



City of Hamilton
BOARD OF HEALTH

Meeting #: 19-005
Date: May 13, 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. **APPOINTMENT OF A VICE-CHAIR FOR THE 2018-2022 TERM**
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 April 15, 2019
5. **COMMUNICATIONS**
 - 5.1 Correspondence from Peterborough Public Health respecting Funding for the Healthy Babies, Healthy Children Program

Recommendation: Be received
 - 5.2 Correspondence from Board of Health for Southwestern Public Health respecting a Vision Screening Funding Request

Recommendation: Be received
 - 5.3 Correspondence from the Association of Local Public Health Agencies respecting a Post 2018 Municipal Election Flyer

Recommendation: Be received

- 5.4 Correspondence from the Association of Local Public Health Agencies respecting the 2019 Ontario Budget

Recommendation: Be received
- 5.5 Correspondence from the Association of Local Public Health Agencies respecting the 2019 Ontario Budget Highlight's from the Association of Municipalities Ontario

Recommendation: Be received
- 5.6 Correspondence from the Association of Local Public Health Agencies respecting the 2019 Ontario Budget and Reducing Investments in Public Health

Recommendation: Be received
- 5.7 Correspondence from Kingston, Frontenac and Lennox & Addington Public Health respecting Ontario's Public Health Restructuring

Recommendation: Be received
- 5.8 Correspondence from the Thunder Bay District Health Unit respecting their Resolution regarding the Restructuring of Public Health in Ontario

Recommendation: Be received
- 5.9 Correspondence from the Perth District Health Unit respecting the 2019 Ontario Budget and the Impact on Public Health

Recommendation: Be received
- 5.10 Correspondence from the Leeds, Grenville & Lanark District Health Unit respecting the 2019 Ontario Budget

Recommendation: Be received
- 5.11 Correspondence from Kingston, Frontenac and Lennox & Addington Public Health respecting their Endorsement of the Children Count Task Force Recommendations

Recommendation: Be received
- 5.12 Correspondence from Kingston, Frontenac and Lennox & Addington Public Health, respecting the Announced Expansion of the Sale of Alcohol in Ontario

Recommendation: Be received
- 5.13 Correspondence from Hasting Prince Edward Board of Health, and Hasting Prince Edward Public Health respecting the 2019 Ontario Budget

Recommendation: Be received

- 5.14 Correspondence from Sudbury & Districts Public Health, respecting Support for Bill S-228, the Child Health Protection Act

Recommendation: Be endorsed

- 5.15 Correspondence from the Simcoe Muskoka District Health Unit, respecting Urgent Provincial Action to Address the Potential Health and Social Harms from the Ongoing Modernization of Alcohol Retail Sales in Ontario

Recommendation: Be endorsed

- 5.16 Correspondence from the Ministry of Health and Long-Term Care, respecting Public Health Modernization

Recommendation: Be received and referred to the Medical Officer of Health for a report back to the Board of Health following meetings with the Ministry of Health and Long-Term Care

6. DELEGATION REQUESTS

7. CONSENT ITEMS

7.1 Menstrual Products (BOH19019) (City Wide) (Outstanding Business List Item)

7.2 Stock Epinephrine Auto Injector Expansion in Restaurants (BOH13040(f)) (City Wide)

8. PUBLIC HEARINGS / DELEGATIONS

9. STAFF PRESENTATIONS

10. DISCUSSION ITEMS

10.1 Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) (Outstanding Business List Item)

10.2 Clean Air Hamilton 2019 Funding (BOH19021) (City Wide)

10.3 Mandatory Rabies Immunization (BOH19018) (City Wide)

10.4 Update on Provincial Funding Issues for Public Health Services (no copy)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

13.1 Amendments to the Outstanding Business List

13.1.a Items Requiring Revised Due Dates

Item 2015-A

Review of the City of Hamilton's Pest Control By-law
(November 16, 2015, Item 9.1)

Due Date: May 2019

Revised Due Date: TBD

Item 2016-B

Food Strategy Priority Actions 2 & 3
(August 11, 2016, Item 7.1)

Due Date: March 2019

Revised Due Date: TBD

2016-C

Contaminated Sites Management Plan
(December 5, 2016, Item 5.1)

Due Date: Q4 2018

Revised Due Date: TBD

13.1.b Items to be Removed:

Item 2018-F

Free Menstrual Hygiene Products
(December 10, 2018, 18-009, Item 8.1)

Addressed as Item 7.1 on this agenda

Item 2019-A

Feasibility of Amending City of Hamilton By-law 11-080 Prohibiting
Smoking Within City Parks and Recreation Property to Incorporate a
Prohibition on Recreational and Medicinal Cannabis Smoking and Vaping
Within City-owned Parks and Recreation Properties

(January 14, 2019, 19-001, Added Item 11.1)

Due Date: March 2019

14. PRIVATE AND CONFIDENTIAL**15. ADJOURNMENT**



**BOARD OF HEALTH
MINUTES 19-004
1:30 p.m.
Monday, April 15, 2019
Council Chambers
Hamilton City Hall**

Present: Mayor F. Eisenberger (Chair)
Councillors J. Farr, S. Merulla, T. Jackson, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek, T. Whitehead and J. Partridge

Absent with Regrets: Councillors M. Wilson, N. Nann and E. Pauls – Personal; and Councillor C. Collins – City Business

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

- 1. Correspondence from the Windsor Essex County Health Unit in support of Peterborough Health Unit's Support for Increased Actions to the Opioid Crisis (Item 5.1)**

(Merulla/Danko)

That the Correspondence from the Windsor Essex County Health Unit in support of Peterborough Health Unit's Support for Increased Actions to the Opioid Crisis, be endorsed.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

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

YES - Councillor Brad Clark

2. Semi-Annual Infectious Diseases and Environmental Health Report (BOH19007) (City Wide) (Item 7.1)

(Pearson/Whitehead)

That Report BOH19007, respecting a Semi-Annual Infectious Diseases and Environmental Health Report, be received.

CARRIED

3. Semi-Annual Public Health Performance Report (BOH19008) (City Wide) (Item 7.2)

(Clark/Johnson)

That Report BOH19008, respecting a Semi-Annual Public Health Performance Report, be received.

CARRIED

4. Communications Policy Between Medical Officer of Health and Board of Health (BOH19011) (City Wide) (Item 7.3)

(Clark/Whitehead)

That Report BOH19011, respecting Communications Policy Between Medical Officer of Health and Board of Health, be received.

CARRIED

5. Heat Warning Information System (BOH19014) (City Wide) (Item 7.4)

(VanderBeek/Pearson)

That Report BOH19014, respecting a Heat Warning Information System, be received.

CARRIED

6. Hamilton Wentworth Detention Centre Deaths Inquest Jury Recommendations (BOH19016) (City Wide) (Item 10.1)

(Whitehead/VanderBeek)

That Report BOH19016, respecting Hamilton Wentworth Detention Centre Deaths Inquest Jury Recommendations, be received.

CARRIED

7. City of Hamilton Tick Management Plan and Committee (BOH19012) (City Wide) (Item 10.2)

(VanderBeek/Pearson)

That Report BOH19012, respecting the City of Hamilton Tick Management Plan and Committee, be received.

CARRIED

8. Ontario Health Teams (BOH19020) (City Wide) (Added Item 10.3)

(Danko/Jackson)

That Report BOH19020, respecting Ontario Health Teams, be received.

CARRIED

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:

5. COMMUNICATIONS

5.4 Correspondence from the Association of Local Public Health Agencies respecting the 2019 Provincial Budget

Recommendation: Be received.

10. DISCUSSION ITEMS

10.3 Ontario Health Teams (BOH19020) (City Wide)

(Merulla/Pearson)

That the agenda for the April 15, 2019 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

NOT PRESENT - Councillor Maureen Wilson
YES - Councillor Jason Farr
NOT PRESENT - Councillor Nrinder Nann
YES - Councillor Sam Merulla
NOT PRESENT - Councillor Chad Collins
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger

YES - Councillor Judi Partridge
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
NOT PRESENT - Councillor Lloyd Ferguson
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) March 18, 2019 (Item 4.1)

(VanderBeek/Pearson)

That the Minutes of the March 18, 2019 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

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

(e) COMMUNICATIONS (Item 5)

(i) Correspondence from the Toronto Board of Health, Urging the Ministry of Health and Long-Term Care to Support Managed Opioid Programs (Item 5.2)

(Clark/Pearson)

That the Correspondence from the Toronto Board of Health, Urging the Ministry of Health and Long-Term Care to Support Managed Opioid

Programs, be received and referred to staff for a report back to the Board of Health.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

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

- (ii) **Correspondence from the Association of Local Public Health Agencies respecting the Winter Symposium held on February 21, 2019 (Item 5.3)**

(Whitehead/Partridge)

That Correspondence from the Association of Local Public Health Agencies respecting the Winter Symposium held on February 21, 2019, be received.

CARRIED

- (iii) **Correspondence from the Association of Local Public Health Agencies respecting the 2019 Provincial Budget (Added Item 5.4)**

(Whitehead/Partridge)

That Correspondence from the Association of Local Public Health Agencies respecting the 2019 Provincial Budget, be received.

CARRIED

- (f) **DELEGATION REQUESTS (Item 6)**

- (i) **Krista D'Aoust, Danielle Boissoneau and Amy Angelo, Neighbour to Neighbour Centre, respecting Activities and Community Impact as a Result of Board of Health 2018 Funding (Items 6.1, 6.2 and 6.3)**

(VanderBeek/Ferguson)

That the delegation from Krista D'Aoust, Danielle Boissoneau and Amy Angelo Neighbour to Neighbour Centre, respecting Activities and Community

Impact as a Result of Board of Health 2018 funding, be approved for today's meeting.

Result: Motion CARRIED by a vote of 12 to 0, as follows:

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

(g) PUBLIC HEARINGS/DELEGATIONS (Item 8)

(i) Jeffrey Martin, respecting the Hamilton Millennial Survey Study (Item 8.1)

Jeffrey Martin addressed the Board respecting the Hamilton Millennial Survey Study, with the aid of a presentation.

(Clark/Partridge)

That the delegation from Jeffrey Martin, respecting the Hamilton Millennial Survey Study, be received.

CARRIED

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

(Merulla/Farr)

- (a) That staff be directed to report back to the Board of Health on recommending a course of action through a critical path needed to address the issue of employment precarity and basic income, from a City of Hamilton perspective, and perspective of the Provincial and Federal governments; and,
- (b) That the information found in the Executive Summary of The Generation Effect: Millennials, Employment Precarity and the 21st Century Workplace be referred to staff for consideration in their report back to the Board of Health.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

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

(ii) David Carson, respecting the Need to Increase City Efforts on Mitigating and Adapting to Climate Change (Item 8.2)

David Carson addressed the Board respecting the Need to Increase City Efforts on Mitigating and Adapting to Climate Change, with the aid of a presentation.

(Farr/Danko)

That the delegation from David Carson, respecting the Need to Increase City Efforts on Mitigating and Adapting to Climate Change, be received.

CARRIED

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

(iii) Krista D'Aoust, Danielle Boissoneau and Amy Angelo, Neighbour to Neighbour Centre, respecting Activities and Community Impact as a Result of Board of Health 2018 funding (Added Item 8.3)

Krista D'Aoust, Danielle Boissoneau and Amy Angelo, Neighbour to Neighbour Centre, addressed the Board respecting Activities and Community Impact as a Result of Board of Health 2018 funding, with the aid of a presentation.

(Whitehead/Danko)

That the delegation from Krista D'Aoust, Danielle Boissoneau and Amy Angelo, Neighbour to Neighbour Centre, respecting Activities and Community Impact as a Result of Board of Health 2018 funding, be received.

CARRIED

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

(h) ADJOURNMENT (Item 15)

(Farr/Pearson)

That, there being no further business, the Board of Health be adjourned at 3:43 p.m.

CARRIED

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk



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

5.1

April 3, 2019

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

Dear Minister MacLeod:

Re: Funding for the Healthy Babies, Healthy Children Program

At its meeting on March 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Thunder Bay District Health Unit (TBDHU) regarding the above noted matter. We are in full support of TBDHU's call to action and share their concern and the concern of other local public health agencies regarding the Healthy Babies, Healthy Children (HBHC) program funding.

Similarly, to other communities the demand for HBHC services in our community continues to climb, the need is great. As well, Peterborough Public Health has seen an increase in the complexity of clients in the HBHC program.

As you are aware, in 2016 the firm MNP performed a review of the HBHC program provincially and found a funding gap of approximately \$7.08M (Ministry of Children and Youth Services-Healthy Babies, Healthy Children Program Review Executive Summary p.7). This gap continues to grow every year with increases in salaries, benefits and operational costs. This gap creates barriers by reducing our reach to at-risk clients and families, as well as creating a wait-list for our services.

We appreciate your attention to this important public health issue.

Sincerely,

Original signed by

Councillor Kathryn Wilson
 Chair, Board of Health

/ag
 Encl.

cc: Local MPPs
 Association of Municipalities of Ontario
 Association of Local Public Health Agencies
 Ontario Boards 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

Minister McLeod
November 21, 2018

Page 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



St. Thomas Site
 Administrative Office
 1230 Talbot Street
 St. Thomas, ON
 N5P 1G9

Woodstock Site
 410 Buller Street
 Woodstock, ON
 N4S 4N2

April 3, 2019

Honourable Minister Christine Elliott
 Minister of Health and Long-Term Care
 80 Grosvenor Street, 10th Floor, Hepburn Block
 Ministry of Health and Long-Term Care
 Toronto, Ontario, M7A 1E9

Delivered via email
Christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we applaud the Ministry of Health and Long-Term Care (MOHLTC) for striving to achieve optimal health and wellness for school-aged children and youth. It is, however, with concern that I am writing to you regarding funding for the Child Visual Health and Vision Screening protocol. The Child Visual Health and Vision Screening protocol was introduced in 2018 (by the MOHLTC) and provides direction to boards of health on child visual health and vision screening services to be offered in the school setting.

Childhood vision screening programs have the potential to detect refractive errors, strabismus and other similar conditions which impact visual acuity and in turn benefit an affected child's visual and general development. We endorse the implementation of the Child Visual Health and Vision Screening protocol to provide vision screening services in the school setting. The protocol requires 100% of all senior kindergarten children to be screened utilizing three different screening tools requiring a minimum of 10-15 minutes per child per screening. In our jurisdiction, there are approximately 2200 children that will need to be screened to maintain the standard in each school year.

To ensure this program is operational and sustainable, it is requested that additional funding be provided to implement this new vision screening program within schools.

Thank you for your consideration of our comments and request. We look forward to hearing from you. For further information, please contact David Smith, Program Director of School Health at dsmith@swpublichealth.ca or 519-631-9900 ext. 1245.

Sincerely,

Larry Martin
 Chair, Board of Health

Copy: Members, SWPH Board of Health
 C. St. John, CEO, SWPH
 M. Nusink, Director of Finance, SWPH
 Association of Local Public Health Agencies
 Ontario Boards of Health

Fernandes, Krislyn

From: Susan Lee <susan@alphaweb.org>
Sent: April 4, 2019 12:11 PM
To: All Health Units
Subject: Municipally Elected BOH Members
Attachments: Post 2018 Municipal Election Flyer Final.pdf

ATTENTION: Municipally Elected Officials on Boards of Health

On behalf of alPHa Boards of Health Section Chair Trudy Sachowski, please find attached a flyer for municipally elected board of health members for their information.

The document can also be accessed online by [clicking here](#).

If you have any questions regarding the enclosed, please contact alPHa executive director Loretta Ryan, ext. 22, loretta@alphaweb.org

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>

CONGRATULATIONS on Your Successful 2018 Municipal Election

The job you've taken on is extremely important. As an elected official, you are a leader in your community and an advocate on behalf of your constituents. You are part of a local government that plays an essential role in building a vibrant and sustainable community. You will make meaningful decisions that impact everyone who lives, works, learns and plays in your community. It's a big responsibility and we want you to know that your local public health unit shares your enthusiasm for ensuring everyone living in your community is as healthy as possible.

Today's health threats are more likely to be chronic diseases such as obesity, diabetes and heart disease rather than infectious diseases.



It is now understood that good health comes from a variety of factors and influences, 75% of which are not related to the health care delivery system.

These determinants of health are interconnected and contribute to the health of the population (see graphic next page).

Where we've been & where we are now

At the turn of the twentieth century, local governments targeted efforts on the provision of clean drinking water, sewers and garbage disposal—all major contributors to preventing disease. During this time, public health delivered vaccines in the community to prevent infectious diseases like smallpox, diphtheria, typhus, cholera and tuberculosis, polio, and mumps. The success of these past interventions by government and public health can be seen a century later: Today, these diseases are non-existent or minimal in Ontario.

Why focus on health & what you can do

- Two-thirds of Ontarians over 45 have one or more chronic disease(s)
- Over 50% of Ontario's adults and about 20% of youth are overweight
- Obesity has a direct effect on the rate of Type 2 diabetes and heart disease
- Nearly half of all cancer deaths are related to tobacco use, diet and lack of physical activity
- As much as half of the functional decline between the ages of 30 and 70 is due not to aging itself but to an inactive lifestyle

Local governments can play a unique role in shaping the local conditions that have an impact on the health of individuals and communities. For example, elected officials make important decisions that impact citizens' health in:

- Community planning and the built environment
- Parks and recreation facilities and their programming
- Health-related policies

What influences our health?

50%



- Income & social status
- Social support networks
- Education & literacy
- Employment/working conditions
- Personal health practices
- Early childhood development
- Culture & language
- Gender

25%



- Health care system

15%



- Biology & physical endowment

10%



- Physical environment



The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other organizations to advocate for a strong and effective public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

As a member of a board of health, you are automatically a member of alPHa.

For more information:



info@alphaweb.org



www.alphaweb.org



@PHAgencies

What is population and public health?

Your public health unit and the board of health which governs it use a population health approach. Population health focuses on the interrelated conditions and factors that influence the health of populations over the life course. It does this by:

- identifying the root causes of a problem, and developing evidence-based strategies to address it
- improving aggregate health status of the whole community, while considering the special needs and vulnerabilities of sub-populations
- working through partnerships and intersectoral cooperation
- finding flexible and multi-dimensional solutions for complex problems
- encouraging public involvement and community participation

What is the role of boards of health?

Municipal elected officials can play an essential role in supporting public health unit activity by becoming a member of a local board of health. The role of a board of health is to provide public health programs and services in the areas specified in the provincially mandated *Ontario Public Health Standards*. The responsibilities of a board of health are to:

- uphold legislation governing the board of health's mandate under the *Health Protection and Promotion Act* and others, and meet government expectations on accountability, governance and administrative practices as outlined in the *Public Health Accountability Framework and Organizational Requirements*
- be aware of changing community trends and needs in order to develop policies to protect and promote community health
- represent the health unit in the community
- ensure the health unit's finances are adequate and responsibly spent
- hire a medical officer of health who is responsible for the management of the health unit

Dear alPHa Members,

Re: 2019 Ontario Budget, Protecting what Matters Most

Unlike previous recent budgets, the 2019 Ontario Budget contains a section devoted specifically to Modernizing Ontario's Public Health Units, so the traditional chapter-by-chapter summary of other items of interest to alPHa's members will be delayed as our immediate focus will be need to be on the significant changes that are being proposed for Ontario's public health system.

It appears that the Government intends to create efficiencies through streamlining back-office functions, adjusting provincial-municipal cost-sharing, and reducing the total number of health units and Boards of Health from 35 to 10 in a new regional model. As details about how they will do this are scarce, verbatim excerpts from the two areas that are directly relevant are reproduced here (*comments added in italics*):

VERBATIM EXCERPT FROM CHAPTER 1, A PLAN FOR THE PEOPLE: MODERNIZING ONTARIO'S PUBLIC HEALTH UNITS (P. 119)

"Ontario currently has 35 public health units across the province delivering programs and services, including monitoring and population health assessments, emergency management and the prevention of injuries. Funding for public health units is shared between the Province and the municipalities.

However, the current structure of Ontario's public health units does not allow for consistent service delivery, could be better coordinated with the broader system and better aligned with current government priorities. This is why Ontario's Government for the People is modernizing the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention.

As part of its vision for organizing Ontario public health, the government will, as first steps in 2019-20:

- Improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by adjusting provincial-municipal cost-sharing of public health funding (*ed. Note: what this means is not spelled out, i.e. it is not clear how such an adjustment would contribute to efficiency and if they are considering a change to the relative share, they have not revealed what it will be*).
- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities (*ed. Note: again, not spelled out*).

The government will also:

- Establish 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-20 (*based on the excerpt from chapter 3 below, it is likely that this means consolidation and not the establishment of another regional layer*);
- Modernize Ontario's public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; and
- Protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by removing back-office inefficiencies through digitizing and streamlining processes.

VERBATIM EXCERPT FROM CHAPTER 3, ONTARIO'S FISCAL PLAN AND OUTLOOK (HEALTH SECTOR INITIATIVES, P. 276-7):

Health Sector expense is projected to increase from \$62.2B in 2018-19 to \$63.5B in 2021-22, representing an annual average growth rate of 1.6% over the period...Major sector-wide initiatives will allow health care spending to be refocused from the back office to front-line care. These initiatives include:

- Modernizing public health units through regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, leading to annual savings of \$200M by 2021-22.

Gordon Fleming and Pegeen Walsh (ED, OPHA) were able to ask a couple of questions of clarification of Charles Lammam (Director, Policy, Office of the Deputy Premier and Minister of Health and Long-Term Care), and he mentioned that strong local representation and a commitment to strong public health standards will be part of the initiative, and the focus of the changes is more on streamlining the governance structure. He also indicated that many of the details (including the cost-sharing model) will need to be ironed out in consultation with municipal partners and hinted that there is a rationale behind the proposed number of health units though he couldn't share that level of detail at this time.

Please [click here](#) for the portal to the full 2019 Ontario Budget, which includes the budget papers, Minister's speech and press kits.

alPha's Executive Committee will be holding a teleconference at 9 AM on Friday April 12 to begin the formulation of a strategic approach to obtaining further details about the foregoing and responding to the proposals. As always, the full membership will be consulted and informed at every opportunity.

We hope that you find this information useful.

Loretta Ryan,
Executive Director

Fernandes, Krislyn

From: Susan Lee <susan@alphaweb.org>
Sent: April 12, 2019 10:31 AM
To: All Health Units
Subject: 2019 Ontario Budget- AMO's Highlights

ATTENTION:

All Board of Health Chairs
 All Medical Officers of Health
 All Senior Public Health Managers

Please see the bulletin below from the Association of Municipalities of Ontario regarding the 2019 provincial budget for your information.

Susan Lee
 Manager, Administrative & Association Services
 Association of Local Public Health Agencies (alPHa)
 2 Carlton Street, Suite 1306
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 Please visit us at <http://www.alphaweb.org>

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April 11, 2019

2019 Budget Highlights

Here are the immediate highlights of the 2019 Provincial Budget. Many of these items are provided at a high level. A detailed Budget Bill will follow in the coming days.

The Fiscal Environment

- The Provincial government has committed to **balancing the budget** by 2023-24 in a responsible way. To 2023-24, total revenue is projected to grow at an average annual rate of 3%. Program expense over the same period is expected to grow at an average rate of 1%.

- The government is now projecting a deficit of \$11.7 billion in 2018-19, \$10.3 billion in 2019-20, \$6.8 billion in 2020-21, and \$5.6 billion in 2021-22.

Changes related to the role of municipal governments

- The **Social Assistance** system reform is expected to result in an estimated annual saving of over \$1 billion at maturity by simplifying the rate structure, reducing administration, cutting unnecessary rules, and providing greater opportunities to achieve better employment outcomes.
- The Province will not be increasing the value of the municipal share of the **provincial gas tax** program as had been anticipated. Currently it is \$364 million to 107 municipal governments. The government will consult with municipalities to review the program parameters and identify opportunities for improvement.
- The Province will introduce legislation to permit municipal governments to designate public areas, such as parks for the **consumption of alcohol**. There are other alcohol reforms contained in the budget such as the creation of a tailgating permit for eligible sporting events and extending hours of service in licensed establishments to a 9 am start, seven days a week.
- Investing \$3.8 billion for **mental health**, addictions and housing supports over 10 years, beginning with the creation of a mental health and addictions system.
 - o In 2019–20, a \$174 million investment will support community mental health and addictions services, mental health and justice services, **supportive housing** and acute mental health inpatient beds.
- On **property assessment**, the province will be conducting a review to explore opportunities to:
 - o “Enhance the accuracy and stability of property assessments;
 - o Support a competitive business environment;
 - o Provide relief to residents”; and
 - o Changes to the composition of the Board of the Municipal Property Assessment Corporation (MPAC) to increase the representation of property taxpayers. (This would dilute current municipal government representatives.)
- On **public health** in 2019-20, the government will:
 - o Improve program and back office efficiencies by adjusting provincial-municipal cost sharing of public health funding;
 - o By 2020-21, establish 10 regional public health entities and 10 new regional boards of health with one common governance model; and
 - o It is expected by 2021-22, that these changes will lead to annual savings of \$200 million.
- **Land ambulance** dispatch services will be streamlined by integrating Ontario’s 59 emergency health services operators (e.g. 52 EMS, Ornge) and 22 provincial dispatch communication centres.
- Making home ownership and renting more affordable by helping to increase the supply of housing that people need through the forthcoming **Housing Supply Action Plan**. Details to come.

- Municipalities will be required to provide real-time reporting of **sewage outflows** and the government will update policies related to municipal wastewater and stormwater.
- Create 15,000 new **long-term care beds** over the next five years and upgrade 15,000 older long-term care beds to provide more appropriate care to patients with complex health conditions. In addition to the over 6,000 new beds previously allocated, 1,157 new long-term care beds will immediately be allocated to 16 projects across the province.
- The Province will explore **revenue sharing**, including Northern communities in the mining, forestry, and aggregates sectors.
- Regarding the **Ontario Provincial Police**, the government will explore opportunities to “encourage workforce optimization, including vacancy management, overtime and scheduling” to save \$30 million annually starting in 2019-20 without impacting front-line policing and community safety.
- The government will invest \$16.4 million over two years to create a province-wide strategy to help combat **gun and gang related crime**.

Changes affecting your Community

- The government will invest \$315 million over five years as part of its **Broadband and Cellular Strategy** which will be released later this year.
- The new CARE (Ontario Childcare Access and Relief from Expenses) tax credit would provide about 300,000 families with up to 75 per cent of their eligible **child care** expenses and allow families to access a broad range of child care options, including care in centres, homes and camps.
- Individual seniors with annual incomes of \$19,300 or less, or senior couples with combined annual incomes of less than \$32,300, will be able to receive **dental services** in public health units, community health centres and Aboriginal Health Access Centres across the province.
- The government is reviewing the forestry sector to develop a strategy that includes: challenges the industry currently faces; initiatives to encourage innovation and reduce red tape; and methods to promote made-in-Ontario wood products.
- The government will hold consultations to repeal the *Far North Act* and remove red tape on economic development projects like the **Ring of Fire**. Environmental assessment studies have been initiated for all-season access roads to the Ring of Fire.
- The province is proposing to develop an **immigration pilot initiative** to disperse the benefits of immigration across Ontario. The budget also proposes changes to the Ontario Immigrant Nominee Program aimed at modernizing the program to better address labour market shortages.
- **Energy conservation** and efficiency programs will be phased out saving up to \$442 million.

- A return to the default benefit limit of \$2 million for those who are catastrophically injured in an accident, after it was previously reduced to \$1 million in 2016.

AMO will continue to review the budget document and related bills and provide further updates and details as needed in the days ahead.

AMO Contact: Matthew Wilson, Senior Advisor, mwilson@amo.on.ca, 416-971-9856 extension 323.

*Disclaimer: The Association of Municipalities of Ontario (AMO) is unable to provide any warranty regarding the accuracy or completeness of third-party submissions. Distribution of these items does not imply an endorsement of the views, information or services mentioned.



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NEWS RELEASE

April 12th, 2019

For Immediate Release

Ontario Budget 2019 – Reducing Investments in Public Health

The Association of Local Public Health Agencies (alPHa), which represents Ontario’s Medical Officers of Health, Boards of Health members and front-line public health professionals throughout the province, is surprised and deeply concerned to learn of the Government’s plans to restructure Ontario’s public health system and reduce its funding by \$200M per year.

“Investments in keeping people healthy are a cornerstone of a sustainable health care system. We have spent considerable time since the election of the new Government communicating the importance of Ontario’s locally-based public health system to ending hallway medicine,” said alPHa President Dr. Robert Kyle. “The reality is that this \$200M savings is a 26% reduction in the already-lean annual provincial investment in local public health. This will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors’ offices.”

In order to achieve this reduction, the Government is proposing to replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size. As alPHa pointed out in its response to the previous Government’s Expert Panel on Public Health Report (which proposed a similar reduction), the magnitude of such a change is significant and will cause major disruptions in every facet of the system. “The proposed one-year time frame for this change is extremely ambitious, and we hope that the government will acknowledge the need to carefully examine the complexities of what it is proposing and move forward with care and consideration,” added Dr. Kyle.

Public Health initiatives show a return on investment. Much of the success of our locally-based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

We look forward to receiving more details of this plan from the Ministry so that we can work with them to ensure that Ontario’s public health system continues to draw strength from dedicated local voices and effective partnerships and maintains the capacity to deliver essential front-line health protection and promotion services while working to meet the Government’s stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

- 30 -

For more information regarding this news release, please contact

Loretta Ryan
Executive Director
(647) 325-9594
(416) 595-0006 ext. 22

About aPHa

The Association of Local Public Health Agencies (aPHa) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians. Further details on the functions and value of Ontario's public health system are available in aPHa's [2019 Public Health Resource Paper \(https://bit.ly/2G8F3Ov\)](https://bit.ly/2G8F3Ov)



KFL&A
Public Health

April 17, 2019

The Honourable Christine Elliott, Deputy Premier
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario's local public health system is an essential part of keeping communities safe and healthy. Public health delivers excellent return on investment and works on the front line to protect our communities from illness and promote health and wellbeing. The services provided by public health, centred on Ontario's Public Health Standards, ensure that our population stays out of the health care system and remain well for as long as possible.

As the Chair of the Board of KFL&A Public Health, I unequivocally support KFL&A Public Health and its staff in the work that they do. The needs of Ontarians are variable and preserving partnerships locally is essential. Local knowledge and expertise to ensure the health of our communities is not something that our region can afford to lose.

Our Board of Health was surprised and disappointed to learn of the Government of Ontario's plans to restructure Ontario's public health system. The proposed \$200 million per year reduction in funding for local public health services represents a significant strain on the ability of local public health agencies like KFL&A Public Health to continue to deliver on their mandate. A reduction in funding that represents 26% of the budget cannot happen without cutting services. These cuts will impact our ability to deliver the front-line public health services that keep people out of hospitals and doctors' offices and will ultimately mean a greater downstream cost to the health care system.

KFL&A Public Health's Board is requesting the Province of Ontario maintain and augment the health protection, promotion, and prevention mandate of KFL&A Public health. Furthermore, we request the Province of Ontario maintain the current 75 percent provincial, 25 percent municipal funding formula for KFL&A Public Health and public health programs in Ontario. We request that the Province of Ontario stop the planned reduction of Ontario public health units from 35 to 10 and the planned reduction by \$200 million from public health and instead initiate consultations with municipalities and

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KFL&A
Public Health

public health agencies on the public health system in Ontario. Finally, we have directed the Medical Officer of Health and the staff of KFL&A Public Health to work with the Association of Local Public Health Agencies to coordinate and support their efforts to respond to cuts to public health in Ontario. We called upon the municipalities that fund KFL&A Public Health to do the same.

Money invested into public health is money well spent; prevention is the fiscally responsible investment for our communities. There is strong evidence to support the excellent return on investment that public health offers, with an average of \$14 of upstream savings for every \$1 investment in public health services.

It has been fifteen years since the last major public health crisis in this province, and we have learned well from those lessons. We do not wish to repeat the mistakes of the past; the cuts proposed by this government have the potential to jeopardize our ability to protect the health of the people of Ontario.

Ontario has an integrated, cost-effective, and accountable public health system. Boards of health provide programs and services tailored to address local needs across the province. The public health system works upstream to reduce demands and costs to the acute care sector while providing essential front-line services to local communities. Modest investments in public health generate significant returns. In short, public health plays an important role in our work, our families, and our communities. Divestment from it would be a loss for all.

Sincerely,

Denis Doyle, Chair
KFL&A Board of Health

Copy to:

- Hon. D. Ford, Premier of Ontario*
- Hon. H. Angus, Deputy Minister of Health and Long-Term Care*
- Ian Arthur, MPP Kingston and the Islands*
- Daryl Kramp, MPP Hastings-Lennox and Addington*
- Dr. David William, Chief Medical Officer of Health*
- Loretta Ryan, Association of Local Health Agencies*
- Ontario Boards of Health*
- Board of Health members*
- Kelly Pender, CAO, County of Frontenac*
- Brenda Orchard, CAO, County of Lennox and Addington*
- Mayor B. Paterson and City Councillors*
- Monica Turner, Director of Policy, Association of Municipalities of Ontario*

Kingston, Frontenac and Lennox & Addington Public Health

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	Fax: 613-549-7896				



Board of Health Resolution

MOVED BY: K. O’Gorman

SECONDED BY: D. Smith

SOURCE: TBDHU Board of Health

DATE: April 17, 2019

Page 1 of 1

RESOLUTION NO.: 54b-2019

CARRIED

AMENDED

LOST

DEFERRED/
REFERRED

ITEM NO.: 8.10

J. McPherson

CHAIR

RE: Public Health Restructuring

THAT with respect to Public Health Restructuring, the Board of Health:

1. Affirms its support for the Thunder Bay District Health Unit;
2. Requests the Province of Ontario to maintain the health protection and health promotion mandate of the Thunder Bay District Health Unit;
3. Requests the Province of Ontario to maintain the current 75 percent provincial, 25 percent municipal funding for the Thunder Bay District Health Unit;
4. Requests the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million from public health, and instead initiate consultation with municipalities and public health agencies on the public health system in Ontario;
5. Directs the Medical of Health of the Thunder Bay District Health Unit to work with the Association of Local Public Health Agencies to support their efforts on responding to the provincial cuts to public health in Ontario;
6. Requests the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario, north of the French River.

Accordingly, the Province should ensure that distances are manageable and that public health units are not overwhelmed because they are providing service to areas that are too large and vast.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	<i>To:</i>	<i>INSTRUCTIONS:</i>	<i>To:</i>	<i>INSTRUCTIONS:</i>
1	Dr. DeMille	_____	S. Stevens	_____
2	L. Dyll	_____	S. Oleksuk	_____
3	L. Roberts	_____	T. Royer	_____
4	T. Rabachuk	_____		_____
5	_____	_____		_____
6				File Copy



5.9

April 18, 2019

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

The Honourable Christine Elliott
 Deputy Premier and Minister of Health and Long-Term Care
 Hepburn Block 10th Floor
 80 Grosvenor Street
 Toronto, ON M7A 1E9
 Sent via email: christine.elliott@pc.ola.org

Dear Premier Ford and Minister Elliott

During its regular board meeting on April 17, 2019, the Board of Health for the Perth District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019 with regard to proposed changes to local public health, specifically:

- Changes to municipal-provincial cost-sharing (2019-2020)
- 35 local agencies to become 10 regional (2020-21)
- \$200M reduction (2021-2022) (Current provincial funding is ~\$750M)

Background considerations included:

- the aPHa letter to Dr. Devlin (regarding the First Report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine: *Hallway Health Care: A System Under Strain*) outlining the important role of Public Health in keeping communities strong and healthy and preventing people from becoming patients, and the excellent return on investment delivered by public health programs and services
- previous reports on the organization of public health in Ontario including the 2006 Report of the Capacity Review Committee, *Revitalizing Ontario's Public Health Capacity* and the 2017 Report of the Ministers Expert Panel *Public Health within an Integrated Health System*
- current work being taken to amalgamate Perth District Health Unit with Huron County Health Unit.

.../2

-2-

Given the significant changes being proposed, the board moved to:

- Request the Province of Ontario to maintain the health protection and health promotion and prevention mandate of the Perth District Health Unit;
- Request the continued support of the Province of Ontario for the merger of the Perth District Health Unit and Huron County Health Unit;
- Request the Province of Ontario to maintain the current 75% provincial, 25% municipal funding formula for the Perth District Health and public health programs in Ontario;
- Request the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million (2021-2022) from public health and instead initiate consultations with municipalities and public health agencies on the public health system in Ontario;
- Direct the Medical Officer of Health and the Perth District Health Unit to work with the Association of Local Health Agencies to coordinate and support their efforts on responding to the Provincial cuts to public health in Ontario.

Sincerely,



Kathy Vassilakos,
Chair, Perth District Health Unit

cc: Mr. Randy Pettapiece, MPP Perth Wellington
Mayor Dan Mathieson, City of Stratford
Mayor Todd Kasenburg, North Perth
Mayor Robert Wilhelm, Perth South
Mayor Rhonda Ehgoetz, Perth East
Mayor Al Strathdee, Town of St. Marys
Mayor Walter McKenzie, West Perth
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
All Boards of Health
All Health Units
Association of Local Public Health Units



April 23, 2019

VIA ELECTRONIC MAIL

The Honourable Christine Elliott, Deputy Premier
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their people. This crucial role is played out daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and well-being. These services centred on Ontario's Public Health Standards and related Public Health Programs like Smoke Free Ontario and Healthy Smiles ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards.

As Chair of the Board of the Leeds, Grenville and Lanark District Health Unit (LGLDHU), I can confirm the Board's unconditional support of the LGLDHU and its staff in all the work that they do. The health needs of Ontarians are variable and preserving local partnerships with municipalities and others is essential to ensuring the effectiveness, efficiency and success of health programs and services. It is this Board's view that the LGLDHU is right sized and right staffed to professionally deliver health unit services for and in partnership with the municipalities served.

With this backdrop, our Board of Health was surprised, disappointed and confused by the Government of Ontario's budget announcement to restructure Ontario's Public Health system that changes the Provincial-Municipal funding formula by downloading costs to municipalities after budgets have been set. The latter will place a significant strain on the ability of local public health units like LGLDHU to continue to deliver on their mandate. Moreover, it has been reported that the Public Health budget represents approximately 2% of the Province's total health expenditures and that every dollar spent has an average of \$14 of upstream savings. With this in mind, it is difficult to comprehend how a \$200 million dollar provincial reduction in prevention services will contribute to lowering future overall health care costs.



Before the Budget's new directions for public health units are fully implemented, the LGLDHU Health Board recommends for your consideration that any change in the funding ratio should be done in consultation with AMO and the municipalities rather than unilaterally by the province. The 2019 public health municipal levy has already been established, and municipalities are already more than a quarter into their fiscal year.

As the Regional Public Health Entity to replace the LGLDHU has not yet been announced, the LGLDHU Health Board further recommends that the Ministry consult with Public Health Ontario, the Association of Local Public Health Agencies, the Council of Medical Officers of Health, and other experts in the field before the Regional Public Health Entity is implemented to ensure it will improve the effectiveness and efficiency of public health services in the community.

Additionally, the LGLDHU Board of Health recommends that the following principles in the development of the Regional Public Health Entity be adopted to ensure this change in public health governance and organization is as effective and efficient as possible while maintaining the strong public health presence and impact in our community:

- a. *No loss of service to our community* - All current employees providing programs and services under the Foundational and Program Standards as listed in the 2019 Annual Service Plan continue to be funded within the Regional Public Health Entity to provide service in Lanark, Leeds, and Grenville.
- b. *Meaningful involvement in planning* – The needs and assets of the Lanark, Leeds and Grenville communities are considered in the planning of any public health programs and services for the community.
- c. *Integrity of Health Unit* - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is split into two.
- d. *Like Health Unit Populations Be Grouped Together* – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
- e. *Equitable access to positions* - All Management and Administrative positions in the new Regional Public Health Entity must be open to all our current employees through a competition process.
- f. *Effective "back office" support* – All services included in the "back office" support provided by the Regional Public Health Entity be at the same quality or better than currently exist in the Health Unit.
- g. *Appropriate municipal role in governance* – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health.



The Leeds, Grenville and Lanark District Health Unit provides high quality public health programs and services in collaboration with local partners, including municipalities, to promote and protect health of the population. The LGLDHU Board of Health includes all obligated municipalities who provide funding to the Health Unit, and this relationship extends to working with municipalities on important public health concerns. The current grant from the provincial government is insufficient to respond to all the requirements in the Ontario Public Health Standards and Accountability Framework, therefore, any reduction in provincial funding will cause a reduction in programs and services that will impact the population's health.

I look forward to working collaboratively with you to continue to provide exemplary public health programs and services to the people of Leeds, Grenville and Lanark.

Sincerely

Doug Malanka
Board Chair

cc: Leeds, Grenville and Lanark District Board of Health
 Hon. Doug Ford, Premier of Ontario
 Hon. Helen Angus, Deputy Minister of Health and Long-Term Care
 Dr. David Williams, Chief Medical Officer of Health
 Randy Hillier, MPP – Lanark, Frontenac, Kingston
 Monica Turner, Director of Policy, Association of Municipalities of Ontario
 Leeds, Grenville and Lanark Municipalities
 Loretta Ryan, Association of Local Public Health Units
 Ontario Boards of Health



April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

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

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

That the KFL&A Board of Health endorse the Children Count Task Force Recommendations and send correspondence to:

- 1) **The Honourable Doug Ford, Premier of Ontario**
- 2) **The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier**
- 3) **The Honourable Lisa Thompson, Minister of Education**
- 4) **The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues**
- 5) **Ian Arthur, MPP Kingston and the Islands**
- 6) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 7) **Daryl Kramp, MPP Hastings-Lennox and Addington**
- 8) **Loretta Ryan, Association of Local Public Health Agencies**
- 9) **Ontario Boards of Health**

At present, there are approximately 50 federal programs collecting health data on the Canadian population, many of which include school age children and youth. Notwithstanding the number of sources, data collected from these surveys are not always collected in a way that provides representative results at the regional and local levels. As such, Ontario needs a coordinated and cost-effective system for measuring the health and well-being of children and youth to inform local, regional and provincial programming. Such a system will enable stakeholders at all levels (local, regional and provincial) to effectively measure the health and well-being of our kids, and in turn, the return on investment in relevant programs.

To address this gap, the Children Count Task Force has made one overarching recommendation, which is to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario. To further support this secretariat, the task force made an additional five recommendations:

Kingston, Frontenac and Lennox & Addington Public Health

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Napanee	613-354-3357	Fax: 613-354-6267
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- **Recommendation 1:** Create an interactive web-based registry of database profiles resulting from child and youth health and well-being data collection in Ontario schools.
- **Recommendation 2:** Mandate the use of a standardized School Climate Survey template in Ontario schools and a coordinated survey implementation process across Ontario.
- **Recommendation 3:** Develop and formalize knowledge exchange practice through the use of centrally coordinated data sharing agreements.
- **Recommendation 4:** Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.
- **Recommendation 5:** Work with the Information and Privacy Commissioner (IPC) of Ontario to develop a guideline for the interpretation of privacy legislation related to student health and well-being data collection in schools.

The KFL&A Board of Health urges the Government of Ontario to act on the recommendations from the Children Count Task Force.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and
Minister Responsible for Women's Issues
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Kingston, Frontenac and Lennox & Addington Public Health

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Sharbot Lake	613-279-2151	Fax: 613-279-3997



April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

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

Dear Premier Ford:

RE: Minimizing harms associated with the announced expansion of the sale of beverage alcohol in Ontario

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health ask the Government of Ontario to outline the actions that they will take to implement their commitment to the safe and responsible sale and consumption of alcohol in Ontario as noted in the 2019 provincial budget; and

THAT the KFL&A Board of Health strongly urge the provincial government to ensure that any plan to address the safe and responsible sale and consumption of beverage alcohol include a wide range of evidence-based policies including: implementing alcohol pricing policies, controlling physical and legal availability, curtailing alcohol marketing, regulating and monitoring alcohol control systems, countering drinking and driving, educating and promoting behaviour change, increasing access to screening and brief interventions, and surveillance, research and knowledge exchange, and that this plan be funded, and monitored for effectiveness; and

THAT the KFL&A Board of Health ask the Government of Ontario to indicate how much alcohol consumption will increase with the proposed expansion over the next five years, how much this increased consumption will cost the justice, social and health care systems over the next five years, and the fiscal plan to pay for these anticipated costs;

AND FURTHER THAT correspondence be sent to:

- 1) Honourable Doug Ford, Premier of Ontario**
- 2) Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet**
- 3) Honourable Christine Elliot, Provincial Minister of Health and Long-term Care, Deputy Premier**
- 4) Ian Arthur, MPP Kingston and the Islands**
- 5) Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 6) Daryl Kramp, MPP Hastings-Lennox and Addington**

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KFL&A
Public Health

- 7) **Loretta Ryan, Association of Local Public Health Agencies**
- 8) **Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-term Care**
- 9) **Ontario Boards of Health**

The recent release of the 2019 Ontario budget includes a number of changes to increase the choice and convenience of beverage alcohol for consumers. However, this same document, while assuring Ontarians that safe and responsible sale and consumption of alcohol in Ontario is, and will continue to be, a top priority, the document does not include any specific action by the Government of Ontario to realize this goal. The KFL&A Board of Health would be pleased to hear the government's plans for safe and responsible sale and consumption of alcohol. Furthermore, there are many evidence-based strategies that protect and promote health that KFL&A Public Health would encourage the government to include in this plan.

In addition, evidence from other provinces have demonstrated that increases to the availability of alcohol had negative social and health outcomes, including increased alcohol-related traffic incidents and suicides. These are the short-term impacts of the over-consumption of alcohol. Longer term effects will result in increased chronic diseases such as cancers and heart disease both of which are costly to manage and treat. There is no reason to believe that the expansion of beverage alcohol sales in Ontario will not have the same result – an increase in alcohol consumption with the concomitant increase in health, social and justice services use, and hence, costs. The KFL&A Board of Health would also be pleased to hear from the provincial government regarding how much the increase in alcohol availability is anticipated to impact consumption and the use of health, social and justice services. Furthermore, the KFL&A Board of Health would ask that the government provide a plan for how these anticipated expenses will be funded.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
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May 01, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
(Sent via email to: premier@ontario.ca)

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
(Sent via email to: christine.elliottco@ola.org)

Dear Premier Ford and Minister Elliott,

On behalf of Hastings Prince Edward Board of Health we are writing you today to express our concerns regarding the implications of the 2019 Provincial Budget, as well as to affirm our ability to contribute to Ontario's plans to modernize public health.

While we recognize the need to implement a sustainable public health system in Ontario, we are urging you to implement any changes in a manner that does not jeopardize the health and safety of our communities and is based on consultation with existing Boards of Health and the municipalities that they represent. We acknowledge that there is potential for administrative and program efficiencies by moving to 10 regional public health entities, however, we have concerns regarding the timing and method of implementation. We are seeking additional information as soon as possible to determine how to address proposed changes effectively and ensure continuity of services in our communities. Until we have details regarding the regional boundaries, service expectations, and funding, it is impossible for us to plan in a meaningful way. We urge you to engage in comprehensive consultation with public health to clarify plans and expectations. With this information, we will be able to work collaboratively and proactively to develop a vision for the future of public health.

We are strongly recommending that the province postpone any changes to the funding formula, to ensure that public health services are not put at risk. As municipal budgets have already been set for 2019, increasing tax levies to accommodate for retroactive and unexpected changes to the funding formula is not an option. We recommend that any changes to the cost sharing formula be postponed until after the regional model is in place, which will allow us to be proactive in identifying efficiencies and opportunities within the new structure. The stability and security of provincial funding is critical to ensure the health and safety of our communities is maintained while we adapt to any structural changes.

We will adjust the way we deliver our programs and services to adapt to a new structure and funding model. We are critically reviewing the way we deliver our programs and services

North Hastings

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Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
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to determine how we can adapt to a new model. We will work with the Ministry and our municipal partners to prioritize the delivery of core functions as changes in funding and structure are implemented. However, we need information as soon as possible regarding the new regional boundaries and the parameters that will guide decisions to grant exemptions to the provincial standards in order to proceed with planning.

The work of Public Health continues to be essential to the long-term sustainability of the health care system, by protecting the health of the population and preventing disease and injury before it occurs. The Hastings Prince Edward Board of Health looks forward to working with the Ministry to determine how we can effectively modernize public health in Ontario, while concurrently maintaining a strong investment in programs and services that will help reduce cost and strain on the health care system in the future.

Sincerely,



Jo-Anne Albert, Chair
Hastings Prince Edward Board of Health
Mayor, Municipality of Tweed,



Piotr Oglaza MD, CPHI (C), MPH, CCFP, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health



April 10, 2019

All Ontario Senators
The Senate of Canada
Ottawa, ON K1A 0A4

Dear Honourable Ontario Senators:

Re: Support for Bill S-228, Child Health Protection Act

On behalf of the Board of Health for Public Health Sudbury & Districts, please accept this correspondence reaffirming our full support for Bill S-228, Child Health Protection Act, which, when passed, would ban food and beverage marketing to children under 13 years of age.

Food and beverage advertisements directed at children can negatively influence lifelong eating attitudes and behaviours (including food preferences, purchase requests, and consumption patterns). Regulation of food and beverage marketing to children is considered an effective and cost saving population-based intervention to improve health and prevent disease.

In 2016, the Board of Health supported a motion in support of Bill S-228 and urged the federal government to implement a legislative framework to protect child health by ensuring protection from aggressive marketing of unhealthy food and beverages. Additionally, the Association of Local Public Health Agencies and the Ontario Dietitians in Public Health have submitted letters expressing their full support for Bill S-228.

The Board of Health for Public Health Sudbury & Districts commends you for your leadership in the development of this landmark piece of legislation. Bill S-228 has passed its third reading in the House of Commons and is awaiting royal assent. As a critical step to improving the health of Canadians, we respectfully request that you pass Bill S-228 without further delay.

Sincerely,

René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

cc: Association of Local Public Health Agencies
Ontario Boards of Health

Sudbury

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

Rainbow Centre

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Sudbury East / Sudbury-Est

1 rue King Street
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f: 705.867.0474

Espanola

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phsd.ca



April 17, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Elliott:

Re: Urgent provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to urge the Government of Ontario to develop a comprehensive provincial alcohol strategy to mitigate harms and monitor the health impacts of increasing access and availability of alcohol in Ontario.

Alcohol costs to the individual and society are significant. In 2014, Ontario spent \$5.34 billion on alcohol-related harms, including \$1.5 billion for healthcare and \$1.3 billion for criminal justice.¹ Since 2015, alcohol use has contributed to more than 43,000 emergency room visits and 66 hospitalizations per day, a significant and avoidable burden on Ontario's healthcare system.²

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the potential harms of alcohol use as the government liberalizes access. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- An improved monitoring system to track alcohol-related harms;
- Rigorous enforcement of alcohol marketing regulations, and;
- Public education and awareness campaigns aimed at changing attitudes and social norms around consumption.

The Ontario Government has committed to ensure the health and safety of our communities as it increases the availability of alcohol; however, recent changes in the way alcohol is sold and the 2019 Ontario Budget 'Protecting What Matters Most' ³ released on April 11, 2019 suggest that economic interests are superseding the health and well-being of Ontarians and further diminishes the likelihood of meeting the goal of ending hallway medicine. Recent changes that raise the potential for increased alcohol-related harms include reducing the minimum retail price of beer to \$1.00, halting the annual inflation-indexed increase in the beer tax, and extending the hours of sale for alcohol retail outlets. This is in conjunction with the anticipated changes of legislation permitting municipalities to designate public areas for consumption of alcohol, advertising happy hour and creating a tailgating permit for eligible sporting events including post-secondary events.

The SMDHU Board of Health has on numerous occasions sent advocacy letters to the provincial government to support healthy alcohol policy, most recently in 2017, calling on the government to

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FAX: 705-721-1495

□ Collingwood:

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Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ Cookstown:

2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ Gravenhurst:

2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ Huntsville:

34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ Midland:

B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ Orillia:

120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

prioritize the health and well-being of Ontarians by enacting a comprehensive, evidence-based alcohol strategy.

We believe it is possible to create a healthy alcohol culture in Ontario that balances interests in public health, government revenue, economic development, and consumer preferences without sacrificing the health of Ontarians. We support both the Council of Ontario Medical Officers of Health and Association of Local Public Health Agencies' request to ensure such a balance, and we thereby encourage the government to develop a provincial alcohol strategy that incorporates health goals.^{4,5} This would include a monitoring and evaluation plan to measure intended and unintended impacts of policy change. Now is the time for Ontario to take leadership and address the harms of alcohol use in our province.

Thank you for your consideration.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

cc. Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
Doug Downey, MPP Barrie-Springwater-Oro-Medonte
Jill Dunlop, MPP Simcoe North
Andrea Khanjin, MPP Barrie-Innisfil
Norman Miller, MPP Parry Sound-Muskoka
Hon. Caroline Mulroney, MPP York-Simcoe
Jim Wilson, MPP Simcoe-Grey
Dr. David Williams, Chief Medical Officer of Health for Ontario
Loretta Ryan, alPHa Executive Director
Ontario Boards of Health

References

1. The Canadian Centre on Substance Use and Addiction. (2018) [Canadian Substance Use Costs and Harms in the Provinces and Territories \(2007–2014\)](#)
2. Ontario Public Health Association. (2018) [The Facts: Alcohol Harms and Costs in Ontario](#).
3. Ministry of Finance of the Ontario Government, [2019 Ontario Budget Protecting What Matters Most](#), April 11, 2019 , Honourable Victor Fedeli
4. Council of Ontario Medical Officers of Health, [Re: Alcohol Choice & Convenience Roundtable Discussions](#) [Letter written March 14, 2019 to Honorable Vic Fedeli].
5. Association of Local Public Health Agencies, [Re: Alcohol Choice & Convenience Roundtable Discussions](#) [Letter written March 8, 2019 to Honorable Vic Fedeli].

**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, 21^e étage
Toronto ON M5G 2M2

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

5.16

April 29, 2019

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: Public Health Modernization

As you are aware, the Ontario government released its Budget on April 11, 2019. The government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsible to the province's evolving health needs and priorities.

While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities. Modernizing and streamlining the role of public health units across the province will better coordinate access to health promotion and disease prevention programs at the local level, ensuring that Ontario's families stay safe and healthy.

As you know well, public health is a uniquely placed sector that must evolve to better meet ever-changing community needs. To that end, the Ministry of Health and Long-Term Care (the "ministry") has been working to define what a more resilient, modernized public health sector will look like, and also how it can contribute to the patient experience and better align to the new Ontario Health Agency, local Ontario Health teams, and the health system at large.

Notably, with respect to the public health sector, the ministry is proposing the following:

- Changing the cost-sharing arrangement with municipalities that would reflect an increased role for municipalities within a modernized public health system beginning 2019-20. The ministry will graduate the cost-sharing changes slowly over the next 3 years and will vary the final ratios by population size of the new Regional Public Health Entities. This is being done to recognize the variation across the province (i.e., geography, disbursement of populations, etc.). The cost-sharing changes, which will also apply to all 100% provincial programs funded by MOHLTC (except for the unorganized territories grant provided to northern public health units, and the new seniors dental program) are planned as follows:

- **2019-20 (April 1, 2019):** 60% (provincial) / 40% (municipal) for Toronto; and, 70% (provincial) / 30% (municipal) for all other public health units.
 - **2020-21 (April 1, 2020):** 60% (provincial) / 40% (municipal) for the Toronto Regional Public Health Entity; and, 70% (provincial) / 30% (municipal) for all other Regional Public Health Entities.
 - **End State 2021-22 (April 1, 2021):** 50% (provincial) / 50% (municipal) for the Toronto Regional Public Health Entity; 60% (provincial) / 40% (municipal) for 6 larger Regional Public Health Entities with populations over 1 million; and, 70% (provincial) / 30% (municipal) for 3 smaller Regional Public Health Entities with populations under 1 million.
- Creating 10 Regional Public Health Entities, governed by autonomous boards of health, with strong municipal and provincial representation. Realigning the public health sector at a regional level provides for enhanced system capacity, consistent service delivery and greater coordination to support health system planning. The role of municipalities are core aspects of public health that the ministry wants to preserve in this new model and will do so by maintaining a local public health presence in communities.
 - Modernizing Public Health Ontario to reflect changes in the health and public health landscape.
 - Introducing a comprehensive, publicly-funded dental care program for low-income seniors. The program aims to prevent chronic disease, reduce infections, and improve quality of life, while reducing burden on the health care system.

It is important to note that the \$200 million annual provincial savings target identified in the 2019 Ontario budget (by 2021-22) incorporates provincial savings related to the cost-sharing change, as well as savings from the proposed creation of 10 Regional Public Health Entities.

As mitigation, and to support boards of health experiencing challenges during transition, the Ministry of Health and Long-Term Care will consider providing one-time funding to help mitigate financial impacts on municipalities and consider exceptions or “waivers” for some aspects of the Ontario Public Health Standards on a board by board basis. Implementation of these exceptions will ensure that critical public health (health protection and health promotion) programs and services are maintained for the protection for the public’s health.

The proposed changes in both structure and cost-sharing are premised on the fact that essential public health program and service levels would be maintained and will remain local. The Ministry of Health and Long-Term Care will work with boards of health and public health units to manage any potential reductions in budgets, including encouraging public health units to look for administrative efficiencies rather than reductions to direct service delivery.

As a first step, we will be arranging calls with each of the Health Units over the next week to discuss the Annual Business Plan and Budget Submissions you have submitted, discuss the planned changes for this year and related mitigation opportunities, and ensure this next phase of planning supports your local needs and priorities.

Further details on the 2019 Ontario Budget can be found on the government's website at: <http://budget.ontario.ca/2019/contents.html>.

As previously noted, there is a significant role for public health to play within the larger health care system and it will continue to be a valued partner. I look forward to your input and collaboration as we work to modernize the public health sector.

Thank you for your ongoing support as the ministry continues to build a modern, sustainable and integrated health care system that meets the needs of Ontarians.

Sincerely,

Original signed by

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

c: Business Administrators, Public Health Units
Executive Director, Association of Municipalities of Ontario
City Manager, City of Toronto
Executive Director, Association of Local Public Health Agencies



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 13, 2019
SUBJECT/REPORT NO:	Menstrual Products (BOH19019) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Ashley Frisina (905) 546-2424 Ext. 3509 Nicole Desprey (905) 546-2424 Ext. 3648
SUBMITTED BY and SIGNATURES:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services Jennifer Vickers-Manzin on behalf of: Bonnie Elder Director, Ontario Works Division Healthy and Safe Communities Department

COUNCIL DIRECTION

On December 10, 2018 Board of Health passed the following motion:

- a) That staff be directed to review with the City Manager, the cost and implementation of providing shelters; drop-in centres; respite centres; others working with homeless, street-involved, low-income girls, and transgender individuals to free menstrual hygiene products, with a report back to the Board of Health; and,

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

- b) That staff be directed to engage with the Hamilton-Wentworth District School Board, the Hamilton-Wentworth Catholic District School Boards, and the appropriate agencies, to discuss the feasibility of providing menstrual hygiene products to students in middle and secondary schools in the City of Hamilton.

INFORMATION

All Hamilton residents deserve the opportunity to reach full health potential without disadvantage due to the social determinants of health. People in lower income settings, especially those who are homeless or precariously housed can face significant challenges obtaining basic necessities. Those in our community who have the highest material deprivation may struggle to afford rent, utilities, food, education, transportation and other costs.

Access to menstrual products is essential for the health, well-being, and full participation of persons who menstruate in society. The inability to afford menstrual products is a health equity issue that disproportionately affects persons who menstruate. Having lack of access to menstrual products due to financial constraints or 'period poverty' contributes to a lack of dignity for those who cannot afford products as well as other health and social emotional consequences. For example, making challenging decisions between health and education, economic security or sense of dignity.

In addition to income, there are other issues that limit access to menstrual products. Menstruation is a natural bodily function, yet it remains stigmatized and as a result many vulnerable menstruators feel silenced and a sense of shame. For example, individuals staining clothes when period arrives unexpectedly during school or missing school due to lack of period protection. Regardless of their circumstances, people who menstruate need adequate and appropriate access to menstrual products so that they can experience their full health potential, maintain dignity and participate fully in community.

Context

At the time of the motion there was a lack of understanding of current resourcing to enhance access to no cost menstrual products and/or receive financial benefits for menstrual products. This report includes a cost analysis of providing identified populations with menstrual products, summaries of relevant consultations conducted with internal and external community partners and options for moving forward.

The results indicate that there is significant movement and success related to menstrual donation drives however, there is inconsistent and poorly coordinated access to no cost

menstrual products for vulnerable populations. This scan revealed that while shelters are able to meet the demand for menstrual products for shelter users, low income residents, including those in receipt of Ontario Works (OW) and Ontario Disability Support Program (ODSP) experience significant access challenges. Financial benefits do not specifically cover the cost of menstrual products and surveyed stakeholders agree that there is a need for coordinated activities.

Cost Analysis

The Canadian Centre for Economic Analysis (CCEA) estimates an annual cost of \$87 Canadian dollars per individual for menstrual products (range of \$76.50-\$153.00)¹. This estimate is based on average length of menstrual cycles (28 days) and includes a 20% overhead for administration and distribution menstruating females.

Costs to purchase menstrual products for all females, school aged females (females 12-18 years-old), low income females, females on Ontario Works and female shelter users are reported in Table 1. The population estimates were calculated using 2016 census data and data from City of Hamilton programs. The estimated total annual costs range from approximately \$46,000 for Female Shelter Users to \$11.2 million for all females in Hamilton aged 12-49 years-old.

It is recognized that there are members of the population who do not identify as female and who menstruate. At the time of the report, there was no data available on numbers for this population, however there may also be needs related to accessing menstrual products for this group.

Table 1. Estimated number of individuals and estimated annual cost of menstrual products for each sub-population in the City of Hamilton.

Population (Hamilton)	Number of individuals	Estimated Total Annual Cost (Range: \$76.50 - \$153.00)
Females age 12-49yrs	129,505	\$11,266,935 (\$9,907,133 - \$19,814,265)
Females age 12-18yrs	20,855	\$1,814,385 (\$1,595,408 – \$3,190,815)
Low income females age 12-49yrs	17,979	\$1,564,182 (\$1,375,402 – \$2,750,803)
Low income females age 12-18yrs	2,920	\$254,014 (\$223,357 – \$446,714)
Ontario Works females age 12-49yrs	6,797	\$591,339 (\$519,971– \$1,039,941)

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

Ontario Works females age 12-18yrs	1,225	\$106,575 (\$93,713 – \$187,425)
ODSP females age 12-49yrs	7,311	\$636,055 (\$559,292 – \$1,118,583)
ODSP females age 12-18yrs	1,212	\$105,444 (\$92,718 – \$185,436)
Female shelter users age 12-49yrs	532 *	\$46,284 (\$40,698 – \$81,396)

* Number reflects unique females that used one of the following shelters at least once and were between the ages 12-49 years-old at the time of their last stay in 2018: Family Centre; Mary's Place; Mountainview; Notre Dame; Womankind. Estimate assumes 12-month supply for each unique visitor regardless of length of stay.

Further information regarding calculations of this data can be found in Appendix "A" to BOH19019: Table 1 Methods.

Relevant Consultation

Support for menstrual products can be provided through increased access and distribution of no cost products or through financial benefit programs to support vulnerable individuals to purchase products. The information below provides a summary of current state.

City of Hamilton Internal Services

A scan of City of Hamilton services was completed with Ontario Works, Housing, Public Health, Children's Services and Neighbourhood Development, Recreation and the Social Navigator Program (Police and Paramedic services).

Overall, there were no internal programs who reported that they consistently budgeted for menstrual products for their clients. A few services, access menstrual products for clients through donations from community partners. Some programs use discretionary funds to buy products. Program staff recognized the need for clients to be able to access menstrual products. Many stated that they connect clients with community resources however, staff recognize the availability of support through community resources is poorly coordinated and inconsistent. Key informants also identified cultural awareness and taboo surrounding menstruation as issues for increasing vulnerability for clients.

For summaries of the interviews completed with these programs, please see Appendix "B" to Report BOH19010: Internal City of Hamilton Consultation Summary. Key areas are highlighted below.

Housing

Emergency shelters that are partially funded by Housing Services through the Community Homelessness Prevention Initiative (CHPI), supply free menstrual products. In some cases, these items may fall under a portion of their program costs, however when possible they rely on donations and donation dollars to purchase these items to offset costs. CHPI guidelines stipulate that funding must ensure people experiencing homelessness obtain and retain housing, or people at risk of homelessness remain housed. Decisions regarding the allocation of CHPI would require further review to assess implications on funding requirements.

The Homelessness Partnering Strategy (HPS) is a community-based program that provides direct financial support to communities across Canada to help them address their local homelessness Initiative. Communities, including Hamilton, determine their own needs/priorities and develop appropriate projects for approval via the Community Advisory Board, this may include personal hygiene products. Personal Hygiene products can be included as an eligible expense as part of both Housing First and Non-Housing First projects. To date, Hamilton initiatives funded through HPS do not specifically report this expense item, therefore the ability to assess historical funding is limited. Additional investigation is required to determine feasibility of future funding.

Ontario Works

Financial support from OW and ODSP is intended to cover basic needs and shelter. Basic Needs are defined as 'an amount provided to persons who satisfy all conditions of eligibility to assist with the cost of food, clothing and other personal items for members of the benefit unit. The provision of basic needs is based on family composition, the age of any dependents, geographic location and the individual circumstances of the benefit unit' (OW Directive 6.2 Basic Needs). Currently, a single adult is entitled to \$343/month for basic needs regardless of gender.

Clients of OW and ODSP as well as other low-income individuals can apply for the Special Supports Program to access health-related benefits. The Special Supports program in the Ontario Works Division of the Healthy and Safe Communities Department administers funding for health and non-health items such as: emergency adult dental services, dentures, vision care for adults, mobility aids, orthotics, transportation assistance, hearing aids, funerals and burials/cremations. These items are available to qualifying social assistance (OW and ODSP) recipients and, in the Hamilton, they are also available to qualifying low-income residents. Special Supports does not supply or cover the cost of menstrual products.

OW staff may provide hygiene kits to their clients. Hygiene kits are purchased through employment related funds and include products such as shampoo, soap, toothpaste, and

a limited supply of menstrual products. These kits are intended to support clients in finding employment. The kits are distributed on a first come first serve basis by case workers.

Community Partners

An environmental scan was conducted with community partners who support vulnerable clients, specifically shelters, drop-in centres, respite centres and others working with homeless, street-involved and low-income individuals.

All agencies interviewed agreed there is a need within the community for low or no cost menstrual products. Most agencies interviewed stated they are dependent on donations to meet the needs of their clients with a few shelters purchasing products when no donated products are available. The shelters and drop in agencies said they can meet needs most of the time however frequently cannot provide clients with the products they prefer (e.g. pads vs. tampons). The food banks interviewed stated they are not consistently able to meet client needs.

None of the agencies interviewed are distributing sustainable products, such as cups or reusable pads, at this time. A few agencies identified concerns with these products as many of their clients do not have consistent access to clean water. A few stated that they would like to be able to offer choice to clients to help support their dignity and recognized there may be value from a cost perspective in offering reusable products to those clients that request them.

For summaries of the interviews completed, please see Appendix “C” to Report BOH19019: Community Partner Consultation Summary.

Menstrual Equity Advocate

A meeting was held with the founder of FemCare Community Health Initiative. FemCare is a non-profit organization that is currently involved in advocacy work related to menstrual equity. Actions include facilitating several product drives in the community; promoting anti-stigma messages through an online campaign and advocating to the municipal, provincial and federal government for policy that addresses menstrual equity.

Engagement with School Boards

Consultation with the Hamilton Wentworth District School Board (HWDSB) and the Hamilton Catholic District School Board (HWCDSD) leadership was completed. Both school boards recognized the importance of this issue and advised there is currently no centrally coordinated approach for providing products to students. Individual schools have taken initiative to purchase products for students as needed. Schools typically use

discretionary funding to purchase products. Both the HWDSB and HWCDSB are committed to further exploration of this issue.

Other Communities

Other Canadian communities have also been engaged in projects related to this issue. For instance, Toronto City Council has recently investigated providing menstrual products to clients accessing community services such as shelters, drop-in and respite centres.

Other notable examples of projects include the Thames Valley District School Board recently providing menstrual products in all washrooms in London, Ontario. Further, British Columbia announced in April 2019 that all schools will be required to provide menstrual products in all washrooms by the end of the year. The challenges and success of these programs have yet to be reported.

Other Contextual Considerations

Local Initiatives

There are a number of other local initiatives aimed at addressing challenges related to this issue. Fundraising and product drives include March Padness and Tampon Tuesday continue to expand with an aim to have more impactful initiatives for menstrual equity. Students at McMaster University have started a group called Bleed Free McMaster which aims to reduce stigma, increase accessibility to menstrual products through product drives and to promote the use of more environmentally-sustainable products. Similar initiatives are happening in cities across Canada.

Federal Initiatives

Currently, there are no national policies subsidizing the cost of menstrual products. Minimal interventions have occurred on a federal level since the removal of sales tax from menstrual products in 2015. The poverty reduction strategy, Opportunity for All, identifies access to basic necessities as a priority. In 2018, the NDP added a statement to create a health subsidy for free access to menstrual products to their policy platform.

Sustainable Products

A variety of environmentally sustainable products were investigated to explore whether there may be innovative ways to support clients that create less waste and are more sustainable. The most common suggestions for environmentally friendly products include menstrual cups and reusable pads. Menstrual cups cost approximately \$28-\$40 for one cup and require access to water to clean between uses and between cycles. Reusable pads cost approximately \$15-\$20 for one pad and need to be cleaned between uses. Other options that were explored include period underwear, menstrual discs and organic tampons. Cost and access to water for cleaning may be barriers for these options.

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Options for Addressing Need

The feasibility of addressing 'period poverty' has both financial and implementation considerations. A dignified and coordinated approach needs to be applied when enhancing access to menstrual products. Options may include increased access and distribution of no cost products or enhancement of financial benefit programs to support vulnerable individuals to purchase products. In consideration of Table 1:

- Universal access has some benefits related to the normalization of menstruation, however, there is no demonstrated universal need and a universal approach is cost prohibitive;
- Targeted strategies will support those most in need. This scan revealed that while shelters are able to meet the demand for menstrual products for shelter users, low income residents, including those in receipt of OW and ODSP experience significant access challenges;
- The benefits of coordinating and increasing access to no cost menstrual products has potential cost savings via bulk purchasing and maximizing donations. Distribution needs to be planned to ensure low administrative costs and equitable distribution. This approach does not provide for personal preference of products; and,
- Subsidizing financial benefit programs for menstrual products can target those in need and support personal choice. This approach may not adequately address material deprivation and leave individuals continuing to make challenging decisions between health and education, economic security or sense of dignity. Re-allocation of existing funds has the potential to negatively impact the level or type of items currently provided while additional net levy funding presents a new cost.

Given the above and in consideration of Table 1, the BOH may consider the following options:

Advocacy

The BOH may elect to correspond with the Premier of Ontario and the Ministry of Children, Community and Social Services to request an increase in social assistance rates to a level that reflects the true costs of basic needs, taking into consideration the added costs for people that menstruate.

To build awareness and combat stigma at a municipal level, the BOH could consider recognizing May 28 as Menstrual Hygiene Day.

Collaboration among School Boards and Key Partners

Enhanced collaboration amongst community partners offers the opportunity to maximize and coordinate existing work in community. Ongoing engagement with community

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partners will allow for opportunities to create a more consistent and coordinated approach to meet the needs of our priority populations. Exploring needs of vulnerable women in our community by engaging with them directly will continue to inform implementation and distribution strategies. For example, what type, where and how people who menstruate prefer to access menstrual products.

Schools are a potential location to target persons who menstruate between the ages of 12-18 years-old. To determine the feasibility of a targeted or universal approach to enhance access to no cost menstrual products within the school system, it is suggested that further investigation opportunities be referred to the following committees: Hamilton-Wentworth Catholic District School Board Liaison Committee and the Hamilton-Wentworth District School Board Liaison Committee.

Provision of Products

To determine the feasibility of providing menstrual products a complete review of current budget allocations and spending would need to be completed with Divisions that provide services and benefits to vulnerable populations in our community. Any addition to the current list of items provided through programs would have the potential to negatively impact the level or type of items currently provided or could require additional net levy funding.

The BOH may elect to refer the provision of menstrual products to vulnerable populations to the 2020 budget discussion.

Corporate Partnership

Exploring opportunities to work with corporate partners could help offset costs of menstrual products. Examples of opportunities with the private sector include opportunities with companies that sell menstrual products. For instance, some private organizations offer school-based resources to promote the elementary healthy growth and development curriculum or community grants for initiatives to support women's health.

References

1. Canadian Centre for Economic Development. (2018). Access to menstrual hygiene products for the vulnerable: Canadian results. Retrieved from <https://www.cancea.ca/sites/economic-analysis.ca/files/Summary%20results%20All%20May%2028.pdf>

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH19019: Table 1 Methods

Appendix "B" to Report BOH19019: Internal City of Hamilton Consultation Summary

Appendix "C" to Report BOH19019: Community Partner Consultation Summary



Menstrual Products for Marginalized Hamiltonians

Methods

The number of individuals in each sub-population were calculated using data collected by the 2016 Census and by City of Hamilton programs. The following assumptions were used:

- Number of individuals in each sub-population are residents of Hamilton (assumption does not apply to shelter users). Female identification is based on sex of respondent.
- Low income was defined as household income below the [low income cut-off after-tax \(LICO-AT\)](#). This is an income threshold below which people would likely have to spend a substantially larger share of their income than average on the necessities of food, shelter and clothing and thus would be living in a difficult economic circumstance.
- Unique females that used one of the following shelters at least once and were between the ages 12 and 49 at the time of their last stay in 2018: Family Centre; Mary's Place; Mountainview; Notre Dame; Womankind. Estimate assumes 12-month supply for each unique visitor regardless of length of stay.
- Ontario Works Applicants or beneficiaries were retrieved from Hamilton's Ontario Works caseload February 2019 (numbers can change daily).
- ODSP beneficiaries were retrieved from Hamilton CMSM in February 2019 (numbers can change daily).

Cost estimate methodology was adopted from the Canadian Centre for Economic Analysis ("[Access to Menstrual Hygiene Products for the Vulnerable](#)", May 2018). The following assumptions were used in the analysis:

- Menses occurs on a regular basis in all females age 12-49.
- Average menses cycle length of 28 days and menses length of 2-7 days.
- Estimated average annual cost of \$87.00 per individual (range: \$76.50 - \$153.00) which includes product cost and 20% overhead for administration and distribution.
- Estimated costs are in 2018 Canadian Dollars and are not adjusted for inflation.

Internal City of Hamilton Consultation Summary

Department	Current State	Other Comments
Housing Services	<p>Menstrual products are not being supplied to residents in City Housing at this time. Staff recognize a need for clients to access products. It is common for people to use items such as newspapers or rags when they do not have access to products.</p> <p>Emergency shelters, funded in part by Housing Services, provide menstrual products to clients. In some cases, menstrual products may fall under a portion of program costs, however when possible, shelters rely on donations and donation dollars to purchase these items.</p>	<p>Emergency shelter users may receive an OW or ODSP basic needs allowance. Currently, for a single individual, the Ontario Works Basic Needs Allowance is \$343.00 and the ODSP Basic Needs Allowance is \$672.00.</p> <p>When a person is admitted to a violence against women shelter, they receive a Personal Needs Allowance, which is set at \$150.00. This amount is intended to cover personal items such as spending money, clothing, hygiene items, food, etc.</p>
Public Health Sexual Health & Substance Misuse Prevention program	Menstrual products are not provided at sexual health clinics. Some programs, such as the Van Needle Exchange Program and street health clinics, occasionally provide clients with products that have been donated from community partners like Wesley Urban Ministries.	If no products were available when clients requested them, staff would connect clients to community partners such as Wesley, Willow's Place or Womankind.
Chronic Disease Prevention	Menstrual products are not provided to clients. Staff who work in the community identify access to menstrual products as a need.	Staff identified cultural awareness and taboo surrounding menstruation as issues for some clients.
Mental Health, Street Outreach, Alcohol, Drug and Gambling Services	Menstrual products have been provided to clients; however, they are not a consistent operating expense. In the past, the team has purchased hygiene kits through the	If no products were available when clients requested them, staff would connect clients to community partners such as Wesley, Urban Core, Carol's Place, or Willow's Place.

	Heat/Cold Budget. A need for accessible menstrual products was identified.	
School Program	Staff reported that in their experience, schools approach providing menstrual products in a variety of ways. Staff agreed that is a need for students to access menstrual products in schools.	If a need for products was identified, staff would connect targeted schools with community resources to access products.
Children's Services & Neighbourhood Development	Menstrual products are not currently being provided to clients.	If clients were to express a need for support in accessing menstrual products, staff would help to connect clients with appropriate community resources, such as Willow's Place and young parent supports.
Recreation	Menstrual products are not being distributed at recreation centres although some older centres might still have dispensers in washrooms.	Comment cards from clients have not included feedback regarding a lack of menstrual products, nor have staff shared feedback that they are receiving requests for products.
Paramedics/Police	The Community Navigator program currently has a small supply of menstrual products. Products are donated through community partners.	Staff report that requests for products are infrequent. If no supplies were available when requested, staff would connect clients with community resources.

Community Partner Consultation Summary

PHS staff reached out to 18 community partners to explore practices related to providing menstrual products to clients. Interviews were completed with staff at 9 agencies. Interviews were not completed at the remaining 9 agencies due to challenges with reaching staff or lack of availability to meet. Below are the results from the 9 completed interviews.

Agency	Current State	Other Comments
Eva Rothwell Centre	Menstrual products are provided to clients when they are available. Products are received only through donation.	Suggestion made to have more educational resources particularly for young clients.
Good Shephard (includes Martha House, Mary's Place, Good Shepherd Family Centre, and Notre Dame Youth Shelter)	<p>Menstrual products are provided to clients through multiple programs.</p> <ul style="list-style-type: none"> • The shelters consistently have products • The Venture Centre (Emergency Food and Clothing) and the other youth and family resource centres provide products when they are available and may help connect clients with other partners. <p>The agency relies heavily on donations to provide this service. Staff recognize the importance of this issue and purchase products for shelters when no donated products are available. They frequently rely on donated funds for these purchases.</p> <p>Food banks are not able to consistently meet needs requested by clients. Most other services can provide some products to clients however they can not consistently provide preferred type of product or enough product for client to complete their cycle.</p>	Interest was expressed in sustainable menstrual products for some clients. At this time, it would only be able to provide these products if they were donated; they recognize this is not the most appropriate choice for clients who do not have consistent access to clean water.
Hamilton Urban	Menstrual products are provided to clients	One suggestion made was to treat menstrual

<p>Core</p>	<p>when they are available.</p> <p>Products are received only through donation. If clients request products when none are available, staff would help to connect clients with another community resource.</p> <p>Staff highlighted a need to lower stigma for people who are menstruating to discuss their needs and expressed concerns about clients who cannot afford products and are not comfortable asking for help.</p>	<p>products in a similar way to condoms and offer them to anyone who might need them to increase likelihood that clients will be able to have products when they need them.</p>
<p>Mission Services (includes Willow’s Place, Community Food Bank and Inasmuch House)</p>	<p>Menstrual products are provided to clients through multiple programs.</p> <ul style="list-style-type: none"> • Drop-in centres and women’s shelters consistently have products • The foodbank does not routinely have products. <p>Some services, like Willow’s Place, rely on donations and have had success with media blasts when low on supplies. The shelters have needed to purchase products to meet needs. Services are not able to consistently provide preferred type of product or enough product for client to complete their cycle.</p> <p>Access to menstrual products is a need that clients ask for and staff recognize that there are health risks as well as barriers to engaging in society when women do not have access to products.</p>	<p>One suggestion is a more coordinated approach to address issue at a systems level, for example by doing mass purchasing for cost savings.</p>

<p>Native Women's Centre</p>	<p>Menstrual products are provided to clients at the shelter and to clients in the community.</p> <p>They use donated products, purchase products when needed and connect with other community partners as needed to help maintain a consistent supply. When clients express a preference for a type of product, staff do their best to meet this request.</p>	<p>When asked about sustainable products, staff replied this is not something currently offered and said she would discuss this further with clients to see if they are interested.</p>
<p>Neighbour to Neighbour Centre</p>	<p>Menstrual products are provided to clients when they are available.</p> <p>Products are received only through donation and agency is not able to consistently meet needs.</p>	
<p>United Way</p>	<p>Supports community partners including Wesley Urban Ministries, Hamilton Urban Core, SASHA, YWCA, Living Rock, St Matthews House Food Bank and Eva Rothwell Centre to provide products by hosting product drives such as Tampon Tuesdays.</p>	<p>Suggestions made to consider more corporate partnerships and to advocate for increased Ontario Works allotment to clients.</p>
<p>Wesley Urban Ministries</p>	<p>Menstrual products are provided to clients through multiple programs.</p> <p>All products are received through donation.</p> <p>The agency is mostly able to meet the needs of those requesting products however are frequently unable to provide preferred products. When supplies get low, usually in summer months, staff reach out to the team</p>	

	<p>who oversee donations and are often able to receive enough product to meet needs of clients.</p>	
<p>Womankind (St. Joseph’s Healthcare Hamilton)</p>	<p>Menstrual products (pads only) are provided to clients in both treatment centre and shelter.</p> <p>Pads are purchased through St Joseph’s at a cost of \$3/package and are also received through donations. When clients express a preference for tampons, site does not provide as the budget is for pads only.</p> <p>Staff recognize that this is an important issue across the city.</p>	



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 13, 2019
SUBJECT/REPORT NO:	Stock Epinephrine Auto Injector Expansion in Restaurants (BOH13040(f)) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Dr. Ninh Tran (905) 546-2424 Ext. 7113
SUBMITTED BY:	Dr. Ninh Tran, M.D., MSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At its meeting of February 22, 2019, the Board of Health directed staff to provide an update on the Stock Epinephrine Auto Injector Expansion Project in 3 months' time.

INFORMATION

On June 19, 2017, the Board of Health (BOH) accepted the recommendations presented with Report (BOH13040(c)), including:

“That a volunteer-based stock Epinephrine Auto Injector Program be developed and implemented to facilitate the access to and training on the use of stock epinephrine auto-injectors by up to 50 restaurants in the City of Hamilton under the following conditions:”

One of the conditions was:

“That a minimum of six participants, representing six different restaurant chains, be registered with interest gauged by an online survey developed by McMaster University”.

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**SUBJECT: Stock Epinephrine Auto Injector Expansion in Restaurants
(BOH13040(f)) (City Wide) - Page 2 of 2**

At the April 16, 2018 and February 22, 2019 BOH meetings, Information Reports (BOH13040(d)) and (BOH13040(e)) were presented to update on the progress of the Stock Epinephrine Auto Injector Expansion Project. At the time of the February 22, 2019 BOH meeting:

- The MOU's had been finalized and signed by the City, Food Allergy Canada and McMaster University and training materials have been developed;
- The Facility Participation Agreement was modified based on feedback received from a number of restaurants; and,
- Additional strategies were implemented in support of restaurant recruitment including issuing a media release, and, leveraging the City of Hamilton website by hosting a project page.

Since the February BOH meeting:

- Promotional strategies were employed to support the recruitment of restaurants to the Stock Epinephrine Auto-Injector Pilot Project (SEAPP) from February 22, 2019 – March 31, 2019 including:
 - SEAPP website created www.hamilton.ca/SEAPP;
 - Promotional poster;
 - Media Release generating five media stories (Cable 14 City Matters, Global News, Hamilton Spectator, Canadian Institute of Food Safety);
 - Social media promotion @CityofHamilton Twitter: nine (9) posts generating 64 retweets, 80 likes, 35,434 impressions, and 31 URL clicks; and,
 - Social media promotion on City of Hamilton LinkedIn: one (1) post generating 21 shares, 5,220 Impressions, 81 URL clicks.

Five to ten restaurants have indicated a formal interest in the program as a result of the promotional strategies and continued outreach by volunteers. Work is underway to coordinate a training session between Food Allergy Canada, McMaster University and the interested restaurants to begin implementation of this expanded pilot.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Environments Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 13, 2019
SUBJECT/REPORT NO:	Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Heidi McGuire (905) 546-2424 Ext. 6170
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

RECOMMENDATION(S)

That City of Hamilton Legal Services, in consultation with Public Health Services, prepare a by-law for the Board of Health's consideration, to amend City of Hamilton By-Law No. 11-080 Prohibiting Smoking Within City Parks and Recreation Property in order to include additional prohibitions on the smoking of cannabis and vaping within City-owned parks and recreation properties.

EXECUTIVE SUMMARY

City of Hamilton By-Law No. 11-080 To Prohibit Smoking Within City Parks and Recreation Property currently applies only to smoking tobacco in and on City-owned parks and recreational properties. The *Smoke-Free Ontario Act, 2017*, which prohibits smoking of tobacco and cannabis and vaping any substance, already applies to some of the locations covered by By-Law No. 11-080. Amending the By-law to incorporate smoking of cannabis and vaping would create a uniform approach in all parks and recreation properties in Hamilton, which would assist with communications and enforcement. The City of Hamilton has the authority to amend By-Law No. 11-080 to include these additional prohibitions under the *Municipal Act, 2001, s.115*.

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SUBJECT: Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) - Page 2 of 6

Public Health Services staff conducted a public consultation to obtain feedback from sports organizations and residents who use recreation facilities regarding amendments to Hamilton's by-law. Preliminary results from 991 residents show that there is 62–78% support for a prohibition on smoking cannabis and vaping at parks and recreational facilities, depending on type of facility. Survey results for sports organizations will be presented to the Board of Health in June 2019.

Alternatives for Consideration – See Page 5

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There are no financial implications at this time. However, should by-law amendments be introduced, there may be associated costs for education and signage. Any potential cost implications would be brought forward to the Board of Health for consideration with draft by-law amendments.

Staffing: Existing Tobacco Enforcement Officers will be utilized for enforcement of any amendments to By-Law No. 11-080.

Legal: The *Municipal Act, 2001* empowers municipalities to pass by-laws with respect to the health, safety and well-being of persons, and particularly *s.115* as amended by the *Restoring Trust, Transparency and Accountability Act, 2018*, provides that municipalities may prohibit or regulate the holding of lit tobacco and cannabis, as well as consumption of tobacco or cannabis through an electronic cigarette. In considering a by-law under this authority, municipalities may define “public place” for the purposes of the by-law.

HISTORICAL BACKGROUND

Hamilton's By-Law No. 11-080 To Prohibit Smoking Within City Parks and Recreation Properties came into effect on May 31, 2012. It prohibits smoking of tobacco in City of Hamilton outdoor recreational areas (outlined below).

The *Smoke-Free Ontario Act, 2017* came into effect on October 17, 2018. It prohibits smoking of cannabis and tobacco, as well as use of electronic cigarettes containing any substance in a range of locations, including enclosed public places and workplaces and a range of outdoor recreational areas (outlined below).

SUBJECT: Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) - Page 3 of 6

A motion was introduced at the January 14, 2019 Board of Health meeting requesting that Public Health Services staff, in conjunction with Legal Services, review the feasibility of amending City of Hamilton By-Law No. 11-080 To Prohibit Smoking Within City Parks and Recreation Property to include additional prohibitions on the smoking of cannabis and vaping within City-owned parks and recreation properties; and that public consultation be undertaken in relation to the additional prohibitions.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The City of Hamilton Human Resources policy, Smoke-Free Workplace Policy No. HR-31-10, prohibits employees from smoking tobacco or medical cannabis or using an electronic cigarette within nine metres of another employee or entrance, window, pathway, ventilation area and hazardous storage area in City workplaces. Smoking non-medical cannabis in any City workplace is strictly prohibited.

By-Law No. 11-080 To Prohibit Smoking Within City Parks and Recreation Properties, came into effect on May 31, 2012; any amendments would alter this by-law.

RELEVANT CONSULTATION

Corporate Services, Legal Services Division was consulted in relation to the feasibility of implementing amendments to By-Law No. 11-080.

ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)

The same considerations for prohibiting smoking of tobacco in outdoor recreational areas apply to smoking cannabis and vaping: health concerns from second-hand smoke and vape, littering, fire safety, role modeling for youth, as well as support for those who have quit smoking. In addition to these considerations, staff reviewed municipal authority, by-laws in other municipalities and gaps in local by-laws.

Authority to enact by-law amendments

Public Health Services consulted with Legal Services and determined that it is feasible to amend By-law #11-080 To Prohibit Smoking Within City Parks and Recreation Properties to include prohibitions for smoking of cannabis and vaping in addition to smoking tobacco, given the amendment the *Municipal Act, 2001*, s.115 in December 2018.

By-laws in other municipalities

SUBJECT: Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) - Page 4 of 6

Other municipalities that have incorporated smoking of cannabis and vaping into outdoor recreational spaces by-laws include: Barrie, Brant, Gananoque, Huron County, Kingston, Markham, Norfolk County, Orillia, Ottawa, Peterborough, Prince Edward County, Richmond Hill, Windsor-Essex and others. In addition, the following municipalities are currently considering an amendment to outdoor recreational by-laws through public consultation: Durham Region (Whitby, Oshawa), Guelph, Niagara, Peel Region, and Trenton.

Gaps in local by-law

The following table outlines the differences between Hamilton's By-Law No. 11-080 and the *Smoke-Free Ontario Act, 2017*. It illustrates the differences in products and locations included, which leads to a patchwork of legislation which is difficult to communicate and enforce.

Table 1: Differences in Products and Locations Included Under By-Law No. 11-080 and the *Smoke-Free Ontario Act, 2017*

	Hamilton's By-Law No. 11-080	Smoke-Free Ontario Act
Locations Included	Products Included: Smoking of tobacco, waterpipe tobacco	Products Included: Smoking of tobacco, cannabis, shisha containing tobacco Vaping any substance
Parks	Yes – 100% prohibition	Only parks with playgrounds, slides, swings, splash pads, have prohibitions within 20 m of these structures
Sports Fields	Yes – 100% prohibition	Yes – 100% prohibition Also includes within 20 m of sports fields
Recreation Centres & Arenas	Yes – 100% prohibition Includes entire property	Yes – 100% prohibition Includes entire property, and within 20 m of property
Skateboard Parks	Yes – 100% prohibition	Yes – 100% prohibition
Outdoor Pools	Yes – 100% prohibition	Yes – prohibition within 20 m

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SUBJECT: Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) - Page 5 of 6

Public Beaches	Yes – 100% prohibition	Only beaches with swimming lessons or other activity
Leash-Free Dog Parks	Yes – 100% prohibition	No
Trails	Trails within parks Other trails such as Waterfront Trail	No

Public consultation for amendments

Healthy and Safe Communities staff conducted an online survey with sports associations and City of Hamilton residents who use recreation facilities to obtain feedback on amendments incorporating smoking of cannabis and vaping into By-Law No. 11-080 in March 2019. Results from the consultation with sports associations are currently being analyzed and will be brought forward to the Board of Health in June 2019. Preliminary results from the survey of 991 residents show that:

- 12% smoke tobacco and vape daily or occasionally;
- 32% smoke cannabis daily or occasionally;
- Approximately 78% support a by-law to prohibit smoking cannabis and vaping at playgrounds, splash pads and pools;
- 71% to 75% support a by-law to prohibit smoking cannabis and vaping at sports fields, arenas and community recreational facilities;
- 62% to 64% support a by-law to prohibit smoking cannabis and vaping in parks and beaches; and,
- Approximately 80% would not change their future use of parks and recreational areas if a by-law prohibiting smoking cannabis and vaping were introduced. Of these, 40% would use these areas more often; only 17% indicated they would use these areas less frequently.

ALTERNATIVES FOR CONSIDERATION

The alternative to amending Hamilton’s By-Law No. 11-080 is to leave the by-law as written and maintain status quo. The varying laws and rules for outdoor recreational areas in Hamilton are difficult to communicate and enforce.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Community Engagement and Participation

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

SUBJECT: Amendments to By-Law No. 11-080 To Prohibit Smoking Cannabis and Vaping Within City Parks and Recreation Properties (BOH07034(m)) (City Wide) - Page 6 of 6

Healthy and Safe Communities

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

Clean and Green

Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Environments Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 13, 2019
SUBJECT/REPORT NO:	Clean Air Hamilton 2019 Funding (BOH19021) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Shelley Rogers (905) 546-2424 Ext. 1275
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

RECOMMENDATION(S)

That the following vendors, identified by Clean Air Hamilton, for the delivery of 2019 air quality programs to be funded through the 2019 Public Health Services operating budget, be approved:

1. Green Venture and Corr Research Inc. for the delivery of Fresh Air for Kids (\$10,580);
2. Cycle Hamilton Coalition Inc. for the delivery of Friendly Streets (\$12,000); and,
3. Environment Hamilton Inc. for the delivery of Trees Please (\$12,420).

EXECUTIVE SUMMARY

Hamilton Public Health Services (PHS) has included approximately \$35,000 in the 2019 budget to provide base funding to Clean Air Hamilton for the purpose of funding community programs, as well as other projects that inform and educate citizens about the quality of air in our City, and programs that aim to directly improve air quality in Hamilton. This report describes the following three initiatives and seeks approval from the Board of Health (BOH) for the associated funding costs:

1. Fresh Air for Kids (\$10,580);
2. Friendly Streets (\$12,000); and,
3. Trees Please (\$12,420).

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SUBJECT: Clean Air Hamilton 2019 Funding (BOH19021) (City Wide) - Page 2 of 6

If approved, the funding for these programs would come from the 2019 PHS operating budget.

Alternatives for Consideration – See Page 5**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: The programs identified by Clean Air Hamilton for delivery in 2019 total \$35,000. This funding will come from PHS approved 2019 budget.

Staffing: No staffing implications.

Legal: No legal implications.

HISTORICAL BACKGROUND

Originated in 1998, Clean Air Hamilton initiates research on air quality issues; provides policy advice to all levels of government; encourages emission reductions among organizations operating in Hamilton and promotes behavioural changes among individuals living and working in Hamilton.

Every year, Clean Air Hamilton identifies programs that will further the goal of improving air quality through education and awareness on a variety of emission sources, including transportation and air quality monitoring of air pollutants in the City of Hamilton with existing City policies, such as the City Enrichment Fund (CEF). Three external adjudicators with experience in air quality and community engagement were selected to review all applications. The applications were scored based on a pre-approved set of criteria that were developed by staff with input from Clean Air Hamilton members. Applications were assessed on four major criteria:

1. Air Quality Impact (45%);
2. Community/Capacity Impact (25%);
3. Project Management (10%); and,
4. Organizational Viability (20%).

In September of 2016, with collaboration of partners, Clean Air Hamilton identified five new strategic issues related to air quality improvements that the committee will focus on over the next one to two years.

SUBJECT: Clean Air Hamilton 2019 Funding (BOH19021) (City Wide) - Page 3 of 6**Preface**

Clean Air Hamilton is dedicated to improving air quality across the City of Hamilton. This will be accomplished through sound science-based decision making, using the most up-to-date information and tools available, such as the Hamilton Airshed Model.

1. Governance & Structure: To remain a multi-stakeholder group dedicated to improving air quality by increasing public perception and expanding Clean Air Hamilton membership while providing communication and promotion of realistic science-based decision making and sustainable practices;
2. Air Zone Management: To comply with all Ministry of the Environment, Conservation and Parks and Canadian Ambient Air Quality Standards. This will be done through implementation of a systems level approach and support towards an industrial mandatory monitoring regulation;
3. Transportation: To encourage and facilitate more use of public and active transportation through commentary on transportation related matters, supporting educational programs and localized monitoring leading to detailed information to encourage changes in behaviour;
4. Air Monitoring: To improve air monitoring activities across the City of Hamilton by providing support for additional portable air monitors and fixed air monitors that provide real-time monitoring for contaminants of concern in Hamilton; and,
5. Dust & PM_{2.5} Mitigation: To lower concentrations of PM_{2.5} across the City of Hamilton below Canadian Ambient Air Quality Standards by effectively utilizing the Airshed Model to create partnerships and pollution inventory specific to street sweeper and dust mitigation programs.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Not Applicable.

RELEVANT CONSULTATION

The programs identified for funding through Clean Air Hamilton were scored by three experts in air quality and/or community engagement and Public Health which include staff from the Ministry of the Environment Conservation and Parks, Public Health Specialist and CityLAB Hamilton. Staff created the scoring criteria with input from Clean Air Hamilton members.

Members of the Clean Air Hamilton include City staff: Public Health Services – Healthy Environments Division, Public Works – Transportation Division, Office of Energy Initiatives, and Planning & Economic Development – Community Planning & Design Division.

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SUBJECT: Clean Air Hamilton 2019 Funding (BOH19021) (City Wide) - Page 4 of 6

Other members of Clean Air Hamilton include the Ontario Ministry of the Environment Conservation and Parks, Environment and Climate Change Canada, Health Canada, Green Venture, Environment Hamilton, Hamilton Conservation Authority, Mohawk College, McMaster University, Corr Research, McKibbin Wakefield Inc., Hamilton Industrial Environmental Association, Arcelor Mittal Dofasco, U.S. Steel Canada, Hamilton Port Authority, and citizens.

ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)

Every year, Clean Air Hamilton identifies programs that will further the goal of improving air quality and addressing climate change in Hamilton. Programs and projects are selected for funding based on scoring criteria that assesses relevance of the project or program on:

1. Air Quality Impact (45%);
2. Community/Capacity Impact (25%);
3. Project Management (10%); and,
4. Organizational Viability (20%).

Clean Air Hamilton has identified the following three programs to be delivered by local partners to address air quality and climate change in the community in 2019:

1. **Fresh Air for Kids (\$10,580) – Green Venture & Corr Research Inc.**
The “Fresh Air for Kids” program began in 2013 and has been a huge success educating hundreds of students across Hamilton on the importance of air quality and the Air Quality Health Index. At the beginning of the program, mobile air monitoring will be performed using the Ministry of the Environment, Conservation and Parks mobile monitoring unit. GIS analysis will be used to generate maps to enable students to choose their lowest air quality risk routes to school. They will also hold anti-idling blitzes and conduct social based marketing initiatives to idling vehicles during pick up and drop off times;
2. **Friendly Streets Hamilton (\$12,000) – Cycle Hamilton and Environment Hamilton**
Friendly Streets Hamilton is a collaborative initiative of Cycle Hamilton and Environment Hamilton. The program piloted successfully in 2017 and continued through 2018 (for which it received Clean Air Hamilton funding). In 2019, the program will conduct air quality audits in the Gibson-Landsdale neighbourhood, share maps of clean air routes identified through monitoring and educate the public of the health implications of truck routes; and,
3. **Trees Please (\$12,420) – Environment Hamilton Inc**
Environment Hamilton has been a not-for-profit organization since 2001 working toward a carbon-neutral community. Since then, they have taken on many community initiatives including Stack Watch, Bicycle Air Monitoring Climate

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SUBJECT: Clean Air Hamilton 2019 Funding (BOH19021) (City Wide) - Page 5 of 6

Action Campaign, Friendly Streets and Trees Please. The Trees Please program assembles volunteers to collect air quality and tree health data, goals to plant 400 trees to increase the urban tree canopy and to learn about the impacts of air quality on human health. Air monitoring will be conducted using Dylos hand-held particulate monitors to measure PM_{2.5} and PM₁₀.

ALTERNATIVES FOR CONSIDERATION

Board of Health does not approve the funding. This is not recommended as this does not support actions to improve air quality and health in Hamilton.

Financial: If funding is not approved, it will create a financial pressure among community partners that may result in the programs not being implemented.
 Staffing: No staffing implications.
 Legal: No legal implications.
 Policy: If the recommendation is not approved, PHS staff may be directed to use Procurement By-law Policy 11 (non-competitive procurement) to procure outreach services.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**Community Engagement and Participation**

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Economic Prosperity and Growth

Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

Healthy and Safe Communities

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

Clean and Green

Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.

Built Environment and Infrastructure

Hamilton is supported by state of the art infrastructure, transportation options, buildings and public spaces that create a dynamic City.

SUBJECT: Clean Air Hamilton 2019 Funding (BOH19021) (City Wide) - Page 6 of 6

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Environments Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 13, 2019
SUBJECT/REPORT NO:	Mandatory Rabies Immunization (BOH19018) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Bannon (905) 546-2424 Ext. 3183 Connie DeBenedet (905) 546-2424 Ext. 3576
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

RECOMMENDATION(S)

- (a) That Hamilton Animal Services assume the enforcement of mandatory rabies immunization pursuant to Regulation 567 under the *Health Protection and Promotion Act*;
- (b) Revenue generated via charges be directed towards improvement and enhancements within Hamilton Animal Services' overall rabies response program through responsible pet ownership.

EXECUTIVE SUMMARY

The Rabies Prevention and Control Protocol, 2018, under the Ministry of Health and Long-Term Care (MOHLTC), has been developed to provide direction to Boards of Health in the implementation of specific requirements for rabies prevention and control.

The purpose of this protocol is to prevent a fatal human case of rabies by standardizing animal rabies surveillance and the management of suspect human rabies exposures. The Board of Health shall ensure that - upon a bite, scratch or other exposure - the dog, cat or ferret requires a ten day observation period, the animal is confined and isolated from all animals and persons (except those caring for said animal for at least ten days

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SUBJECT: Mandatory Rabies Immunization (BOH19018) (City Wide) - Page 2 of 5

from the date of exposure (Day 0) pursuant to Regulation 557 under the *Health Protection and Promotion Act* (HPPA).

Furthermore, the Board of Health must verify the rabies vaccine status of any animal involved in a human rabies incident; this includes ensuring that animals identified as not being up-to-date on their rabies vaccination status are vaccinated for rabies after the observation period is completed. Animals (cats, dogs and ferrets) over three months of age should be brought up to date on their rabies vaccinations within fourteen days of the completion of the observation period, pursuant to Regulation 567/90 under the HPPA.

Currently, Hamilton Animal Services enforces the Responsible Animal Ownership By-Law which is for the health and safety of residents, property protections, and prevention of public issues. It has rules about: dog licencing, animals at large, cleaning up after your animals – to name a few. Enforcement through set-fine ticketing is in place for non-compliance.

Hamilton Animal Services is in full support of assuming the enforcement of the mandatory rabies immunization. See Appendix "A" to Report BOH19018: Schedule 40 – Rabies Fees, for set-fine amount and short-form wording pursuant to Regulation 567 under the HPPA.

Alternatives for Consideration – See Page 5**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: Increased revenue to Hamilton Animal Services due to charges resulting in fines.

Staffing: No staffing implications.

Legal: Legal requirement is pursuant to Regulation 5567 under the HPPA.

HISTORICAL BACKGROUND

Three years into the largest raccoon rabies outbreak in Canadian history, Hamilton remains the focal point of the outbreak within the Province of Ontario with the highest number of positive animals: 208 raccoons, 101 skunks, one (1) fox and two (2) cats which equates to approximately 70% of the total number of Provincial rabies cases as of February 28, 2019.

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SUBJECT: Mandatory Rabies Immunization (BOH19018) (City Wide) - Page 3 of 5

In December 2015, following confirmation of the first case of raccoon rabies in Hamilton, Public Health Services activated a raccoon rabies response based on the MOHLTC raccoon rabies contingency plan and revised its rabies risk assessment tool to reflect the change in local epidemiology (e.g., a local rabid raccoon). This was followed by updating case management algorithms for potential human exposures and alerting local health care providers to incorporate local epidemiology into post exposure management.

In order to bring an end to this rabies outbreak, it is the critical for proper management of this widespread urban outbreak – which continues to include: rabies baiting with vaccine for wildlife (hand and aerial conducted by Ministry of Natural Resources and Forestry), enhanced human and animal-to-animal case management, responsible pet ownership - under the mandate of Hamilton Animal Services, focusing on the prevention of animals at large and pet vaccination – as it is widely accepted that pet immunization assists with the eventual containment of the outbreak and reduction of risk for human exposures. Time management of this component aligns itself well with Hamilton Animal Services as their officers are actively involved in enforcement through their varied By-law mandate as well as their public profile within our community as animal health and safety advocates.

Investigation Results:

Representatives from local, provincial and federal agencies collectively activated a raccoon rabies response that involved policy updates, enhanced surveillance, a public education campaign and mass vaccination of wildlife and domestic animals. Between December 2015 and November 2018, 446 animals tested positive for raccoon rabies in Ontario; as previously stated, with Hamilton registering approximately 70% of these cases.

Suspected rabies case management conducted by Hamilton Public Health Services is aimed at ensuring residents do not acquire the fatal virus. Within the first year of the raccoon rabies outbreak, significant increases were noted in not just the number of suspect rabies reports but also in the risk and subsequent case management. The following table helps illustrate the increased work load burden with respect to managing routine rabies case.

Table 1 - PHS Increased Workload, Hamilton Rabies Interagency Meeting, April 2018

Before Raccoon Rabies January 2015 - December 3, 2015	After/During Raccoon Rabies December 4, 2015 - December 31, 2016
Rabies Investigations = 1305	Rabies Investigations = 1629 (324 more cases)
Cases requiring PEP = 84	Cases requiring PEP = 137 (53 more people getting PEP)

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SUBJECT: Mandatory Rabies Immunization (BOH19018) (City Wide) - Page 4 of 5

Emails from MNRF = 0	2016 Emails from MNRF = 263 (263 more)
Animals Submitted for testing = 52	Animals Submitted for testing = 97 (45 more animals tested by PHI)
City Website Views = 535	City Website Views = 6813 (6278 more views)
Hamilton Rabies Media Coverage = 0	Hamilton Rabies Media Coverage = 86 (86 more media requests)
Rabies Presentation = 1	Rabies Presentation = 11 (10 more)

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Not applicable.

RELEVANT CONSULTATION

The collaborative approach between the various interdisciplinary agencies: (1) at the federal level (i.e., Canadian Food Inspection Agency); (2) at the provincial level (i.e., MOHLTC, Ontario Ministry of Agriculture, Food and Rural Affairs and Ministry of Natural Resources and Forestry); and, (3) at the local level (i.e., public health units, local animal control and private veterinary professionals), have been instrumental in addressing this raccoon rabies outbreak. Continued collaboration and diligence is necessary to again eliminate raccoon rabies from Ontario.

Hamilton Public Health Services and Hamilton Animal Services continue to work together closely. Hamilton Animal Services is supportive of this enforcement transition and believes the added generated revenue will help to support the responsible pet ownership practices that work in conjunction with other efforts to manage and control the ongoing rabies outbreak.

ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)

Pursuant to Regulation 567/90 under the HPPA, Boards of Health must check the vaccine status of any animal involved in a human rabies incident; this includes ensuring that animals identified as not being up to date on their rabies vaccination status are vaccinated for rabies after the observation period is completed – within fourteen days after said completion.

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SUBJECT: Mandatory Rabies Immunization (BOH19018) (City Wide) - Page 5 of 5

Currently, based on 2018 stats:

- The percentage of cats and dogs vaccinated **at the time** of incident is 46%; and,
- The percentage of cats and dogs vaccinated **after** confinement is 55%, whereby owners boosted/vaccinated their pet post confinement.

The added burden of the raccoon rabies outbreak has made time management for this component challenging. The number of vaccinated dogs and cats could increase to almost full compliance with the proper time and resource allocation.

ALTERNATIVES FOR CONSIDERATION

Public Health Services continues with no change and risk not reaching full compliance with post confinement immunization amongst negligent dog, cat and ferret owners. A status quo approach will place the residents of Hamilton at an increased risk of human rabies exposure.

That only high-risk cases i.e., dogs, cats, and ferrets that are likely to be involved in future bite incidents are sent to Hamilton Animal Services for their enforcement of the mandated mandatory rabies immunization.

Conclusion:

The current outbreak of raccoon rabies is by far the largest to have occurred in Canada and the first raccoon rabies outbreak documented in a densely populated urban area. This is also the first time this rabies virus variant has been identified in a domestic animal in Canada. While the large-scale Provincial intra-agency collaboration and internal efforts have seen the numbers of positive rabies cases decrease since its peak in 2016, it has come with an internal workload burden within the Health Hazards and Vector Borne Disease Program.

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.

Our People and Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH19018: Schedule 40 – Rabies Fees

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**Appendix “A” to Report BOH19018
Page 1 of 1**

Schedule 40 – Last Updated: July 1, 2018

Regulation 567 of the Revised Regulations of Ontario, 1990 under the *Health Protection and Promotion Act*

Item	Offence	Section	Set Fine
1.	Fail to immunize cat against rabies	1	\$180
2.	Fail to immunize dog against rabies	1	\$180
3.	Fail to immunize ferret against rabies	1	\$180
4.	Fail to immunize horse against rabies	2	\$180
5.	Fail to immunize cow against rabies	2	\$180
6.	Fail to immunize bull against rabies	2	\$180
7.	Fail to immunize steer against rabies	2	\$180
8.	Fail to immunize calf against rabies	2	\$180
9.	Fail to immunize sheep against rabies	2	\$180
10.	Fail to immunize livestock against rabies	2	\$180
11.	Fail to reimmunize cat against rabies per certificate	3	\$180
12.	Fail to reimmunize dog against rabies per certificate	3	\$180
13.	Fail to reimmunize ferret against rabies per certificate	3	\$180
14.	Fail to reimmunize horse against rabies per certificate	3	\$180
15.	Fail to reimmunize cow against rabies per certificate	3	\$180
16.	Fail to reimmunize bull against rabies per certificate	3	\$180
17.	Fail to reimmunize steer against rabies per certificate	3	\$180
18.	Fail to reimmunize calf against rabies per certificate	3	\$180
19.	Fail to reimmunize sheep against rabies per certificate	3	\$180
20.	Fail to reimmunize livestock against rabies per certificate	3	\$180