002. *Report of the Walkerton Inquiry: A strategy for safe drinking water.* [Toronto]: Ontario Ministry of the Attorney General.

Notably, Section 39 of the Clean Water Act currently requires all Planning Act decisions to conform to policies in approved source protection plans that address significant drinking water threats prescribed by the Clean Water Act[i]. This important provision must remain applicable to all municipal planning and zoning decisions in order to protect public health and safety.

Bill 66 not only impacts drinking water, but also moves back progress made on protecting Lake Simcoe. The Lake Simcoe Protection Act was created to safeguard the watershed and protect our Great Lakes and Lake Simcoe from environmental damage. Lake Simcoe attracts 9 million visitors on an annual basis and accounts for approximately $1 billion dollars in annual spending. Due to the economic, environmental and health impacts that the *Open for Business* planning bylaw will present, we urge the government to remove the amendment to the Planning Act, from Bill 66. At minimum, public health authorities should be granted the ability under the *Planning Act* to review and comment on open for business bylaw applications, due to potential risk and hazards to health and for the protection and promotion of public health and safety.

[i] Threats identified in the act include landfills, sewage systems, and the storage or handling of fuel, fertilizers, manure, pesticides, road salt, organic solvents and other substances on lands near wells or surface water intake pipes used by municipal drinking water systems

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay Parry Sound
Your lifetime partner in healthy living.
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711 | 1-800-563-2808

February 27, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

The Board of Health for the North Bay Parry Sound District Health Unit (Board) would like to share with you the resolutions passed at our recent meeting on February 27, 2019. The resolutions highlight our continued support of staff and community stakeholders to reduce health inequities, and our support for Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. A copy of the motion passed is included as Appendix A.

One in seven households in our Health Unit region experience food insecurity. Included is a copy of our 2018 Food Insecurity poster, highlighting this important statistic, as Appendix B. Our goal with this key messaging is to emphasize the magnitude of this issue in our area. The full report is available on our website.

While our community has a broad gamete of important social service and food charity programs in place to assist those experiencing food insecurity, this complex issue cannot be adequately or sustainably addressed at the local level. Food insecurity is defined as inadequate or insecure access to food due to financial constraints, which highlights low income as the root of the problem. Our Health Unit continues to raise awareness about the importance of income security for low income Ontarians, in an effort to reduce food insecurity rates. Food insecurity is a significant public health problem because of its great impact on health and well-being. In light of the release of the new Canada's Food Guide, it is important to note that these dietary recommendations are out of reach for many low-income Canadians.

While there are a number of risk factors for being food insecure, social assistance recipients are at particularly high risk. Research has shown that 64% of households in Ontario receiving social assistance

.../2

experience food insecurity, demonstrating that social assistance rates are too low to protect recipients from being food insecure. For this reason, our Board supports Bill 60, an act to amend the Ministry of *Community and Social Services Act to establish the Social Assistance Research Commission. This group* will make recommendations on social assistance policy, including social assistance rates based on the real costs of living in regions across Ontario, taking into account the cost of healthy eating. Our Health Unit, community partners and households receiving social assistance are eagerly awaiting the release of more details about the changes that will be made to Ontario's social assistance system following Minister MacLeod's announcement on November 22, 2018. Please consider the establishment of the Social Assistance Research Commission as part of the changes that will ensue by prioritizing Bill 60.

Last year, we expressed our support and feedback to the previous government on the *Income Security: A Roadmap for Change* report. This report was prepared in collaboration with many experts, including Indigenous representatives, and has already undergone a public consultation process. Please take into account the elements outlined in this report when implementing changes to the current social assistance system. We emphasized this last August, when we expressed our concern about the cancellation of the basic income pilot project and the reduction to the scheduled increase to social assistance rates in 2018.

Thank you for taking the time to review this information and we will look forward to hearing next steps in strengthening income security in Ontario.

Sincerely,

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer

Don Brisbane
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:
Victor Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Robert Bailey, MPP, Sarnia-Lambton
Paul Miller, MPP, Hamilton East-Stoney Creek
North Bay Parry Sound District Health Unit Member Municipalities
Joseph Bradbury, Chief Administrative Officer, DNSSAB
Janet Patterson, Chief Administrative Officer, PSDSSAB
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay Parry Sound
Your lifetime partner in healthy living.
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711 | 1-800-563-2808

Appendix A

NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH

RESOLUTION

DATE: February 27, 2019 **MOVED BY:** Mike Poeta

RESOLUTION: #BOH/2019/02/04 **SECONDED BY:** Dan Roveda

Whereas, *The Nutritious Food Basket Survey results show that many low income individuals and families do not have enough money for nutritious food after paying for housing and other basic living expenses; and*

Whereas, *The Board of Health for the North Bay Parry Sound District Health Unit recognizes the impact of adequate income on food security and other social determinants of health; and*

Whereas, *Food insecurity rates are very high among social assistance recipients; and*

Whereas, *Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission) would help ensure social assistance rates are indexed to inflation, reviewed on an annual basis, and reflect regional costs of living including the cost of a Nutritious Food Basket; and*

Whereas, *the Ontario Public Health Standards require public health units to assess and report on the health of local populations, describing the existence and impact of health inequities;*

Therefore Be It Resolved, *That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of employees and community stakeholders to reduce health inequities, including food insecurity; and*

Furthermore Be It Resolved, *That the Board of Health support Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission); and*

Furthermore Be It Resolved, *That the Board of Health provide correspondence of these resolutions to district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Norm Miller, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Lisa MacLeod (Minister of Community and Social Services), the Honourable Christine Elliott (Minister of Health and Long-Term Care) and the Association of Local Public Health Agencies (alPHa).*

CARRIED: ✓ **VICE-CHAIRPERSON:** *Original Signed by Don Brisbane*

Appendix B

1 in 7

Nipissing and Parry Sound homes are food insecure because they don't have enough money.

This can mean:

- Worrying about running out of food
- Eating less healthy food
- Skipping meals
- Having poor health

Be informed myhealthunit.ca/foodinsecurity

North Bay Parry Sound District Health Unit

Peterborough Public Health
1889-2019 LOCAL & STRONG

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

February 27, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: doug.ford@pc.ola.org

Dear Premier Ford:

Re: Support for Provincial Oral Health Programs for Low Income Adults and Seniors

At its meeting held on February 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Sudbury & District Health Unit regarding the above noted matter.

Oral health is essential to overall health and quality of life at every stage of life and has been recognized as a basic human right. The Board echoes the recommendations outlined in their resolution (attached) and we fully support the provincial government's plan to invest in an oral health program for low-income seniors and urge that access be expanded to include low-income adults.

We look forward to receiving more information about how local public health agencies in Ontario can assist and support the implementation of a new oral health program for low-income seniors, with the potential to include low-income adults.

We appreciate your attention to this important public health issue.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

Public Health
Santé publique
SUDBURY & DISTRICTS

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais
1.866.522.9200

phsd.ca

December 7, 2018

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

Re: Support for Provinical Oral Health Program for Low Income Adults and Seniors

I am very pleased to write to you on behalf of the Board of Health for Public Health Sudbury & Districts to share our sincere appreciation for the provincial government's support of a provincial oral health program for low-income seniors. This is a welcome addition to oral health programs already available for children and youth in low-income families through Healthy Smiles Ontario.

The Board of Health for Public Health Sudbury & Districts has a keen interest in oral health. In reviewing our 2018 data on oral health, we identified that to further support oral health for all Ontarians, programs are needed for low-income adults, in addition to those in place or planned for children, youth and seniors.

At its meeting on November 22, 2018, the Board of Health carried the following resolution #42-18:

WHEREAS as compared with other provinces, Ontario has the lowest rate of public funding for dental care, as a percentage of all dental care expenditures and the lowest per capita public sector spending on dental services, resulting in precarious access to dental preventive and treatment services, especially for low-income Ontarians; and

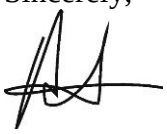
WHEREAS the Ontario Progressive Conservative party pledged to implement a comprehensive dental care program that provides low income seniors with quality care by increasing the funding for dental services in Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and by investing in a new dental services in underserviced areas including increasing the capacity in public health units and investing in mobile dental buses;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts fully support the Premier's plan to invest in oral health programs for low income seniors and further encourage the government to expand access to include low income adults; and

FURTHER that this motion be shared with area municipalities and relevant dental and health sector partners, all Ontario Boards of Health, Chief Medical Officer of Health, Association of Municipalities of Ontario (AMO), and local MPPs.

Thank you for your attention to this matter and I look forward hearing more about the role public health can take in support of a new oral health program for low income adults and seniors that is cost effective and accessible.

Sincerely,



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

cc: Honorable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health, Minister of Health and Long-Term Care
Mr. Jamie West, MPP, Sudbury
Ms. France Gelinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities within Public Health Sudbury & Districts
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Association of Municipalities of Ontario
Dr. David Diamond, President, Sudbury & District Dental Society
Dr. Tyler McNicholl, vice-president, Sudbury & District Dental Society
Ms. Jacquie Maund, Alliance for Healthier Communities

Ministry of Health and Long-Term Care

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

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Ministère de la Santé et des Soins de longue durée

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

Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

March 4, 2019

MEMORANDUM

TO: Board of Health Chairs and Medical Officers of Health

RE: Amendments to select Ontario Public Health Standards Protocols, Guidelines and Appendices

---

I am writing to inform you of changes to specific protocols and guidelines of the Ontario Public Health Standards (OPHS). These documents are listed in the attached tables. In addition, changes to the disease-specific chapters of Appendix A and provincial case definitions of Appendix B of the *Infectious Diseases Protocol, 2018* have also been made. A summary of all changes is included in the *Document History* section of the appendices. All changes come into effect immediately.

The updated protocols and guidelines will be posted to the OPHS website as soon as possible but, in the interim, they can be found on the DoN here.

The revised appendices have been posted on the OPHS website under their respective disease titles here.

Original signed by

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

c: Dr. Peter Donnelly, President and Chief Executive Officer, Public Health Ontario; Dr. Brian Schwartz, Vice President, Public Health Ontario; Dr. George Pasut, Vice-President and Chief Information Officer, Public Health Ontario; Liz Walker, Director, Accountability and Liaison Branch; Laura Pisko, Director, Health Improvement Policy and Programs Branch; Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch; Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch and Interim Director of Operations; Clint Shingler, Director, Health System Emergency Management Branch; Colleen Kiel, Director (A), Strategy and Planning Branch; Gillian MacDonald, Manager, Office of the Chief Medical Officer of Health, Public Health

Attachment

Release of updated OPHS Protocols, Guidelines and Appendices
March 1, 2019

Standard	***Protocol or Guideline***	***Description of Changes***
Chronic Disease Prevention and Well-Being	*Tanning Beds Protocol, 2019*	General housekeeping changes
Healthy Environments	*Health Hazard Response Protocol, 2019*	General housekeeping changes
Food Safety	*Operational Approaches for Food Safety Guideline, 2019* *Food Safety Protocol, 2019*	General housekeeping changes
Infectious and Communicable Diseases Prevention and Control	*Infection Prevention and Control Protocol, 2019*	Clarification of personal service settings subject to O. Reg 136/18 – Personal Service Settings
	Infection Prevention and Control Compliant Protocol, 2019	Clarification of personal service settings subject to O. Reg 136/18 – Personal Service Settings
	Infection Prevention and Control Disclosure Protocol, 2019	- Clarification of personal service settings subject to O. Reg 136/18 –Personal Service Settings - Language consistent with other Protocols regarding disclosure - Included direction regarding disclosure of enforcement actions - Clarity regarding disclosure of complaint-based inspections
	Personal Service Settings Guideline, 2019	- Clarification of personal service settings subject to O. Reg 136/18 –Personal Service Settings - Additional clarity provided to allow for consistent interpretation of O. Reg. 136/18
	Management of Avian Chlamydiosis in Birds Guideline, 2019	- Clarification of recommended vs required actions by board of health in response to reported cases in birds
	Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2019	- Clarification of recommended vs required actions by board of health in response to reported cases in birds or animals
	Management of Echinococcus Multilocularis Infections in Animals Guideline, 2019	- Clarification of recommended vs required actions by board of health in response to reported cases in birds or animals

Standard	*Protocol or Guideline*	*Description of Changes*
	Management of Potential Rabies Exposures Guideline, 2019	- Addition of new guidelines with respect to rabies post-exposure prophylaxis in individuals who have received rabies vaccine in the 3 months preceding a given exposure
	Rabies Prevention and Control Protocol, 2019	- Clarification of requirement for boards of health to report outcome of risk assessment for potential rabies exposure to healthcare providers
	Sexual Health and Sexually Transmitted/Blood Borne Infections Prevention and Control Protocol, 2019	- Clarification of requirements for boards of health to incorporate knowledge of external documents referenced into their own practices as they implement ministry requirements - Clarification of requirements pertaining to drug and vaccine supply distribution
Safe Water	*Recreational Water Protocol, 2019*	- General Housekeeping
	Safe Drinking Water and Fluoride Monitoring Protocol, 2019	- General Housekeeping, with merging two Protocols (Protocol for the Monitoring of Community Water Fluoride Levels and Drinking Water Protocol)

Infectious Diseases Protocol, 2018 Appendices
Disease Specific Chapters (Appendix A) and Provincial Case Definitions (Appendix B)

Acquired Immunodeficiency Syndrome (AIDS)	Acute Flaccid Paralysis	Adverse Events Following Immunizations (AEFIs) (Appendix B only)
Amebiasis	Anthrax	Blastomycosis
Botulism	Brucellosis	*Campylobacter* enteritis
Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization	Chancroid	Chickenpox (Varicella)
Chlamydia trachomatis infections	Cholera	*Clostridium difficile* Infection (CDI) outbreaks in public hospitals
Creutzfeldt-Jakob Disease, all types	Cryptosporidiosis	Cyclosporiasis
Diphtheria	Echinococcus multilocularis infection	Encephalitis, including i) Primary, viral; ii) Post-infectious; iii) Vaccine-related; iv) Subacute sclerosing panencephalitis; and v) Unspecified
Food poisoning, all causes	Gastroenteritis, Outbreaks in institutions and public hospitals	Giardiasis
Gonorrhoea	Group A Streptococcal Disease, invasive (iGAS)	Group B Streptococcal Disease, neonatal

Haemophilus influenze disease, all types, invasive	Hantavirus pulmonary syndrome	Hemorrhagic fevers, including: i) Ebola virus disease; ii) Marburg virus disease; and iii) Other viral causes
Hepatitis A	Hepatitis B	Hepatitis C
Influenza	Legionellosis	Leprosy
Listeriosis	Lyme Disease	Measles
Meningitis, acute: i) bacterial; ii) viral; and iii) other	Meningococcal disease, invasive	Mumps
Paralytic Shellfish Poisoning	Paratyphoid Fever	Pertussis (Whooping Cough)
Plague	Pneumococcal disease, invasive	Poliomyelitis, acute
Psittacosis/Ornithosis	Q Fever	Rabies
Respiratory Infection outbreaks in institutions and public hospitals	Rubella	Rubella, congenital syndrome
Salmonellosis	Severe Acute Respiratory Syndrome (SARS)	Shigellosis
Smallpox	Syphilis	Tetanus
Trichinosis	Tuberculosis	Tularemia
Typhoid Fever	Verotoxin-producing *E. coli* infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)	West Nile Virus
Yersiniosis		

Ministry of Health and Long-Term Care

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

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Ministère de la Santé et des Soins de longue durée

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

Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

March 6, 2019

MEMORANDUM:

TO: Medical Officers of Health, Chief Executive Officers and Board Chairs

Dear Colleagues,

By now I am expecting you will have seen and heard the recent announcement on the transformation of our health care system.

At a high level, the announcement focused on the Ministry's plan to improve the patient experience and enable better connected care by:

- Supporting the establishment of Ontario Health Teams across the province and in every community, and
- Integrating multiple existing provincial agencies into a single health agency – Ontario Health.

While the main focus of the government's plan is currently on improving patient experience and fostering better connected care, as always, there is a significant role for the public health sector to play within the larger system. I want to assure you that the public health sector, as always, is a valuable partner and key piece of the health care system.

I look forward to hearing your input and collaborating as a sector as we work to understand what these changes mean for us. As we wait to hear more from the government, it will require us to remain nimble and adapt while we continue our work to best serve our communities. These are early days and more information will follow in the weeks/months ahead. And, my commitment is to share what I know with you when I am able to share it.

I have included the following information, for your reference, with respect to this week's announcement.

- News Release
- Backgrounder
- Minister's Remarks
- Connected Care Stakeholder Webinar
- Bill 74

Sincerely,

Original signed by

Dr. David Williams

Chief Medical Officer of Health
Office of Chief Medical Officer of Health, Public Health
Ministry of Health and Long-Term Care

Fernandes, Krislyn

From: Gordon Fleming <gordon@alphaweb.org>
Sent: March-05-19 12:58 PM
To: All Health Units
Subject: COMOH Resolution: Undetectable = Untransmittable
Attachments: COMOH_Resolution_U=U_210219.pdf

ATTENTION
CHAIRS, BOARDS OF HEALTH
****

Dear Board of Health Chair,

Please be advised that the attached resolution was passed by the Council of Ontario Medical Officers of Health during its February 21 meeting in Toronto. The operative clauses are copied below.

NOW THEREFORE BE IT RESOLVED that the Council of Ontario Medical Officers of Health endorse the message that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health;
AND FURTHER that the Council of Medical Officers of Health join the Chief Public Health Officer of Canada and the Provincial and Territorial Chief Medical Officers of Health in acknowledging the importance of communicating the U=U message as part of a comprehensive public health approach to sexual health.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23

coMOH
Council of Ontario
MEDICAL OFFICERS OF HEALTH

RESOLUTION 2019-02-21
TITLE: HIV Case Management

WHEREAS advances in treatment and timely interventions and supports have allowed people living with HIV to manage their illness and live a healthy life; and

WHEREAS there have been no confirmed cases of sexually transmitted HIV to an HIV-negative partner when the HIV-positive partner was continuously on antiretroviral therapy (ART) with sustained viral suppression; and

WHEREAS when a person living with HIV on ART takes their medications consistently as prescribed and maintains a confirmed suppressed viral load, there is effectively no risk of their passing the infection on to their sex partners; and

WHEREAS Canada's Chief Public Health Officer and Provincial and Territorial Chief Medical Officers of Health have acknowledged the important work of the Undetectable = Untransmittable (U=U) campaign, which promotes the scientific evidence that indicates that when an individual is being treated for HIV and maintains a suppressed viral load, there is effectively no risk of sexual transmission; and

WHEREAS the Ontario Public Health Standards require the use of health promotion approaches to increase adoption of healthy behaviours among the population and create supportive environments to promote healthy sexual practices;

NOW THEREFORE BE IT RESOLVED that the Council of Ontario Medical Officers of Health endorse the message that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health;

AND FURTHER that the Council of Medical Officers of Health join the Chief Public Health Officer of Canada and the Provincial and Territorial Chief Medical Officers of Health in acknowledging the importance of communicating the U=U message as part of a comprehensive public health approach to sexual health;

AND FURTHER that the Chief Public Health Officer of Canada, Provincial and Territorial Chief Medical Officers of Health, Ontario Minister of Health and Long-Term Care and all Ontario Boards of Health be so advised.

CARRIED February 21, 2019

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

The Honourable Christine Elliott
Deputy Premier of Ontario
Minister of Health and Long-Term Care
christine.elliottco@ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping

At the February 26, 2019 regular meeting of the Board of Health for the Renfrew County and District Health Unit (RCDHU) the Board considered the attached correspondence from Peterborough Public Health urging the Ontario government to strengthen the Smoke-Free Ontario Act, 2017 to prohibit through regulation, the promotion of vaping products.

The following motion was recommended by the Stakeholder Relations Committee and accepted by the Board on February 26, 2019:

Resolution: # 3 SRC 2019-Feb-08
A motion by M. A. Aikens; seconded by J. Dumas; be it resolved that the Stakeholder Relations Committee recommend to the Board that the RCDBH support the correspondence from Peterborough Health Unit urging the province to strengthen the Smoke-Free Ontario Act 2017 and prohibit the promotion of vaping products and further that it be cc as per the Sudbury letter.

Carried

Sincerely,

Janice Visneskie Moore
Chair, Board of Health
Renfrew County and District Health Unit

cc (via email): The Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Office of Health
The Honourable John Yakabuski, MPP, Renfrew-Nipissing-Pembroke

Ontario Boards of Health
Loretta Ryan, Executive Director, association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Associations
Association of Municipalities of Ontario
Jacquie Maund, Alliance for Healthier Communities

7 International Drive, Pembroke, Ontario K8A 6W5 • www.rcdhu.com
• Health Info Line 613-735-8666 • Health Promotion & Clinical Services 613-735-8651 • Dental 613-735-8661
• Immunization 613-735-8653 • Environmental Health 613-735-8654 • Reception 613-732-3629 • Fax 613-735-3067
Toll Free: 1-800-267-1097

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

November 5, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act (2017) to address the promotion of vaping

At its meeting on October 10, 2018, the Board of Health for Peterborough Public Health passed a motion to urge the Ontario government to strengthen the Smoke-Free Ontario Act (2017) and prohibit through regulation, the promotion of vaping products.

By and large the changes in the updated Act and regulations are viewed favorably by Peterborough Public Health as it harmonizes medicinal cannabis, recreational cannabis, conventional cigarettes, and e-cigarette laws into one piece of legislation. However, health experts conclude that allowing retail vaping displays and promotion will put thousands of children and youth at risk of nicotine addiction. The legislation only bans actual vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products. It permits the widespread promotion of vaping products in convenience stores, gas bars and other retail locations across Ontario. This includes freestanding brand promotions now located inside and outside retail locations like gas bars, posters including pictures of products, video product promotion, and many other types of promotion including those featuring actual vaping products, are all allowed. Mass media promotion of vaping produces (i.e., television advertising) has already been seen in Ontario.

Public health representatives are very concerned about the outcome of nicotine exposure on the adolescent brain. There is also more evidence of respiratory health impacts among young vapers. We are sure that these serious health impacts must be of concern to you and the Government of Ontario as well. We agree with a federal commitment to reducing tobacco use to 5% in Ontario by 2035[1] and fear that current promotion of vaping will actually lead to increased tobacco use among youth. Recently released results from the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) shows that current smoking rates for Canadians aged 15 years and over have actually increased to 15.1% in 2017 from 13.0% in 2015.[2] Your action is urgently needed to protect the health of youth in Ontario and avoid an epidemic of vaping and nicotine addiction. We must work collaboratively to ensure that young people do not start smoking or vaping.

In conjunction with the above actions, the Board of Health requests that the Province invest in a timely evaluation of the implementation of the Smoke-Free Ontario Act to monitor the impacts of the limited promotion of vaping products with a commitment to make the required amendments as soon as possible.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

---

[1] Health Canada (2018). Canada's Tobacco Strategy. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canada-tobacco-strategy/overview-canada-tobacco-strategy-eng.pdf

[2] Statistics Canada (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of results for 2017. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html

alPHa
Association of Local PUBLIC HEALTH Agencies

2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

Providing leadership in public health management

Update to Board of Health Members
March 1, 2019

2019 alPHa Winter Symposium

Thank you to all those who attended our recently concluded 2019 Winter Symposium in Toronto. More than a hundred members from 34 health units convened on February 21 to hear discussion panels on the connection between public health and mental health, and managing risk, and participate in an orientation session for new board of health members and a business meeting for medical/associate medical officers of health. A highlight was an evening reception and special guest lecture co-hosted by the Dalla Lana School of Public Health at the University of Toronto. Guest speaker Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine, presented the government's vision for excellence in health care. Full proceedings of the Symposium plenary sessions will be available to the membership shortly. In the meantime, alPHa sincerely thanks the presenters, conference planning committee members, and the Dalla Lana School of Public Health for their participation, assistance with and support of this event.
View alPHa's photos from the Winter Symposium on Twitter here

BOH Orientation

At the recent orientation session for new and returning board of health members, alPHa's Executive Director and Past President gave an overview of the association, its role and organizational structure, and the current public health system. alPHa legal counsel James LeNoury reviewed board of health liabilities, including general liabilities of board members and the responsibilities of boards of health under the *Health Protection and Promotion Act*. Click the links below to see the slide decks (login and password required).
View the orientation slide deck by alPHa
View the board of health liability presentation by J. LeNoury
Download the 2018 Orientation Manual for BOH Members
Download the Governance Toolkit for Ontario BOHs

Health System Restructuring

On February 26, the Ontario government announced plans to introduce legislation that would, if passed, support the establishment of local Ontario Health Teams that connect health care providers and services around patients and families, and integrate multiple existing provincial agencies into a single health agency – Ontario Health. Existing agencies slated for integration include the 14 Local Health Integration Networks, Cancer Care Ontario, Health Quality Ontario and eHealth Ontario, among others. On February 27, first reading was passed on Bill 74, *The People's Health Care Act*, which would enable the proposed amendments to take place. Although public health was not mentioned in the announcement, alPHa will continue to monitor developments as they arise.
Read Bill 74, The People's Health Care Act here
Read Ontario's announcement on health care reform here
Read the Association of Municipalities of Ontario's briefing on the announcement

alPHa Responses & Communications

On February 12, alPHa responded to the first report of the Premier's Council on Improving Health Care and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain*. alPHa's letter underscored public health's role in health protection and illness prevention, activities that can help the government achieve its health mandate. The letter also included alPHa's pre-budget submission to government.
Download alPHa's response to the Hallway Health Care report
Read the Hallway Health Care report here

The Association also wrote to the Minister of Finance in response to provincial consultations on alcohol choice and convenience. alPHa's correspondence of January 31 outlined public health concerns regarding the negative health and societal impacts of increased availability of alcohol in the province. It also asks the government to develop a comprehensive provincial alcohol strategy.
Read alPHa's letter on proposed changes to the sale of alcohol

On January 30, alPHa's President presented the Association's pre-budget submission and public health resource paper to several Progressive Conservative MPPs in Whitby, Ontario. He spoke before Durham Region MPPs Lorne Coe, Lindsey Park and Doug Downey, parliamentary assistant to the finance minister. The opportunity to present was part of the government's 2019 budget consultations. alPHa's submission focused on public health's contributions in keeping people healthy and underscored their tremendous value. In support of the submission, alPHa also drafted a 2-page resource document. The communiqué is being used to start a conversation with MPPs about the importance of local public health and to demonstrate public health's strong return on investment.
Read alPHa's pre-budget submission here
Read alPHa's public health resource paper here

alPHa Correspondence

Check out our online library that houses the latest letters and correspondences sent by alPHa to government and other stakeholders on public health issues of the day. Scroll down and click the documents to view alPHa's letters of concern, responses to public consultations, and other materials, including responses from government.

Upcoming Events and Meetings for All Board of Health Members

June 9-11, 2019: Minding Public Health, alPHa 2019 Annual General Meeting & Conference, Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario. Book your accommodations now as space is limited. See a save the date flyer. Program and registration details coming soon.

June 11, 2019 (during alPHa Annual Conference): alPHa Boards of Health Section Meeting

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

Fernandes, Krislyn

From: Susan Lee <susan@alphaweb.org>
Sent: March-05-19 9:48 AM
To: All Health Units
Subject: Draft Program: 2019 alPHa Annual Conference
Attachments: June 2019 Conf Program .pdf

PLEASE ROUTE TO:

All Board of Health Members
All Senior Public Health Managers/Directors
****

alPHa is pleased to share the enclosed draft program-at-a-glance for the 2019 Annual General Meeting & Conference, June 9-11, in Kingston, Ontario. The draft program may also be accessed by clicking here.

Online registration will open in early April, so stay tuned. In the meantime, guestroom accommodations may be booked at the conference venue Four Points by Sheraton by clicking here or calling the hotel directly at (613) 544-4434.

Click here to access our conference web page for other related information. We will post updates on the program in this space, so check this page regularly.

Warm regards,

Susan

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel. (416) 595-0006 ext. 25
Fax. (416) 595-0030
Please visit us at http://www.alphaweb.org

alPHa
Association of Local PUBLIC HEALTH Agencies

MINDING PUBLIC HEALTH

2019 alPHa Annual Conference
June 9 – 11, Four Points by Sheraton, 285 King St., Kingston ON

DRAFT PROGRAM-AT-A-GLANCE *

**all events held at conference hotel unless otherwise indicated* *updated 2019-03-04*

Sunday, June 9, 2019		
2:00 – 4:00	**Guided Walking Tour of Downtown Kingston** Meeting place: Lobby of Four Points hotel (to be confirmed) Tour Guides: • Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit • Susan Cumming, RPP, Adjunct Lecturer, Queen's University and Past President, Ontario Professional Planners Institute	
2:00 – 5:30	**Registration**	
4:00 – 6:00	**alPHa Board of Directors Meeting** Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston	Offsite – see description
	Trolley buses depart hotel 5:30 pm to health unit; depart health unit 7:00 pm to hotel. *Special thanks to trolley sponsors Shoalts and Zaback Architects Ltd., designers of KFL&A Public Health's new office.*	
6:00 – 7:00	**Opening Reception** Greetings by Mark Gerretsen, MP, Kingston and The Islands (to be confirmed) Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston *Special thanks to KFL&A Public Health for sponsoring the reception.*	Offsite – see description
Monday, June 10, 2019		
7:00 – 8:00	**Continental Breakfast & Registration**	
8:00 – 10:00	**Annual General Meeting and Resolutions Session**	

	AGM and Resolutions Chair: Robert Kyle, alPHa President (to be confirmed)	
10:00 – 10:30	**Fitness Break**	
10:30 – 10:35	**Welcoming Remarks** by Bryan Paterson, Mayor of Kingston (to be confirmed)	
10:35 – 11:45	**Opening Plenary Session** • Dr. Theresa Tam, Canada Chief Public Health Officer (confirmed) • Hon. Christine Elliott, Minister of Health & Long-Term Care (to be confirmed)	
11:45 – 1:30	**Distinguished Service Awards Luncheon**	
1:30 – 3:00	**Plenary Session: Panel on Mental Health & Public Health – Part I** (Downstream Focus) Much of public health's work centers on upstream approaches to keep the population healthy. In times of crisis and emergencies, however, public health finds it must employ downstream interventions and strategies to save lives. This session will examine how public health and community partners can best work together to address mental health issues from a downstream perspective using the current opioid epidemic as an example. Moderator: Nadia Zurba, Senior Manager, Ontario Harm Reduction Distribution Program (confirmed) Panelists: • Antje McNeely, Chief of Police, Kingston Police (confirmed) • Monika Turner, Director of Policy, Association of Municipalities of Ontario (confirmed) • TBD	
3:00 to 3:30	**Break**	
3:30 to 5:00	**Plenary Session: Panel on Mental Health & Public Health – Part II (Upstream Focus)** Amidst the growing mental health crisis, there is increasing recognition that getting at the root causes of mental illness and preventing them in the first place will mitigate their negative health impacts at personal and societal levels. This session will focus on the upstream approach that public health and education partners are taking to address the mental health crisis both individually and collectively. Moderator: TBD Panelists:	

	• Dr. Andrea Feller, Associate Medical Officer of Health, Niagara Region Public Health (confirmed) • TBD • TBD	
5:30 to 7:00	**Reception** (sponsored by Lone Star Texas Grill) *Refreshments provided; cash bar.* Location: Lone Star Texas Grill, 251 Ontario St., Kingston (a 5-minute walk from the Four Points hotel)	Offsite – see description
7:00 onward	Delegates on their own for dinner	
Tuesday, June 11, 2019		
7:30 – 8:30	**Continental Breakfast**	
8:30 – 9:00	**Plenary Session: Lyme Disease Update** Speaker: Dr. Kieran Moore, Medical Officer of Health, KFL&A Public Health (confirmed)	
9:00 – 12:00	**Concurrent Section Meetings** (Boards of Health Section, COMOH)	
12:00	**Conference Ends** Delegates on their own for lunch	
12:30 – 1:30	**Inaugural alPHa Board of Directors Meeting**	

alPHa
Association of Local PUBLIC HEALTH Agencies

(AMENDED)
CALL FOR BOARD OF HEALTH NOMINATIONS 2019-2020 & 2020-2021 alPHa BOARD OF DIRECTORS

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

1. Central West	***2-year term each*** *(i.e. June 2019 to June 2020 & June 2020 to June 2021)*
2. East	
3. South West	
4. North East	***1-year term only** due to vacancy resulting from expiry of provincial appointee's term*

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

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

Qualifications:

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

An election to determine the representatives will be held at the Boards of Health Section Meeting on June 10 during the 2019 alPHa Annual Conference, Four Points by Sheraton Hotel, 285 King St. E., Kingston, Ontario.

*Nominations close **4:30 PM, Friday, May 31, 2019.***

Why stand for election to the alPHa Board?

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;
- Lend your expertise to the development of alPHa position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

Continued

What is the Boards of Health Section Executive Committee of alPHa?

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

How long is the term on the Boards of Health Section Executive/alPHa Board of Directors?

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

How is the alPHa Board structured?

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

What is the time commitment for a Section Executive member/Director of alPHa?

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

Are my expenses as a Director of the alPHa Board covered?

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

How do I stand for consideration for appointment to the alPHa Board of Directors?

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alPHa by **May 31, 2019.**

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

- Susan Lee, alPHa, Tel: (416) 595-0006 ext. 25, E-mail: susan@alphaweb.org

Appendix to Nomination and Consent Form – alPHa Board of Directors 2019-2020 & 2020-2021

Board of Health Vacancies on alPHa Board of Directors

*alPHa is accepting nominations for **three** Board of Health representatives to fill positions on its 2019-2020 and 2020-2021 Board of Directors from the following regions and for the following terms:*

1. ***Central West*** 2. ***East*** 3. ***South West***	***2-year term each*** *(i.e. June 2019 to June 2020 & June 2020 to June 2021)*
4. ***North East***	***1-year term only** due to vacancy resulting from expiry of provincial appointee's term (i.e. June 2019 to June 2020)*

See below for boards of health in these regions.

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

Central West Region Boards of health in this region include: Brant Haldimand-Norfolk Halton Hamilton Niagara Waterloo Wellington-Dufferin-Guelph	**South West Region** Boards of health in this region include: Chatham-Kent Grey Bruce Huron Lambton Middlesex-London Perth Southwestern Windsor-Essex
East Region Boards of health in this region include: Eastern Ontario Hastings Prince Edward Kingston Frontenac Lennox & Addington Leeds Grenville & Lanark Ottawa Renfrew	**North East Region** Boards of health in this region include: Algoma North Bay Parry Sound Porcupine Sudbury Timiskaming

Association of Local PUBLIC HEALTH Agencies

AMENDED

FORM OF NOMINATION AND CONSENT

alPHa Board of Directors 2019-2020 & 2020-2021

_____ , a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

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

- ❑ **Central East Region (2 year term)**
- ❑ **East Region (2 year term)**
- ❑ **South West Region (2 year term)**
- ❑ **North East Region (1 year term)**

SPONSORED BY:

1) _____
(Signature of a Member of the Board of Health)

2) _____
(Signature of a Member of the Board of Health)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee)

and agree to serve as a **Director of the alPHa Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close **4:30 PM, May 31, 2019** and must be submitted to alPHa by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate pages by the deadline.
3. E-mail the completed form, biography and copy of Board motion by **4:30 PM, May 31, 2019** to Susan Lee at susan@alphaweb.org

Fernandes, Krislyn

From: Gordon Fleming <gordon@alphaweb.org>
Sent: March-08-19 9:11 AM
To: All Health Units
Subject: Ministry of Finance Round Tables on Alcohol Retail
Attachments: MFin_Invitation.pdf; alPHa_Speaking_Notes_Alcohol_Retail_060319.pdf; alPHa_Letter_Alcohol_Retail_310119.pdf

Categories: BOH Correspondence

ATTENTION
MEDICAL OFFICERS OF HEALTH
CHAIRS, BOARDS OF HEALTH
SENIOR MANAGERS, SUBSTANCE USE & CHRONIC DISEASE PREVENTION PROGRAMS
****

Please find attached information related to a series of round tables hosted by the Ministry of Finance this week that provided stakeholders with the opportunity to discuss further expansion of alcohol sales in Ontario. alPHa President Robert Kyle and alPHa Executive Director Loretta Ryan participated on Wednesday March 6th, and Dr. Eileen de Villa (MOH – Toronto) and Dr. Jessica Hopkins (MOH – Peel) participated on behalf of COMOH on Monday, March 4th.

Attached materials:

- Original invitation from the Minister of Finance (issued to the COMOH Chair; alPHa received a similar one).
- Speaking notes and some additional documents referred to by Dr. Kyle
- alPHa Letter that was sent to the Minister on January 31st

COMOH will be submitting a follow-up letter to reiterate key messages, and the attached alPHa speaking notes (which were shared with attendees* on paper) will also be sent.

We hope you find this information useful.

*Attendees at the Wednesday session included the Ontario Restaurant Hotel and Motel Association (ORHMA), Arrive Alive Drive Sober, Canadian Federation of Independent Grocers (CFIG), Mothers Against Drunk Driving (MADD), Ontario Craft Brewers (OCB) and Ministry of Finance staff.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23

alPHa
Association of Local PUBLIC HEALTH Agencies

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

January 31 2018

Hon. Vic Fedeli
Minister of Finance
Room 281, Main Legislative Building,
Queen's Park
Toronto, Ontario M7A 1A1

Dear Minister Fedeli,

Re: Alcohol Choice & Convenience and a Provincial Alcohol Strategy

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 our input to your Government's plans for modernizing the rules for the sale and consumption of alcohol in Ontario. We are especially interested in helping you achieve the stated goal of ensuring safe and healthy communities by reiterating our call for a Provincial Alcohol Strategy.

Over the past few years, Ontario has been steadily increasing the availability of and access to beverage alcohol by relaxing long-standing controls over its sale and distribution, such as expanding the number and type of retail outlets, extending hours of service, allowing online ordering with home delivery and reducing over-the-counter prices. Your Government's plan to expand the sale of alcohol to corner stores, additional grocery stores and big-box stores would be a significant move towards further loosening these controls.

While we understand the consumer convenience aspect of these decisions, we are very concerned that the negative societal and health impacts of increasing the availability of alcohol continue to be overlooked.

Alcohol is no ordinary commodity. It causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death. Its contributions to liver disease, fetal alcohol spectrum disorder, acute alcohol poisoning and various injuries owing to intoxication are well known and evidence of its links to mental health disorders and a range of cancers continues to mount. In fact, a recent study by the Canadian Institute for Health Information (CIHI) estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol[1].

In addition to the personal health impacts, alcohol is a significant factor in the public costs associated with health care, social services, law enforcement and justice, and lost workplace productivity.

We have expressed our opposition to expanding the nature and number of retailers permitted to sell alcohol in the past, based on clear evidence that increasing access is detrimental to public health, and this remains our position. Given that such expansion continues to proceed in Ontario however, we must reinforce the importance of developing a comprehensive, provincially led alcohol strategy that can help mitigate the otherwise entirely preventable negative impacts of increased alcohol availability, which include increasing hallway medicine and waste of taxpayers' money.

It is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. A comprehensive, evidence-based approach to alcohol policy is therefore critical to limiting these harms.

We would be pleased to meet with you to further discuss our views on the public health impacts of alcohol availability and to lend our expertise to the development of a made-in-Ontario alcohol strategy. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Robert Kyle,
alPHa President

COPY: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health

Encl.

1. *Canadian Institute for Health Information. Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI; 2017.*

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A11-1

TITLE: **Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a $456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

ACTION FROM CONFERENCE: **Resolution CARRIED**

Association of Local PUBLIC HEALTH Agencies

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

Retail Expansion Roundtable
Ontario Ministry of Finance

375 University Ave, 7th Floor, Toronto, ON M5G 2J5
Wednesday, March 6, 2019
Speaking Notes

Introduction

- alPHa represents all 35 boards of health and all associate/medical officers of health
- Thank you for inviting us to attend today's roundtable
- The focus of our remarks is on:
    - Rules for sale and consumption
    - Safe and healthy communities
- Alcohol is responsible for the second highest rate of preventable death and disease in Canada, following tobacco. Additionally, alcohol is responsible for the greatest proportion of costs attributed to substance use in Ontario;[i] it is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. It is necessary to balance consumer demand for convenience with policy supports aimed at ensuring the health of Ontarians remains a priority.

Background

- Alcohol availability in Ontario has increased 22 percent from 2007 to 2017 and will continue to increase under the government's proposed sale expansion plan.[ii]
- Ontario has committed to making wine, beer and cider available in up to 450 grocery stores.
- In August 2018, there was a reduction in the minimum retail price of beer (below 5.6% ABV) from 1.25 to $1.00; participating manufacturers were given enhanced promotion in LCBO retail stores.
- In December 2018, alcohol retail hours of sale were extended to 9 – 11 AM, seven days a week.

Current State

- Alcohol use is associated with addiction, chronic diseases, violence, injuries, suicides, fetal alcohol spectrum disorder, deaths from drunk driving, increased HIV infections, unplanned pregnancies, violence, assaults, homicides, child neglect and other social problems.
- Alcohol causes cancers of the mouth, esophagus, throat, colon and rectum, larynx, breast and liver.
- Even low to moderate alcohol consumption can cause cancer and damage to the brain.
- Alcohol outlet density has been shown to be related to heavy episodic drinking by youth and young adults.[iii] [iv]

- Privatized liquor sales, often associated with high density and increased sales to minors, can have troubling results for youth, including significantly more hospital visits, increased theft, increased acceptance of drinking among youth, and an increase in the number of "drinking days" among youth who were already drinking.[v]
- 1 in 3 Ontarians experience harms because of someone else's drinking.
- Evidence shows a consistent and positive association between alcohol outlet density and excessive alcohol consumption and related harms. The largest effect sizes were seen between outlet density and violent crime.[vi]
- Evidence shows that restricting the physical availability of alcohol by regulating the times when alcohol can be sold and limiting outlet density will decrease alcohol harm e.g., road traffic casualties, alcohol related disease, injury and violent crime.
- Increasing the hours of sale by greater than 2 hours has been shown to be related to increases in alcohol-related harms, such as an 11% relative increase in traffic injury crashes and a 20% relative increase in weekend emergency department admissions.[vii]
- A recent study by the Canadian Institute for Health Information estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol; there were more hospital admissions in Canada in 2017 for alcohol-related conditions than heart attacks.[viii]
- Increasing access to alcohol works against the government's efforts to reduce health care costs and end "Hallway Medicine".
- Alcohol-related costs currently exceed alcohol-related net income within Ontario.
- Alcohol-related costs in Ontario amount to at least $5.3 billion annually:[ix]
    - $1.5billion in healthcare
    - $1.3 billion in criminal justice
    - $2.1 billion related to lost productivity
    - $500 million in other direct costs
- In the United States, growth in life expectancy has stagnated and even decreased slightly in recent years, owing mainly to deaths attributed to alcohol and drug use or to suicide in lower socioeconomic strata; in Canada, rates of "deaths of despair" have also increased, particularly for opioid overdoses and alcoholic liver cirrhosis; as such, it is important for Canada to avoid further inequalities in income, to reduce rates of opioid prescribing and to strengthen alcohol control policies.[x]

Recommended Risk Mitigation Actions/Options:

Retail Siting and Setbacks

- Consider implementing the following setbacks, density and sensitive land use measures related to alcohol retailers:
    - Child care centres
    - Post-secondary schools
    - Elementary and secondary schools
    - Gaming facilities/casinos
    - Health care facilities, such as hospitals

- Long-term care homes
- Recreation and sports facilities
- Arcades, amusement parks, and other places where children and youth congregate
- Separation distances between retailors
- High priority neighbourhoods where there is more crime or higher socioeconomic disparity. DRHD priority neighbourhood data can be found at the following link: https://www.durham.ca/health.asp?nr=/departments/health/health_statistics/health_neighbourhoods/index.htm

Retail Density and Hours of Operation

- Take an incremental approach to alcohol sales expansion, including retail density and hours of sale, which will allow the government to monitor and evaluate the impact of any changes or increase in harms gradually.[xi]

Public Education, Prevention Strategies and Treatment Services

- Provide financial assistance to public health agencies to implement comprehensive and sustained prevention and harm reduction approaches that promote awareness of alcohol related harms and delay age of initiation amongst youth and young adults.
- Allocate a portion of additional revenue generated by increased alcohol availability directly to mental health and addictions services, which would assist in meeting current gaps in funding for direct service provision.

Pricing

- Adopt alcohol pricing policies that more effectively target hazardous patterns of drinking. These policies include:[xii]
  - setting and enforcing a minimum price per standard drink and applying it to all products
  - altering markups to decrease the price of low alcohol content beverages and increase the price of high alcohol content beverages
  - indexing minimum prices and markups to inflation to ensure that alcohol does not become cheaper relative to other commodities over time.

Note: Saskatchewan has demonstrated an effective strategy to bring revenue to the province while reducing alcohol related harms:

- increasing alcohol pricing can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption; Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of $9.4 million last year.[xiii]

Youth

- Maintain a government monopoly for off premise sales, including strong compliance checks.
- Limit retail density in areas frequented by youth.
- Ban the use of alcohol advertising, marketing and power walls in retailers that permit youth access.

Conclusion

- Notwithstanding competing pressures and priorities, government policies should strive to work in concert to support the health of all Ontarians.
- There are a number of options available to the government as in proceeds with alcohol retail expansion to mitigate the risks, especially to youth and vulnerable populations and to ensure safe and healthy communities.
- alPHa asks the government to fully consult with health experts, including the Association of Local Public Health Agencies, Centre for Addiction and Mental Health, and Ontario Public Health Association before making changes to the availability of alcohol.
- In addition, alPHa asks the government to develop, implement and evaluate a provincial alcohol strategy in consultation with the same experts cited above.

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

For further information contact:
Loretta Ryan
Executive Director, alPHa
647-325-9594 loretta@alphaweb.org

References

[i] The Canadian Centre for Substance Use and Addiction. (2018). Canadian Substance Use Costs and Harms in the Provinces and Territories. Retrieved from: http://www.ccdus.ca/Resource%20Library/CSUCH-Canadian-Substance-Use-Costs-Harms-Provincial-Territorial-Report-2018-en.pdf

[ii] Centre for Addiction and Mental Health (CAMH). (2017). Alcohol Availability in Ontario: The Changing Landscape. Retrieved from: http://eenet.ca/sites/default/files/2018/Alcohol%20Availability%20in%20Ontario%20Infographic.pdf

[iii] Babor, T., Caetano, R., Cassell, S., Edwards, G., Giesbrecht, N., Graham, K., Rossow, I. (2010). Alcohol: No Ordinary Commodity: Research and public policy (Second Ed.). New York, USA: Oxford University Press.

[iv] Bryden, A., Roberts, B., McKee, M., & Petticrew, M. A Systematic Review of the Influence on Alcohol use of Community Level Availability and Marketing of Alcohol. Health & Place: 2012, 18 (349-357). Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/22154843

[v] Becker, L., & Dilley, J. Studying the Impact of Washington State Initiatives: I-1183 (alcohol privatization) and I-502 (marijuana legalization)". Presentation to Joint House Committees on Early Learning and Public Safety, Washington State Legislature, February 19, 2014 Retrieved from: http://media.oregonlive.com/politics_impact/other/wash.priv.study.pdf

[vi] Campbell, C.A., et al., The Task Force on Community Preventative Services. (2009). The Effectiveness of Limiting Alcohol Outlet Density as a Means of Reducing Excessive Alcohol Consumption and Alcohol Related Harms. The American Journal of Preventative Medicine., 37 (6), 556.

[vii] Canadian Institute for Health Information. (2017). Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI. Retrieved from: https://www.cihi.ca/sites/default/files/document/report-alcohol-hospitalizations-en-web.pdf

[viii] ibid

[ix] Thomas, G. (2012). Analysis of beverage alcohol sales in Canada. Alcohol Price Policy Series: Report 2. Retrieved from: http://www.ccsa.ca/Resource%20Library/CCSA-Analysis-Alcohol-Sales-Policies-Canada-2012-en.pdf

[x] Probst, Charotte and Rehm, Jürgen (2019) Alcohol Use, Opioid Overdose and Socioeconomic Status in Canada: A Threat to Life Expectance? Retrieved from: http://www.cmaj.ca/content/190/44/E1294

[xi] Canadian Mental Health Association Ontario (2019). Expansion of Alcohol Sales in Ontario. Perspectives from the Canadian Mental Health Association, Ontario. Retrieved from: https://ontario.cmha.ca/wp-content/uploads/2019/02/CMHA-Alcohol-submission.pdf

[xii] Thomas, G., Stockwell, T., & Reist, D. (2019). Alcohol Pricing, Public Health and the HST: Proposed Incentives for BC Drinkers to Make Healthy Choices. Retrieved from: https://www.researchgate.net/publication/242463777_Alcohol_Pricing_Public_Health_and_the_HST_Proposed_Incentives_for_BC_Drinkers_to_Make_Healthy_Choices

[xiii] Thomas, G. (2012). Analysis of beverage alcohol sales in Canada. Alcohol Price Policy Series: Report 2. Retrieved from: http://www.ccsa.ca/Resource%20Library/CCSA-Analysis-Alcohol-Sales-Policies-Canada-2012-en.pdf

Appendix

Summary of alPHa's Submissions Related to Alcohol

- Alcohol is an important public health issue.
- Alcohol is not an ordinary commodity and should not be treated as such.
- Decisions how it is regulated, promoted and sold must be made within the broader context of its known and measurable societal harms, negative economic impacts and most importantly, public health.
- Alcohol is the most commonly used drug among Ontarians and one of the leading causes of death, disease and disability in Ontario.
- Alcohol is responsible for the second highest rate of preventable death and disease in Canada, following tobacco.
- Ontario has a significant portion of the population drinking alcohol and exceeding the low risk drinking guidelines.
- Expenditures attributed to alcohol consumption cost Ontarians an estimated $1.7 billion in direct health care costs and $3.6 billion in indirect costs in 2011, for a total of $5.3 billion.
- Direct health problems include chronic diseases such as liver diseases, diabetes, cardiovascular disease, cancer and other chronic illness along with deaths from drunk driving, homicides, suicides, assaults, fires, drowning and falls. These are but some of the more obvious examples of the adverse impacts of alcohol use and abuse.
- Indirect costs are also substantial due to alcohol-related illness, disability and death along with lost productivity in the workplace and at home.
- There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol.
- Increasing access works against the government's efforts to reduce health care costs. A recent study by the Canadian Institute for Health Information estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol. There were more hospital admissions in Canada in 2017 for alcohol-related conditions than heart attacks. Significant health care savings could be achieved through reduced health care burden from alcohol-related diseases and death.

- It is well-established that access increases consumption, which in turn increases the numerous alcohol-related harms as well as societal costs to the Province related to law enforcement. It is estimated that law enforcement related to alcohol costs Ontarians $3.18 yearly.

- We have expressed our opposition to expanding the nature and number of retailers permitted to sell alcohol in the past, based on clear evidence that increasing access is detrimental to public health, and this remains our position. Given that such expansion continues to proceed in Ontario however, we must reinforce the importance of developing a comprehensive, provincially led alcohol strategy that can help mitigate the otherwise entirely preventable negative impacts of increased alcohol availability, which include increasing hallway medicine and waste of taxpayers' money.

- It is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. A comprehensive, evidence-based approach to alcohol policy is therefore critical to limiting these harms.

EXCERPTS FROM AGO REPORT, CHAPTER 3.10 PUBLIC HEALTH: CHRONIC DISEASE PREVENTION

1.0 Summary

OVERALL MINISTRY RESPONSE

The Ministry and public health units are actively involved in promoting the Low-Risk Alcohol Drinking Guidelines to support a culture of moderation and provide consistent messaging about informed alcohol choices and responsible use. Over 65 stakeholders have been consulted to inform the development of a provincial Alcohol Strategy (p. 531).

4.1.3 Comprehensive Policy Developed and Dedicated Funding Provided for Tobacco Control but Not Physical Activity, Healthy Eating and Alcohol Consumption

Alcohol Consumption

In the case of ensuring effective controls on alcohol availability, we found that while public health is tasked with promoting Canada's Low-Risk Alcohol Drinking Guidelines to reduce the burden of alcohol-related illness and disease, in 2015 the Province expanded alcohol sales in grocery stores, farmers' markets, and LCBO e-commerce sales channels. One public health unit released a public statement noting that this move undermines the objective of public health units' work to reduce the burden of alcohol-related illness and disease.

Similarly, in their report mentioned earlier, Cancer Care Ontario and Public Health Ontario noted that the evidence shows that increased availability of alcohol is associated with high-risk drinking and alcohol-related health problems (pp. 546-547).

RECOMMENDATION 3

To better address the risk factors that contribute to chronic diseases, we recommend that the Ministry of Health and Long-Term Care develop comprehensive policies to focus on the key risk factors of chronic diseases—physical inactivity, unhealthy eating and alcohol consumption—in addition to tobacco control (p. 547).

MINISTRY RESPONSE

The Ministry and public health units are actively involved in promoting the Low-Risk Alcohol Drinking Guidelines to support a culture of moderation and provide consistent messaging about informed alcohol choices and responsible use. Over 65 stakeholders have been consulted to inform the development of a provincial Alcohol Strategy.

Building on these achievements, the Ministry is currently developing an integrated provincial strategy to further increase adoption of healthy living behaviours across the lifespan to reduce risk factors for chronic diseases including unhealthy eating, physical inactivity, harmful use of alcohol, and tobacco use, while recognizing the impact of social determinants of health.

EXCERPTS FROM AGO NEWS RELEASE DECEMBER 6, 2017: *SUCCESS OF PUBLIC HEALTH PROGRAMS IN PREVENTING CHRONIC DISEASES UNKNOWN: AUDITOR GENERAL*

The audit found that although the Ministry of Health and Long-Term Care (Ministry) has made progress in reducing smoking, a chronic disease risk factor, more work is needed to address the other risk factors such as physical inactivity, unhealthy eating and heavy drinking (3rd ¶)

A 2016 research report from the Ontario-based Institute for Clinical Evaluative Sciences, says that four modifiable risk factors that contribute to chronic diseases—physical inactivity, smoking, unhealthy eating and excessive alcohol consumption—cost Ontario almost $90 billion in health-care costs between 2004 and 2013. One of public health's functions is to prevent chronic diseases, such as cardiovascular and respiratory diseases, cancer and diabetes. In Ontario, the number of people living with these diseases has been rising (4th ¶).

The Regional Municipality of Durham

Health Department

605 ROSSLAND ROAD EAST
LEVEL 2
PO BOX 730
WHITBY, ON L1N 0B2
CANADA

905-668-7711
1-800-841-2729
Fax: 905-666-6214

durham.ca

An Accredited Public Health Agency

facebook.com/DurhamRegionHealth

twitter.com/DurhamHealth

February 20, 2019

Christopher Tyrell
Standing Committee on Public Accounts
Committee Clerk
Procedural Services Branch
Legislative Assembly of Ontario
1405-99 Wellesley Street West
Toronto, Ontario M7A 1A2

Dear Chair and Members:

Re: Public Health – Chronic Disease Prevention Audit

On behalf of my colleagues Drs. David Colby (Municipality of Chatham-Kent), Eileen de Villa (Toronto Public Health) and Janet DeMille (Thunder Bay District Health Unit), we are pleased to appear before you today to answer any questions you may have with respect to the Public Health – Chronic Disease Prevention audit of the 2017 Auditor General of Ontario's Annual Report.

Our respective biographies are listed below, and our speaking points are attached to this letter. We respectively recommend that questions related to the Ministry of Health and Long-Term Care, including the status of the audit's recommendations, and Public Health Ontario (PHO) be directed to the appropriate officials within the Ministry or PHO. In addition, if we are unable to answer your questions, we are happy to take them back to our respective public health units and report back to the Committee.

Sincerely,

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3324.

Dr. David Colby

Originally from Chatham, Dr Colby received his MD from the University of Toronto in 1984. Dr Colby was awarded Fellowship in the Royal College in 1990 (Medical Microbiology) and was appointed Chief of Microbiology at University Hospital, London in 1993. He was President of the Canadian Association of Medical Microbiologists from 1995 to 1997. Dr Colby is a Coroner for the province of Ontario and Professor of Microbiology/ Immunology and Physiology/ Pharmacology at Western. His research interests include antimicrobial resistance and wind turbine sounds. Dr Colby is the Medical Officer of Health in Chatham-Kent.

Dr. Eileen de Villa

Dr. Eileen de Villa is the Medical Officer of Health for the City of Toronto. Dr. de Villa leads Toronto Public Health, Canada's largest local public health agency, which provides public health programs and services to 2.9 million residents. Prior to joining Toronto Public Health, Dr. de Villa served as the Medical Officer of Health for the Region of Peel serving 1.4 million residents.

Dr. de Villa received her degrees as Doctor of Medicine and Master of Health Science from the University of Toronto and holds a Master of Business Administration from the Schulich School of Business. Dr. de Villa is also an Adjunct Professor at the Dalla Lana School of Public Health at the University of Toronto.

Dr. de Villa has authored, published and presented research on issues including public health considerations for city planning and emergency preparedness, communicable and infectious disease control, and public health policy development.

Dr. Janet DeMille

Dr. Janet DeMille is the Medical Officer of Health and CEO of the Thunder Bay District Health Unit (TBDHU), one of two provincial public health units covering all of Northwestern Ontario.

Dr. DeMille has lived and worked in Northwestern Ontario (NWO) for over 20 years, initially training and then practicing in Family Medicine in rural communities in NWO as well as in the City of Thunder Bay. In 2009, she entered the post-graduate medical training at the Northern Ontario School of Medicine and successfully completed her Master of Public Health degree and her Royal College certification in Public Health and Preventive Medicine in 2012. She started working at the TBDHU after this, first in the role of Associate MOH before officially taking on the role of MOH in early 2016.

Dr. Robert Kyle

Dr. Robert Kyle has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He obtained his Bachelor of Science degree in chemistry from Western University and medical degree and Master of Health Science degree from the University of Toronto. He is a certificant in the Specialty of Community Medicine from the Royal College of Physicians and Surgeons of Canada and holds a certificate in Family Medicine from the College of Family Physicians of Canada.

Dr. Kyle is a Fellow of the Royal College of Physicians and Surgeons of Canada and of the American College of Preventive Medicine and is a former Medical Officer of Health for the Peterborough County-City Health Unit. He is an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto and a member of the medical staffs of Lakeridge Health Corporation and Markham-Stouffville Hospital.

Dr. Kyle is an active member of many provincial and regional health groups and organizations. For example, he is currently Chair of Public Health Ontario’s Board of Directors, President of the Association of Local Public Health Agencies, and Chair of the Public Health and Preventive Medicine Exam Board for the Royal College of Physicians and Surgeons of Canada.

Standing Committee on Public Accounts
Room 151, Main Legislative Building

February 20, 2019

Speaking Points

- Good morning; I am Dr. Robert Kyle, Commissioner & Medical Officer of Health, Regional Municipality of Durham
- With me are Drs. David Colby, Eileen de Villa and Janet DeMille, Medical Officers of Health for Chatham-Kent, Toronto, and Thunder Bay District, respectively
- Our bios are attached to our transmittal letter, together with these speaking points, which we would be happy to leave with the Committee Clerk
- Thank you for the invitation to appear before you today
- Thanks to the Audit Team for working with us in researching and preparing its audit report
- Before proceeding, it should be noted that section 2.1.2 of the audit (p 533) refers to the previous Ontario Public Health Standards, 2008 (revised March 2017) that were replaced by the new Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018 (OPHS), which are described in more detail below
- We acknowledge the public health significance of chronic diseases, in that:
    - Most chronic diseases (e.g., diabetes, cancer, etc.) are preventable, or their onset can be delayed by limiting four modifiable risk factors:
        - Physical inactivity
        - Smoking
        - Unhealthy eating
        - Excessive alcohol consumption (p 527)

  - The MOHLTC estimated that major chronic diseases and injuries accounted for 31% of direct, attributable health care costs in Ontario (p 534)
  - Preventing chronic diseases helps reduce the burden on the health-care system and promotes a better quality of life (p 534)

- Accordingly, the focus of our remarks is on the public health system and its role in chronic disease prevention

- Questions about the Ministry of Health and Long-Term Care (Ministry), the status of the Audit's recommendations, and Public Health Ontario (PHO) are best directed to Ministry and PHO officials, respectively

- Public health focuses on the health and well-being of the whole population through the promotion and protection of health and prevention of illness (p 531)

- The *Health Protection and Promotion Act* (Act) is the primary legislation that governs the delivery of public health programs and services; its purpose is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease, and the promotion and protection of the health of the people of Ontario (p 532)

- The public health system is an extensive network of government, non-government and community organizations operating at the local, provincial and federal levels (p 532)

- The key provincial players are the Ministry and PHO (p 532)

- The Ministry co-funds with obligated municipalities 35 public health units (PHUs) to directly provide public health programs and services (p 532)

- The Population and Public Health Division (Division) is responsible for developing public health initiatives and strategies, and funding and monitoring public health programs and services delivered by PHUs (P 532)

- The Division is currently led by the Chief Medical Officer of Health (CMOH) who reports directly to the Deputy Minister; his other duties include those listed on p 532
- PHO provides scientific and technical advice and support to the CMOH, Division and PHUs; it also operates Ontario's 11 public health laboratories (p 532)
- PHUs deliver a variety of program and services in their health units; examples are listed on p 533
- Health unit populations range in size from 34,000 (Timiskaming) to 3 million (Toronto) (p 533)
- Each PHU is governed by a board of health (BOH), which is accountable for meeting provincial standards under the Act (p 533)
- Each BOH appoints a medical officer of health (MOH) whose powers and duties are specified in the Act and include reporting directly to the BOH on public health and other matters (P 533)
- Governance models vary considerably across the 35 PHUs; all are municipally controlled to varying degrees (p 533)
- Each BOH has a Public Health Funding and Accountability Agreement with the Ministry, which sets out the terms and conditions governing its funding (p 533)
- The Ministry develops standards for delivering public health programs and services as required by the Act; each BOH is required to comply with these standards (p 533)
- On January 1, 2018, each BOH began implementing the new OPHS, Protocols and Guidelines
- The OPHS set out the minimum requirements that PHUs must adhere to in delivering programs and services

- The OPHS consist of the following nine Program Standards:
    - Chronic Disease Prevention and Well-being
    - Food Safety
    - Healthy Environments
    - Healthy Growth and Development
    - Immunization
    - Infectious and Communicable Diseases Prevention and Control
    - Safe Water
    - School Health
    - Substance Use and Injury Prevention

- The OPHS also consist of the following four Foundational Standards that underlie and support all Program Standards:
    - Population Health Assessment
    - Health Equity
    - Effective Public Health Practice, which is divided into 3 sections:
        - Program Planning, Evaluation, and Evidence-Informed Decision-Making
        - Research, Knowledge Exchange, and Communication
        - Quality and Transparency
    - Emergency Management

- 23 Protocols provide direction on how BOHs shall operationalize specific requirement(s) identified within the OPHS; the aim is to have consistent implementation of specific requirements across all 35 BOHs; in the past and now, BOHs must comply with these Protocols

- 20 Guidelines provide direction on how BOHs shall approach specific requirement(s) identified within the OPHS; the aim is to provide a consistent approach to/application of requirements across all BOHs while also allowing for variability in programs and services across PHUs based on

local contextual factors as defined in the guidelines; now, BOHs must comply with these Guidelines

- It should be noted that although there are fewer Program Standards, there are more Foundation Standards and taken together with the Protocols and Guidelines, more requirements with which BOHs must comply
- Under the Act, provincial funding of PHUs is not mandatory but rather is provided as per Ministry policy; the Act requires obligated (upper-tier or single-tier) municipalities to pay the expenses incurred by or on behalf of the PHUs to deliver the programs and services set out in the Act, the regulations and the OPHS (p 534)
- Currently, the Ministry funds up to 75% of mandatory programs and up to 100% of priority programs (p 534)
- The Ministry updates the schedules in the Public Health Funding and Accountability Agreement annually (p 534)
- The new OPHS takes a coordinated approach to the Standards listed above and a more robust Accountability Framework that covers the following domains:
    - Delivering of Programs and Services
    - Fiduciary Requirements
    - Good Governance and Management Practices
    - Public Health Practice
    - Common to All Domains
- Accordingly, beginning in 2018, each BOH submits a prescribed Annual Service Plan and Budget Submission to the Division for approval
- It should be noted that BOHs are now providing the PPHD with far more information; moreover, beginning in the fall of 2018, BOHs must report on their risk management activities; finally, commencing with the 2019 ASPBS,

BOHs must report on their 2018 program activities, as specified by the PPHD

- With respect to chronic disease prevention, the OPHS require each BOH to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors

- The following topics (by program) are considered based on an assessment of local needs:

    - Built environment (Chronic Disease Prevention and Well-being {CDP})
    - Comprehensive tobacco control (Substance Use and Injury Prevention {SUIP})
    - Healthy eating behaviours (CDP, School Health {SH})
    - Mental health promotion (CDP, SH, SUIP)
    - Oral health (CDP, SH, SUIP)
    - Physical activity and sedentary behaviour (CDP, SH)
    - Substance use (SH, SUIP) and harm reduction (SH)
    - UV exposure (CDP, SH)

- Several Guidelines (i.e., *Chronic Disease Prevention*, *Health Equity*, *Mental Health Promotion*, and *Substance Use Prevention and Harm Reduction*) and one Protocol (*Tobacco, Vapour and Smoke)* guide the work in this area

- For these three (CDP, SH, SUIP) programs, each BOH shall collect and analyze relevant data and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018*

- As regards program evaluation, each BOH is required to:

    - Routinely monitor program activities and outcomes to assess and improve the implementation of programs and services

  - Ensure a culture of on-going program improvement and evaluation, and conduct formal program evaluations where required
  - Ensure all programs and services are informed by evidence

- Each BOH must comply with 2 research and knowledge exchange (KE) requirements:

  - Engage in KE activities with public health practitioners, etc. regarding factors that determine populations health
  - Foster relationships with researchers, academic partners and others to support research and KE activities

- In closing, Ontario has a mature, inter-connected, and well-regulated public health system
- The system is capably led by the Ministry and ably assisted by the CMOH and the Division
- PHO provides the Ministry and PHUs with superb scientific, technical and laboratory support
- PHUs are governed by BOHs each of which appoints a MOH who ensures the delivery of a wide array of public health programs and services, including chronic disease prevention, in accordance with the Act, regulations, OPHS, Protocols and Guidelines
- As with all well-functioning health systems, there is always room for continuous quality improvement
- With the foregoing in mind, we would be happy to answer your questions

Ministry of Finance
Office of the Minister

Ministère des Finances
Bureau du ministre

Ontario

7th Floor, Frost Building South
7 Queen's Park Crescent
Toronto ON M7A 1Y7
Telephone: 416-325-0400
Facsimile: 416-325-0374

7e étage, Édifice Frost Sud
7 Queen's Park Crescent
Toronto ON M7A 1Y7
Téléphone: 416-325-0400
Télécopieur: 416-325-0374

FEB 2 5 2019

880-2019-679

Dr. Chris Mackie
Medical Officer of Health
Council of Medical Officers of Health
Christopher.Mackie@mlhu.on.ca

Dear Dr. Mackie:

As you may be aware, the government is undertaking a comprehensive review of the alcohol sector to inform its plan to expand the sale of beverage alcohol into corner and big-box stores, and further expand into grocery stores. We are moving forward on our promise to improve customer convenience and choice, and enable more opportunities for businesses.

As part of our commitment to consult, we are reaching out to key groups, including those representing beverage alcohol producers, public health and safety organizations, retailers, and the hospitality sector.

We want to ensure that your advice helps inform and guide this review. This letter is to invite up to two representatives from the Council of Medical Officers of Health to participate in one of the roundtable discussions. During the roundtable discussion, we will be seeking your input on improving the rules for how alcohol products are sold and consumed, allowing new types of stores to stock these products, creating more opportunities for private sector businesses, and ensuring communities are kept safe and healthy.

My Parliamentary Assistant, Doug Downey, will chair three roundtables in Toronto on the following days:

- Monday March 4, 2019 (2:00-3:30 p.m.)
- Tuesday March 5, 2019 (2:00-3:30 p.m.)
- Wednesday March 6, 2019 (2:00-3:30 p.m.)

Please contact Brenda Joseph by email (Brenda.Joseph@ontario.ca) or phone (416-325-7523) to advise on the availability of your representatives and to receive more detailed information.

.../cont'd

We will continue working with stakeholders to focus our efforts on modernizing Ontario's well-established beverage alcohol sector.

Sincerely,

Vic Fedeli
Minister of Finance

c: Doug Downey, Parliamentary Assistant to the Minister of Finance

6.1

Form: Request to Speak to Committee of Council
Submitted on Wednesday, February 20, 2019 - 1:51 pm

==Committee Requested==
Committee: General Issues Committee

==Requestor Information==
Name of Individual: Ian Borsuk and Dr Lynda Lukasik

Name of Organization: Environment Hamilton

Contact Number: [redacted]

Email Address: [redacted]

Mailing Address:
[redacted]

Reason(s) for delegation request: We are requesting to delegate to the March 20th General Issues Committee on the topic of climate change and actions the City of Hamilton can take to help mitigate and adapt.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 18, 2019
SUBJECT/REPORT NO:	Nurse Family Partnership Program 2019 Funding and Service Level Update (BOH07035(h)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext. 1587 Dianne Busser (905) 546-2424 Ext. 3655
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

COUNCIL DIRECTION

Not Applicable.

INFORMATION

The Hamilton Community Foundation has agreed to extend funding in the amount of $41,000 to support the Nurse Family Partnership program for 2019.

The Nurse Family Partnership (NFP) program is a highly successful, international, home visiting program that targets young, low-income, first-time mothers and their children. Well-designed, long-term studies have consistently shown that the NFP program has a favourable impact on child and maternal health, child development and school readiness, positive parenting practices, family economic self-sufficiency, and on reductions in child maltreatment, juvenile delinquency, family violence and crime.

Operationally, NFP requires funding to cover licensing requirements and consultative support services from the International NFP team. Additionally, NFP requires ongoing funding for program incentives, outreach strategies, as well as education and teaching materials. The Hamilton Community Foundation (HCF) funds have historically supported these types of costs. For 2019, HCF funding will support the City of Hamilton operational costs including: NFP licensing, professional consultative services and

program infrastructure costs. Staff will continue to explore opportunities and options for stable, long-term program funding beyond 2019.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 18, 2019
SUBJECT/REPORT NO:	Consumption and Treatment Services in Hamilton (BOH19017) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Melissa Biksa (905) 546-2424 Ext. 3055 Hilary Wren (905) 546-2424 Ext. 6672
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

RECOMMENDATION(S)

(a) That the Medical Officer of Health be directed to apply to the Minister of Health and Long-Term Care for approval to operate a Consumption and Treatment Services site, and for funding for 100% of the associated capital and operational costs;

(b) That the Medical Officer of Health be directed to submit to Health Canada an application for a Section 56.1 Exemption for Medical Purposes under the *Controlled Drug and Substances Act* for Activities at a Supervised Consumption Site;

(c) That, contingent on the City receiving approval for the establishment of a Consumption and Treatment Services site and associated 100% funding from the Ministry of Health and Long-Term Care, as well as a Section 56.1 Exemption for Medical Purposes under the *Controlled Drug and Substances Act* for Activities at a Supervised Consumption Site from Health Canada:

(i) The Medical Officer of Health be directed to establish and operate the Consumption and Treatment Services site;

(ii) The Public Health Services permanent staffing complement be increased by 6.0 FTE Public Health Nurse, 3.1 FTE Harm Reduction Worker, 3.0

FTE Peer Support Worker and 1.0 FTE Clinic Supervisor to staff the CTS; and,

(iii) That the base budget be increased by the requisite amount.

(d) That the Medical Officer of Health be authorized and directed to execute any agreements and ancillary documents required to implement Recommendations (a) to (c), with said agreements and documents to be in a form satisfactory to the City Solicitor.

EXECUTIVE SUMMARY

Substance misuse remains a top driver of avoidable deaths in Hamilton. The opioid-related death rate in Hamilton has been consistently higher than the provincial rate. Opioid-related deaths during the first half of 2018 (60) were 28% higher than during the same period last year in 2017 (47). Hamilton is on-pace to surpass 100 deaths in 2018 with an additional 20 deaths already confirmed by the Chief Coroner for Q3[1]. Between January and June of 2018, there were 258 emergency department visits for opioid poisoning. Already in January and February of 2019, 121 people have called 911 for a suspected opioid overdose; approximately 15 per week, or more than 3 per day. This compares to the entire year of 2018 where 450 people called 911 for a suspected opioid overdose, and to 437 calls in 2017. Since January 2017, the majority of cases (73%) have been male, and the average age 36 years. Calls to 911 for suspected opioid overdose are largely concentrated in Ward 2 and Ward 3 (38.4% and 24.8%, respectively).

Addressing this complex public health problem requires a multi-pronged approach. For substance use, a comprehensive four pillar approach to substance use is one that focuses on (i) prevention, (ii) treatment, (iii) enforcement and (iv) harm reduction (BOH16035) This four-pillar approach is being used by the Hamilton Drug Strategy (HDS) to address the harms associated with substance use experienced by individuals, families and the community. The HDS involves key stakeholders and members of the community to identify and address systems-level gaps, and to implement evidence-based practices to ensure all individuals can live their best quality of life. Supervised Consumption Sites (SCS) are one intervention as part of a four pillar approach in order to reduce harms from problematic substance use within Hamilton

As noted, SCS are part of a comprehensive approach by the Government of Canada to address the harms associated with problematic substance use. The federal government provides legal exemption for consumption of illegal substances at a Supervised Consumption Site under the *Controlled Drug and Substances Act*. At SCS people bring pre-obtained drugs and consume them in a clean and supervised

environment. Supervised Consumption Sites continues to be the terminology used by the federal government.

Consumption and Treatment Services (CTS) is the Ontario government's model for supervised consumption under the Ministry of Health and Long Term Care (MOHLTC). CTS is a new title which reflects a legally sanctioned location where people can bring pre-obtained substances for consumption by injection, ingestion and/or inhalation. A CTS site must also provide wrap around services to support people who use substances to receive access to additional health and social services.

A CTS differs from an Overdose Prevention Site (OPS) which is a temporary supervised consumption site funded by the MOHLTC while a community works to open a permanent site. Hamilton currently has one OPS located within Hamilton Urban Core Community Health Centre (HUCCHC) at 71 Rebecca St. HUCCHC has applied to operate a permanent CTS site and is awaiting a decision from the MOHLTC. The MOHLTC has advised that all applications for a CTS site must be submitted to the MOHLTC by April 16, 2019.

In addition to the application submitted by HUCCHC, based on current statistics and consultation with both community partners and persons with lived experience, there remains an urgent need for a second CTS site within Hamilton. The Supervised Injection Site feasibility study completed by Public Health Services (PHS) in 2017 (BOH17004(b)) also highlighted the need for more than one Supervised Consumption Site within Hamilton.

Given challenges to date in preparing a second application, including securing a suitable site, it is recommended that PHS submit an application as the principle operator in partnership with other local agencies in order to secure a location and submit an application by the MOHLTC deadline.

Alternatives for Consideration – See Page 12

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The estimated costs for staffing, materials and supplies costs are $1,314,820 per annum. There will also be a one-time funding request for capital costs to provide the necessary leasehold improvements to meet provincial CTS as well as corporate standards that will be determined once a site is confirmed. In addition, the leasing costs will be incorporated into the operating budget submission once a location is secured. The Province will be requested to cover 100% of capital and operating costs, with no impact on the levy.

Staffing: The complement will be increased by 6.0 FTE Public Health Nurse, 3.1 FTE Harm Reduction Worker, 3.0 FTE Peer Support Worker, and 1.0 FTE Clinic Supervisor.

Legal: **Legislation and Exemption Application**

Supervised Consumption Sites – Federal

The aim of the *Controlled Drugs and Substances Act*, SC 1996, c 19 (CDSA) is to protect public health and maintain public safety by prohibiting activities with controlled substances unless they are authorized by Health Canada for legitimate medical, scientific or industrial use.[2]

Operating a SCS requires an exemption from the prohibition of possession and trafficking of controlled substances under s. 56.1(1) of the *Controlled Drugs and Substances Act*, which provides for exemption at the discretion of the federal Minister of Health, for the establishment of a SCS for medical purposes. Without the exemption, staff and clients of the SCS are subject to criminal laws that prohibit the possession (Section 4 of CDSA) and trafficking (Section 5 of CDSA) of controlled substances (e.g., heroin, cocaine).

In 2017, the Government of Canada made changes to the CDSA and other Acts. The legislative changes supported the establishment of SCS by streamlining the application requirements to obtain the exemption to the CDSA that is needed to operate a site.[3]

Organizations seeking an exemption under section 56.1(2) of the CDSA must submit an application to the federal Minister of Health. Health Canada has a standardized application form entitled "Section 56.1 Exemption for Medical Purposes under the *Controlled Drugs and Substances Act* for Activities at a Supervised Consumption Site" (Exemption Application) that must be filled out and submitted.

Section 56.1(2) of the CDSA sets out information to be included in an Exemption Application, to be submitted in a form and manner determined by the Minister of Health, regarding the intended public health benefits of the site and information, if any, related to:

(a) The impact of the site on crime rates;
(b) The local conditions indicating a need for the site;
(c) The administrative structure in place to support the site;
(d) The resources available to support the maintenance of the site; and,
(e) Expressions of community support or opposition.

A completed Exemption Application will provide elements for each of the above provisions of the CDSA.

More specifically the Exemption Application requires the City to submit the following information:

(a) Proposed site description, including services currently and to be offered and site floor plan and description;
(b) Location conditions, including the target client population, statistics (e.g., crime; drug-related overdose and death), and intended health and safety impact of the site;
(c) Information regarding the SCS policies, procedures and security;
(d) SCS personnel, including Responsible Person in Charge information;
(e) Community consultation report;
(f) Letter(s) of support; and,
(g) Financial plan.

The federal Minister of Health assesses each Exemption Application and decides whether to approve the exemption. Each proposed SCS is considered on a case-by-case basis, on its own merits. When reviewing an application, the Minister of Health must consider whether denying an exemption would cause deprivations of life and security of the person that are not in accordance with the principles of fundamental justice. Where a supervised consumption site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister of Health should generally grant an exemption.[4]

If the exemption is approved by the Minister of Health, the exemption is issued in the form of a letter and includes terms and conditions, as well as expressly setting out activities that can be conducted at a SCS. Failure to comply with Health Canada's terms and conditions could result in compliance and enforcement action by Health Canada, up to and including revocation of an exemption. If an exemption is refused, Health Canada will provide reasons for the Exemption Application refusal and the opportunity to submit additional information or reasons that the refusal may be unfounded.

Health Canada will always conduct an inspection before the site offers services to the public.

Consumption and Treatment Services Program – Provincial

In October 2018, the Ontario government replaced the former Supervised Consumption Services with Consumption Treatment Services. The new CTS model continues to feature life-saving overdose prevention and harm reduction services, as well as requires the additional focus on connecting people with treatment and rehabilitation services.

The federal government, under Health Canada, is responsible for granting exemptions to Section 56.1 of the *Controlled Drugs and Substances Act* to operate a Supervised Consumption Services. Under the CTS program the province of Ontario, through the MOHLTC, is augmenting Health Canada's Supervised Consumption Services program to include the requirements for treatment and support services.

In order to receive provincial funding for a CTS the City must demonstrate they meet federal requirements, through Health Canada's approval of the City's Exemption Application (as outlined above), as well as the additional requirements under Ontario's Consumption and Treatment Services: Application Form.

In addition to criteria outlined under Health Canada's Exemption Application the MOHLTC requires that the CTS site is located in a community with the greatest need.

The mandatory services required at a Consumption and Treatment Services site include:

- Supervised consumption of all drug taking methods (e.g. injection, intranasal, oral) and overdose prevention services;
- Onsite or defined pathways to addictions treatment services;
- Onsite or defined pathways to wrap-around services including: primary care, mental health, housing and/or other social supports;
- Harm reduction services, such as education, distribution and disposal of harm reduction supplies, and the provision of naloxone and oxygen; and,
- Removal of inappropriately discarded harm reduction supplies around the CTS area.

The MOHLTC evaluates each Consumption and Treatment Services: Application Form based on the following program criteria:

(a) Local conditions;
(b) Capacity to provide treatment and consumption services;
(c) Proximity to similar services, and to child care centres, parks, and schools (including post-secondary institutions);
(d) Community support and ongoing community engagement; and,
(e) Accessibility.

A budget must also be submitted as a part of the CTS application that provides a breakdown of all operational costs.

Consumption and Treatment Services program applicants that meet MOHLTC's CTS criteria, and receive an exemption from Health Canada to establish a SCS, may be considered by MOHLTC for provincial CTS funding.

If CTS funding is granted, the City will be required to meet the province's evaluation and monthly reporting requirements to ensure continuation of funding.

Municipal Planning:

Zoning by-laws specify permitted land uses within defined areas within the municipality, implementing the objectives of the City's Official Plans. For the purposes of the proposed SCS, there are likely areas within the City's commercial zones that would permit the use as a type of medical use. Public Health Services will continue to consult

with Planning and Building Divisions of the City's Planning and Economic Development Department to ensure that any site that is selected for the SCS conforms with Official Plan policy and is permitted by the in-force zoning for the property.

Risk Perspective:
The City presently operates and supports many harm reduction programs, such as The Van mobile service and injection drug use (IDU) outreach workers. The service to be provided at the City's CTS site is expected to be an offset of the harm reduction work presently being performed by the City. The CTS site would operate in a similar manner as any other City public health facility in terms of the medical related policies and procedures. The policies, procedures, and security measures requested to be developed and submitted by the City to Health Canada, as a part of the Exemption Application and the operation of the CTS site, will offset some of the risks to the City. Policies and procedures to be developed include:

(a) Record maintenance at the CTS site;
(b) Roles and responsibilities of staff members and their training requirements;
(c) Addressing unidentified substance left behind;
(d) Loss or theft of unidentified substances left behind; and,
(e) Security measures taken to minimize risks.

The City's General Liability insurance policy includes an extension of coverage for Medical Malpractice to insure City staff who provide medical services at the CTS site while they are performing their duties on behalf of the City.

Agreements:
If the recommendations are approved, Legal Services will provide drafting support, review, and advice pertaining to any agreements that need to be entered into along with any associated documents.

HISTORICAL BACKGROUND

December, 2016: City Council approves funds for 2017 Supervised Injection Site (SIS) needs assessment and feasibility study.

May, 2017: Health Canada simplifies application process for Supervised Consumption Sites (Bill C-37).

December, 2017: Public Health Services SIS needs assessment and feasibility study recommendations are endorsed by City Council (BOH 17004(b)).

December, 2017: Health Canada issued an exemption to Ontario to establish temporary overdose prevention sites across the province.

May, 2018: Ministry of Health and Long-Term Care announces funding for OPS in Hamilton awarded to applicants Urban Core Community Health Centre and Shelter Health Network.

June 5, 2018: Urban Core Community Health Centre and Shelter Health Network open a temporary Overdose Prevention Site at 71 Rebecca St, Hamilton.

July 12, 2018: Public Health Services submitted an Information Report (BOH18021) on Supervised Consumption Sites in the City of Hamilton. At that time, it was acknowledged that 3 community agencies (Aboriginal Health Centre, Wesley Urban Ministries, and Urban Core Community Health Centre) had submitted or expressed intent to submit an exception application to the federal government to operate a permanent SCS site.

October 22, 2018: The MOHLTC announces a new, enhanced approach to services provided under the new Consumption and Treatment Services model.

December 12, 2018: Public Health Services convened the first Consumption and Treatment Site Working Group to consult on application process and potential CTS site locations within the City of Hamilton.

December 19, 2018: Board of Health supports the Hamilton Urban Core Community Health Centre to submit an application moving from a temporary overdose prevention site to the provincially approved Consumption and Treatment Services model.

January 11, 2019: Hamilton Urban Core Community Health Centre submits an application to Health Canada proposing a Consumption and Treatment Site at the interim site of 71 Rebecca Street. The application is not yet approved, however, an extension of the temporary Overdose Prevention Site was granted by the MOHLTC.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

A CTS site requires a legal exemption under section 56 of the *Controlled Drugs and Substances Act* in order to operate lawfully in Canada.

A CTS site must comply with applicable legislation including, but not limited to, the *Occupational Health and Safety Act (OHSA), the Labour Relations Act, the Ontario Human Rights Code, and the Accessibility for Ontarians with Disabilities Act* (as addiction is recognized as disability in Ontario under the law).

A CTS site would be operated as any other City of Hamilton public health facility and would have policies and procedures regarding medical directives, precautions to safeguard equipment and drugs, safe disposal and safety of staff.

Operation of a CTS site is consistent with the harm reduction program requirements in the Ontario Public Health Standards

The College of Nurses of Ontario confirms that activities related to supervised consumption sites are part of the nursing scope of practice.

RELEVANT CONSULTATION

Hamilton Police Services provided consultation on operation of a CTS site within City of Hamilton.

Finance and Administration was consulted with respect to the budget as outlined in this report.

Legal Services and Risk Management provided consultation as outlined in this report.

Public Health Services has also taken efforts to engage with stakeholders via monthly meetings and has informed the following organizations of its intention to apply for a CTS site:

- Shelter Health Network;
- De dwa da deha nye>s, Aboriginal Health Centre;
- Hamilton Urban Core Community Health Centre;
- McMaster University;
- St. Joseph's Healthcare Hamilton;
- Hamilton Health Sciences;
- The AIDS Network;
- John Howard Society
- Good Shepherd;
- CMHA;
- Wesley; and,
- Keeping Six.

It is the intention of PHS to request letters of support from each partner, which will be submitted to the MOHLTC with the Consumption and Treatment Services Application Form.

Public Health Services will also leverage existing knowledge and experience from persons with lived experience that was provided through the Hamilton SIS Needs Assessment and Feasibility Study (BOH 17004(b)).

As a requirement of the federal CDSA exemption, PHS has developed a Consultation Plan. The Consultation Plan will allow the MOHLTC to understand the efforts that have been taken by PHS to engage with stakeholders to inform them of the potential CTS

site, and to learn about potential impacts to people who use drugs and the local community, and how those can be mitigated.

The Consultation Plan is divided into two parts. The first is Community Engagement, which includes a description of consultation activities proposed by PHS. These activities include but are not limited to handing out door to door flyers to inform about the potential CTS site, creating a general email account to receive feedback and respond to public inquires, consulting with persons with lived experience via in person consultations, developing an online survey for community members, hosting information open houses for the public and presenting at community associations.

The second part of the Consultation Plan is the Ongoing Liaison Plan for how the community will be engaged on an ongoing basis. It includes a plan for follow-up after initial consultation, a plan for continued public education about the CTS site, and further engagement mechanisms to identify and address community concerns on an ongoing basis.

ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)

Opioid Related Impacts In Hamilton[5,6,7]

Deaths due to poisoning from opioids are increasing annually in Hamilton. There were 88 opioid-related confirmed deaths in 2017. In comparison, there were 52 opioid-related deaths in 2016; representing a 65% increase. The preliminary opioid-related deaths during the first half (Jan-Jun) of 2018 (60) is 28% higher than the number of deaths (47) from the same period last year (Jan-Jun 2017) and it is on-pace to surpass 100 deaths with an additional 20 cases already confirmed for Q3. The opioid-related death rate in Hamilton has been consistently higher than the provincial rate.

Data from the first three quarters of 2018 indicates that Fentanyl (all types) and Morphine were the most common types of opioid present at death (74.2% and 14.6% of deaths, respectively). Ninety-one percent (91%) of the confirmed 2018 opioid-related deaths were deemed to be accidental. Twenty-nine percent (29%) of the 2018 confirmed accidental opioid-related deaths had evidence of injection drug use. In 2017, opioid-related death rates were highest among males aged 25 to 44 (rate of 37.8 per 100,000) and males aged 45 to 64 (rate of 25.8 per 100,000).

Emergency department (ED) visit rates for acute drug toxicity in Hamilton have been increasing and this trend is largely attributed to higher ED visits for opioid-related poisoning. In 2017, there were 497 ED visits for opioid poisoning in Hamilton (rate of 87.2 per 100,000 population), which was 2.6 times greater than the rate in 2013. Between January and June of 2018, there were 258 ED visits for opioid poisoning.

To this point in year 2019 (January to February), 141 people have called 911 for a suspected opioid overdose; approximately 15 per week, or more than 3 per day. This compares to the entire year of 2018 were 450 people called 911 for a suspected opioid overdose or to year 2017 with 437 calls for the total year. Since January 2017, the majority of cases (73%) were male, and the average age was 36 years. 911 calls for suspected opioid overdose are largely concentrated in Ward 2 and Ward 3 (38.4% and 24.8%, respectively).

Naloxone Distribution[8]

In 2018, PHS and the Naloxone Expansion Sites distributed 6,412 naloxone kits and 568 people were reported as being revived by naloxone. A further 4,834 naloxone kits were distributed through Hamilton pharmacies between January and September 2018. In 2019 to date, 1752 naloxone doses have been distributed by Public Health and the Naloxone Expansion Sites, reviving 133 lives.

Hamilton Urban Core Community Health Centre

Hamilton Urban Core Community Health Centre has been operating an Overdose Prevention Site in collaboration with Shelter Health Network since June 2018. HUCCHC has applied for a permanent CTS location. The OPS site has been highly accessed with over 3,300 visits since June, and has reported 25 overdoses, and 0 deaths.

Consumption and Treatment Sites Expected Benefits

A CTS site is part of a harm reduction approach that supports health equity by preventing overdose deaths, limiting the spread of infectious diseases, connecting people who use drugs with addictions treatment and other health and social resources, and creating safer communities by reducing drug use in public spaces. Furthermore a CTS site will continue to advance system collaboration and coordination through the core of the city and work to improve community relations and reduce public disorder.

Consumption and Treatment Sites Staffing Model (Operation)

As operators of a CTS site, Public Health Services proposes that they would have an operational model similar to those already operational within the province of Ontario.

To use the supervised consumption services within a CTS site, clients would attend the CTS site with pre-obtained drugs. They would undergo an assessment by a health care provider regarding drugs they intend to use, health history and any previous overdose history. Clients would then be escorted to a consumption room where they would be provided clean, sterile consumption equipment in one of the six (6) consumption stations. After consumption, they will be directed to wait in a “chill out” or after-care room where they will be monitored for negative health effects.

In addition to consumption services, PHS will be working with partner agencies to provide additional health services including primary care, first aid and wound care, addictions treatment services as well as provide access to social services (e.g.

housing). The CTS site would also provide harm reduction supplies, including provision of take-home naloxone and be a site for disposal of harm reduction supplies.

The CTS site will operate from 9:00am-9:00pm, 7 days a week, 365 days a year.

The staffing model for each shift will be 2 Public Health Nurses, 1 Harm Reduction Worker, and 1 Peer Support Worker on site.

To operate, each CTS site is required to have a Responsible Person in Charge (RPIC). The RPIC is responsible for the site and activities at the site during operational hours. The RPIC is not required to be in the consumption area, but must be located within the same building and on the same floor during operating hours. When the RPIC is not on site during operating hours, an Alternate Responsible Person in Charge assumes the responsibility of the RPIC. Within the CTS model, they request that a designated health professional (e.g. Registered Nurse, Paramedic) must be on site at all times.

ALTERNATIVES FOR CONSIDERATION

PHS could provide evidence and support to community agencies only, and not submit an Exemption Application to Health Canada and a Consumption and Treatment Services: Application Form to the MOHLTC to become an operator of a CTS site.

The pros to this alternative would be the removal of the risk and logistical concerns associated with the City of Hamilton operating a permanent CTS site.

The cons to this consideration is that, given the challenges experienced by community agencies in securing a second location for a CTS site within the city, the lack of action from the City may leave the community without adequate access to a permanent CTS site. This will most likely affect the continued morbidity and mortality from opioid misuse within the community. This consideration also limits the influence the Board of Health has on the operational model and services offered at a CTS site, as well as location in the city.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

References

1 Opioid Investigative Aid, May 2017 to September 2018, Office of the Chief Coroner for Ontario, extracted January 21, 2019.

2 Health Canada, Government of Canada Actions on Opioids (2016 and 2017) (Ottawa: Government of Canada, 2017) at 6.

3 Health Canada, Government of Canada Actions on Opioids (2016 and 2017) (Ottawa: Government of Canada, 2017) at 7.

4 Canada (A.G.) v PHS Comm. Serv. Soc., 2011 3 S.C.R. at para 152 and 153.

5 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx

6 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx

7 City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2018. Available from: https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system

8 City of Hamilton (Health and Safe Communities-Public Health Services) Mental Health & Harm Reduction Program, extracted February 26 2019; Ontario Drug Policy Research Network. Ontario Prescription Opioid Tool. Toronto, ON; Updated November 2018. DOI: 10.31027/ODPRN.2018.01. Available from: http://odprn.ca/ontario-opioid-drugobservatory/ontario-prescription-opioid-tool/