



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

**Meeting #:** 19-008  
**Date:** August 14, 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

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**1. CEREMONIAL ACTIVITIES**

**2. APPROVAL OF AGENDA**

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

**3. DECLARATIONS OF INTEREST**

**4. APPROVAL OF MINUTES OF PREVIOUS MEETING**

4.1 July 10, 2019

**5. COMMUNICATIONS**

5.1 Correspondence from the Windsor-Essex County Health Unit respecting Immunization for School Children - Seamless Immunization Registry

Recommendation: Be received, and referred to Public Health Services staff for a report to the Board of Health in September 2019.

5.2 Correspondence from Peterborough Public Health respecting Support for a National School Food Program

Recommendation: Be endorsed.

- 5.3 Correspondence from the Association of Local Public Health Agencies (ALPHA) respecting the appointment of Councillor Wilson as the Board of Health Representative, Central West Region

Recommendation: Be received.

- 5.4 Correspondence from the Simcoe Muskoka District Health Unit respecting Public Health Modernization

Recommendation: Be received.

- 5.5 Correspondence from the Windsor-Essex County Health Unit respecting Smoke-Free-Smoke/Vape Free Outdoor Spaces

Recommendation: Be received.

- 5.6 Correspondence from the North Bay Parry Sound District Health Unit respecting a Public Health Transformation Initiative in Northeastern Ontario.

Recommendation: Be received.

## **6. DELEGATION REQUESTS**

- 6.1 Daniel Morin, respecting Pollution Surrounding the Parkview Community (for future meeting)
- 6.2 Kathy Cook, respecting Pollution Surrounding the Parkview Community (for a future meeting)

## **7. CONSENT ITEMS**

- 7.1 Food Advisory Committee Minutes - June 11, 2019

## **8. PUBLIC HEARINGS / DELEGATIONS**

## **9. STAFF PRESENTATIONS**

- 9.1 Ontario Health Teams Update (BOH19020(a)) (City Wide)  
(Presentation to be distributed)

## **10. DISCUSSION ITEMS**

## **11. MOTIONS**

## **12. NOTICES OF MOTION**

## 13. GENERAL INFORMATION / OTHER BUSINESS

### 13.1 Amendments to the Outstanding Business List

#### 13.1.a Items to Be Removed

##### 13.1.a.a Item 2015-B

Food Strategy BOH13001(d)

August 11, 2015 (Item 7.1)

Addressed as Item at the July 12, 2019 Board of Health meeting

##### 13.1.a.b Item 2016-B

Food Strategy Priority Actions 2 & 3

August 11, 2016 (Item 7.1)

Addressed as Item 2 at the July 12, 2019 Board of Health meeting (Food Strategy Priority Actions 2 (Food Skills & Employability) and 3 (Neighbourhood Food Infrastructure) (BOH13001(i)))

##### 13.1.a.c Item 2019-D

Accelerating and Prioritizing Climate Action in Response to the Climate Emergency

March 18, 2019, 19-003 (Added Item 8.3)

Addressed as Items 4 and 7 at the June 17, 2019 Board of Health meeting (Corporate Climate Change Task Force Response to the Climate Change Emergency Declaration (BOH19022) and Establishment of Departmental Climate Change Workplans within the City of Hamilton )

##### 13.1.a.d Item 2019-E

Fentanyl Overdose Prevention Initiatives

March 18, 2019, 19-003 (Item 8.2)

Addressed as Item 4 at the July 12, 2019 Board of Health meeting (Report BOH19024, respecting the Feasibility of Providing Drug Checking (Fentanyl) Test Strips)

13.1.a.e Item 2019-G

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

April 15, 2019, 19-004 (Item 5.2)

Addressed as Item 3 at the July 12, 2019 Board of Health meeting (Managed Opioid Treatment Programs (BOH19023) (City Wide))

13.1.a.f Item 2019-K

Establishment of Departmental Climate Change Workplans within the City of Hamilton

June 17, 2019, 19-006 (Item 11.1)

Referred to General Issues Committee for updates

**14. PRIVATE AND CONFIDENTIAL**

**15. ADJOURNMENT**



## **BOARD OF HEALTH MINUTES 19-007**

1:30 p.m.

Wednesday, July 10, 2019

Council Chambers

Hamilton City Hall

**Present:** Mayor F. Eisenberger (Chair), Councillor M. Wilson (Vice-Chair)  
Councillors J. Farr, N. Nann, E. Pauls, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek, J. Partridge

**Absent with  
Regrets:** Councillors S. Merulla and T. Whitehead – Personal; Councillors C. Collins and T. Jackson – City Business

### **THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:**

#### **1. Communications (Items 5.5 - 5.7)**

##### **(Clark/Pearson)**

That Board of Health Communications 5.5 to 5.7 be approved, as presented, as follows

- (a) Correspondence from Sudbury & Districts Public Health respecting Parity of Esteem Position Statement (Item 5.5)

Recommendation: Be endorsed.

- (b) Correspondence from Peterborough Public Health respecting Support for Children Count Task Force Recommendations (Item 5.6)

Recommendation: Be endorsed.

- (c) Correspondence from the Windsor-Essex County Board of Health respecting Smoke-Free Multi-Unit Dwellings (Item 5.7)

Recommendation: Be endorsed, and referred to staff to prepare a letter addressed to the Prime Minister, copied to the Minister of Health, Hamilton MPPs, the Association of Local Public Health Units, and Ontario Boards of

Health in support of the Windsor-Essex County Boards resolution on Smoke-Free Multi-Unit Dwellings.

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

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

**2. Food Strategy Priority Actions 2 (Food Skills & Employability) and 3 (Neighbourhood Food Infrastructure) (BOH13001(i)) (City Wide) (Item 7.1)**

**(Ferguson/Clark)**

That Report BOH13001(i)), respecting Food Strategy Priority Actions 2 (Food Skills & Employability) and 3 (Neighbourhood Food Infrastructure), be received.

**CARRIED**

**3. Managed Opioid Treatment Programs (BOH19023) (City Wide) (Item 7.2)**

**(Farr/Nann)**

That Report BOH19023, respecting Managed Opioid Treatment Programs, be received.

**CARRIED**

**4. Feasibility of Providing Drug Checking (Fentanyl) Test Strips (BOH19024) (City Wide) (Item 7.3)**

**(Nann/VanderBeek)**

That Report BOH19024, respecting the Feasibility of Providing Drug Checking (Fentanyl) Test Strips, be received.

**CARRIED**

**5. Seniors Oral Health (BOH19026) (City Wide) (Item 7.4)**

**(VanderBeek/Johnson)**

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and submit reports back on the funding from the Ministry of Health and Long-Term Care to support the delivery of a dental program for low-income seniors, and that staff report back to the Board of Health by end of Q3 2019 on the development of the program locally.

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

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

**(Ferguson/VanderBeek)**

- (b) That the Board of Health delegate authority to the Medical Officer of Health to submit the Ontario Seniors Dental Care Program service delivery plan and capital funding application for Hamilton based on the provincial criteria on August 7, 2019.

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

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

YES - Councillor Arlene VanderBeek  
YES - Councillor Lloyd Ferguson  
YES - Councillor Brenda Johnson  
YES - Councillor Maria Pearson  
YES - Councillor Brad Clark

**6. 2018 Annual Ontario Public Health Standards (OPHS) Report and Attestation to the Province (BOH19027) (City Wide) (Item 10.1)**

**(Partridge/VanderBeek)**

That Report BOH19027, respecting the 2018 Annual Ontario Public Health Standards (OPHS) Report and Attestation to the Province, be received.

**CARRIED**

**FOR INFORMATION:**

**(a) CERMONIAL ACTIVITIES (Item 1)**

There were no ceremonial activities.

**(b) CHANGES TO THE AGENDA (Item 2)**

The Clerk advised the Board that there were no changes to the agenda.

**(Johnson/Pearson)**

That the agenda for the July 10, 2019 Board of Health be approved, as presented.

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

YES - Vice-Chair Maureen Wilson  
YES - Councillor Jason Farr  
NOT PRESENT - Councillor Nrinder Nann  
NOT PRESENT - Councillor Sam Merulla  
NOT PRESENT - Councillor Chad Collins  
NOT PRESENT - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Councillor John-Paul Danko  
YES - Chair Fred Eisenberger  
YES - Councillor Judi Partridge  
NOT PRESENT - 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) June 17, 2019 (Item 4.1)**

**(Pearson/Johnson)**

That the Minutes of the June 17, 2019 meeting of the Board of Health be approved, as presented.

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

YES - Vice-Chair Maureen Wilson  
YES - Councillor Jason Farr  
YES - Councillor Nrinder Nann  
NOT PRESENT - Councillor Sam Merulla  
NOT PRESENT - Councillor Chad Collins  
NOT PRESENT - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Councillor John-Paul Danko  
YES - Chair Fred Eisenberger  
YES - Councillor Judi Partridge  
NOT PRESENT - 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 Hastings Prince Edward Public Health respecting Concerns with Announces Expansion of the Sale of Alcohol Beverages in Ontario (Item 5.1)**

**(Wilson/Nann)**

(a) That the Correspondence from Hastings Prince Edward Public Health respecting Concerns with Announces Expansion of the Sale of Alcohol Beverages in Ontario, be received; and

**CARRIED**

**(Wilson/Nann)**

(b) That staff be direct to report back to the Board of Health by December 2019, on municipal actions to reduce harms from alcohol use.

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

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

**(Pearson/Danko)**

That the following Correspondence Items, be received:

- (ii) Correspondence from Peterborough Public Health respecting Changes to Provincial Autism Supports (Item 5.2)
- (iii) Correspondence from the Association of Local Public Health Agencies respecting Corrections to Resolution A19-9, Public Health Support for Accessible, Affordable, Quality Licensed Child Care (Item 5.3)
- (iv) Correspondence from Peterborough Public Health respecting the Association of Local Public Health Agencies response to their Financial Changes to Local Public Health resolution (Item 5.4)

**CARRIED**

(f) **ADJOURNMENT (Item 15)**

**(Danko/Pearson)**

That, there being no further business, the Board of Health be adjourned at 2:22 p.m.

**CARRIED**

Respectfully submitted,

Mayor F. Eisenberger  
Chair, Board of Health

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk

519-258-2146 | [www.wechu.org](http://www.wechu.org)

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

5.1

July 2, 2019

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

Dear Minister Elliott:

### Immunization for School Children – Seamless Immunization Registry

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter and accompanying report we received from The Regional Municipality of York where their Regional Council adopted the following recommendation on May 16, 2019:

1. Regional Council endorse the position of the Council of Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

Immunization is a crucial part of a healthy lifestyle, preventing disease, reducing health care costs and saving lives. Vaccines are recognized as one of the most successful and cost-effective health investments. Immunization registries electronic systems support the centralized storage and retrieval of immunization events and patient immunization profiles, tracking immunization against vaccine-preventable diseases.

The Electronic Medical Records (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, providing seamless reporting of immunizations from health care providers directly to local public health, will ensure more accurate and efficient vaccine records.

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,

Gary McNamara, Chair  
Chair, Board of Health

Theresa Marentette  
Chief Executive Officer

c: Premier Doug Ford  
Loretta Ryan, Association of Local Public Health Units  
WECHU Board of Health  
Corporation of the City of Windsor – Clerk's office  
Council of Medical Officers of Health (COMOH)  
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health  
Dr. David Williams, Chief Medical Officer of Health, MOHLTC  
AMO – Association of Municipalities of Ontario  
Corporation of the County of Essex – Clerk's office  
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



May 17, 2019

Gary McNamara  
Windsor-Essex County Health Unit  
1005 Oullette Avenue  
Windsor, ON N9A 4J8

Dear Mr. McNamara:

**Re: Protecting York Region's School Children through Immunization**

On May 16, 2019 Regional Council adopted the following recommendations:

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.
2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health, the other 34 Ontario Boards of Health and the local municipalities.

The original staff report is enclosed for your information.

Please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120 if you have any questions with respect to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "CR" with a flourish.

Christopher Raynor  
Regional Clerk

Attachments

# The Regional Municipality of York

Committee of the Whole  
Community and Health Services  
May 2, 2019

Report of the Commissioner of Community and Health Services and Medical Officer of Health

## Protecting York Region's School Children through Immunization

### 1. Recommendations

It is recommended that:

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.
2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health and the other 34 Ontario Boards of Health.

### 2. Summary

This report outlines York Region Public Health's (Public Health) efforts in enforcing the *Immunization of School Pupils Act* (the Immunization Act) – an Ontario law requiring children under age 18 years attending school to have up-to-date immunization records (or valid exemptions) on file with their public health unit for a designated subset of publicly-funded childhood immunizations.

Key Points:

- Administration and enforcement of the Immunization Act is an important tool for: improving immunization coverage among school-age children; understanding trends and patterns in vaccine coverage; and supporting public health interventions in the event of a vaccine-preventable disease case or outbreak
- Administration of the Immunization Act in York Region would be enhanced if the provincial government were to create a provincial Electronic Medical Record and merge this record with the existing Digital Health Immunization Repository so that any time a health care provider administers a vaccine, it is captured in a central provincial registry

### 3. Background

#### **Ontario's publicly-funded immunization program prevents diseases that could otherwise cause illness and death**

Immunization is one of the most successful and cost-effective public health interventions available. It protects an individual from the negative health impacts of vaccine-preventable diseases like measles or pertussis, and further protects the community at large including those who cannot receive a particular vaccine due to their age or a medical condition.

York Region's immunization program is governed by the *Immunization of School Pupils Act* (the Immunization Act) for school-aged children, and the *Child Care and Early Years Act* for children attending licensed child care centres. Program specific requirements are detailed in the Ontario Public Health Standards, including the requirement to assess, maintain records, and report on the immunization status of children enrolled in schools and licensed child care centres.

Under the Immunization Act, parents or guardians of school-aged children are required to provide Public Health with proof of immunization or a valid exemption (medical or conscience/religious belief). These immunizations include diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chickenpox). Most of these vaccine-preventable diseases are highly contagious and can have serious health consequences, including death.

#### **York Regional Council as the Board of Health in York Region supports the activities of Public Health in promoting immunization among school age children**

On February 18, 2016 Council endorsed Public Health's role in enforcement of the Immunization Act. The report detailed the administration and enforcement, discussed the benefits of publicly-funded immunization programs and outlined ongoing community efforts to improve immunization uptake and compliance among the Region's students. On April 20, 2017, an update on enforcement of the Immunization Act in York Region was received by Council, including details regarding the approach Public Health would take to improve Immunization Act-related activities in York Region private schools.

#### **Currently, immunization information is not shared between primary health care providers and Public Health**

Under the current system, children receive most childhood vaccinations by their primary care provider, who will then typically update the child's personal paper immunization record (the "yellow card"). Immunization information is also recorded in the electronic or paper-based medical record held by their primary care provider. It is then the responsibility of parents or guardians to provide their child's immunization record to Public Health in order for their immunization information to be updated within the provincial Digital Health Immunization Repository.

The Digital Health Immunization Repository is the provincial electronic immunization database that houses all student immunization information. Public Health can input and access student immunization information through this database however, primary health care providers who administer vaccines to children do not have access to the system.

There have been previous attempts to create online portals where patients and health care providers could securely submit immunization information to the Digital Health Immunization Repository. For example, Immunization Connect Ontario developed a platform for both the public as well as primary health care providers to enter information. However, there have been barriers to universal adoption of Immunization Connect Ontario by primary health care providers and public health units across Ontario.

### **The provincial government recently announced plans to create a provincial Electronic Medical Record and merge it with the Digital Health Immunization Repository**

A provincial immunization registry would allow for the seamless reporting of immunization information by primary health care providers at the time of administration.

## **4. Analysis**

### **Public Health employs a number of strategies to promote immunization among school-aged children**

A number of activities occur to support parents and guardians in ensuring their children follow Ontario's publicly-funded immunization schedule (Attachment 1). Public Health sends letters to parents detailing the Immunization Act process and ensures local clinicians are aware of the immunization requirements for school-aged children. Through the school immunization program, Public Health nurses administer three publicly-funded vaccines to grade 7 (twelve year old) students: hepatitis B (two doses), meningitis (one dose, required under the Immunization Act), and human papillomavirus virus (HPV) (two doses). Over the course of the calendar year, community clinics are also held where students can receive publicly funded vaccines.

Public Health responds to vaccine education requests from the community, and proactively raises awareness among the community and local clinicians about the benefits of immunization.

### **The Immunization Act enforcement process occurs yearly, with Catholic, Public, French and private school boards**

The process begins with merging the student demographic information, provided by the schools, with the provincial immunization database and the Digital Health Immunization Repository to identify which students do not have up-to-date records or valid exemptions on file.

Students aged 7 to 17 who are not up-to-date on their immunizations are identified. At least two reminder letters are sent out to parents or guardians and students, which:

- provide information on the benefits of vaccination
- provide the process for submitting updated immunization records to Public Health and how students can receive immunizations they have missed
- notify parents or guardians and students of any pending enforcement activities

### **Parents or guardians and students have two months after receiving the reminder letters to update their records with Public Health**

The Immunization Act provides authority for Public Health to suspend a student for up to a maximum of 20 school days if he/she does not provide up-to-date records or a valid exemption. School principals are responsible for implementing a suspension order. Suspending students is a last resort for Public Health.

Between 2015 and 2018, approximately 82,000 student records were assessed for compliance, resulting in approximately 1,200 suspensions (Table 1). For those students who were suspended, almost all were permitted to return to school within a few days.

**Table 1**

### **Results of the Act Enforcement, 2015/16 to 2017/18 School Years, York Region**

School Year	Number of student records assessed	Number of students received first letter*	Number of students received second letter	Number of suspension orders sent	Number of students suspended (% of students assessed)
<b>2015/2016<sup>1</sup></b> First year of Digital Health Immunization Repository	19,415	8,893	5,050	3,098	356 (1.8%)
<b>2016/2017<sup>2</sup></b>	26,540	17,640	10,696	6,860	273 (1.0%)
<b>2017/2018<sup>3</sup></b>	36,935	23,866	15,752	12,159	649 (1.8%)

**Notes:**

1. Only 17 year olds attending York Region Catholic and public high schools were assessed
2. 7 and 17 year olds attending York Region Catholic, public and French schools were assessed
3. 7 and 17 year olds attending York Region Catholic and public schools and 7 to 17-year olds attending York Region private and French schools were assessed

\* refers to the total number of students who were non-compliant at the onset of enforcement

In 2012/2013, Public Health set out to build relationships with each of the private schools and their respective boards. This has been a major undertaking because the private schools are not unified by one all-encompassing board like the Catholic, French and Public boards. Public Health recently partnered with York Region's 71 private schools to administer the Immunization Act. This work resulted in 100 per cent compliance with the Act among private

school students age 7 to 17 during the 2017/18 school year within the 70 schools who provided student demographic records that year. Since that time, the additional private school has provided Public Health with their student demographic information. Immunization data for all 71 private schools will be captured in 2018/2019.

### **Under the Ontario Public Health Standards, Public Health is required to maintain immunization records for children in licensed child care centres**

In York Region, licensed child care centre operators collect and retain immunization information from parents, and provide it to Public Health upon request. In the event of a vaccine-preventable disease occurring in a licensed child care centre, Public Health can assess each child's records to decide who to exclude and who can safely remain in the child care centre.

Immunization information for children currently in licensed child care centres is captured in the Immunization Act school enforcement activities when the children turn seven. Moving forward, Public Health will focus on collecting information from younger cohorts since most of the publicly-funded immunizations recommended for children are to be given before school entry (Attachment 1). The earlier Public Health can ensure up-to-date records, the more streamlined the Immunization Act process is once children are enrolled in school.

### **Parents or guardians are able to obtain a medical or conscience/religious belief exemption if they choose not to immunize their child**

Medical exemptions are available to children who are unable to receive a vaccine for medical reasons. Parents may request a medical exemption for a child who has a life-threatening allergy and cannot receive a vaccine that contains the allergy-inducing component, or for a child who is undergoing certain treatments for cancer. A written statement from a physician or a nurse practitioner outlining medical reason(s) why the child should not be immunized must be provided to public health to obtain a medical exemption. For the 2017/18 school year, less than one per cent of 7 year-old students in York Region obtained a medical exemption.

A non-medical exemption may be obtained when a parent or guardian has chosen not to vaccinate their child based on conscience or religious belief. Parents or guardians wishing to file a non-medical exemption must complete a "statement of conscience or religious belief" form, have their exemption form signed and affirmed before a lawyer or notary public, and submit to Public Health. In addition, the Immunization Act requires parents or guardians who are requesting an exemption based on conscience or religious beliefs to attend an education session developed by the Ministry of Health and Long-Term Care (Ministry). Public Health provides these sessions at the immunization clinic located at the Newmarket Health Centre. For the 2017/18 school year, approximately one per cent of 7 year-old students in York Region obtained a religious or conscience (non-medical) exemption. Previous Ontario data suggest that non-medical exemptions are increasing over time, however, the absolute proportion remains low, at less than 2.5 per cent on average for the province.

## Public Health uses immunization data from the age seven cohort to estimate immunization coverage

Health units across Ontario report data for the age 7 cohort because most childhood vaccines are administered by this age. Seven year-old students in York Region have higher than average immunization coverage rates compared to the rest of the province. For example, for the 2017/18 school year, the proportion of 7 year-old students (those born in 2010) who are up-to-date for immunizations under the Act in York Region is 86.9 per cent, compared to the provincial average of 79.5 per cent. For specific diseases, York Region students have immunization coverage comparable to the provincial average for the 2016/17 school year (Table 2).

**Table 2**  
**Immunization Coverage Estimates<sup>1</sup> (%) for 7 year-olds for Key Childhood Vaccines, 2016/17 school year**

	Measles	Mumps	Rubella <sup>2</sup>	Tetanus	Pertussis	Polio
<b>York Region</b>	90.7	90.5	94.1	84.8	84.7	84.9
<b>Ontario</b>	91.2	91.1	96.2	84.7	84.6	85.0

**Notes:**

1. more robust estimates of vaccine coverage are not available because Ontario does not have a provincial immunization registry
2. the Provincial definition of up-to-date is  $\geq 1$  valid dose of rubella compared to  $\geq 2$  valid doses for measles and mumps

## Public Health is well-positioned to respond in the event of a vaccine-preventable disease case or outbreak in a school, such as measles

Measles has been in the news recently with outbreaks in New York City, Vancouver, and recently, a report of an infected individual being in a public place in York Region. In the event of a measles case in a York Region school, Public Health can quickly determine those students whose records indicate inadequate protection (based on immunization history or exemptions). For students who are under-immunized, the measles vaccine can be administered within 72 hours of exposure to help prevent them from becoming sick, or they can be removed from school to ensure their safety and the safety of others.

## Public Health has implemented an eight-year strategic program plan for implementation of the Immunization Act

York Region has the third largest student population in Ontario, with 194,082 students in 408 schools. Immunization information recorded in the Digital Health Immunization Repository covers approximately 83 per cent of students aged 4 to 17, and 95 per cent of students, aged 7 to 17, attending schools in York Region. By June 2023 the annual student record

assessment and the Act enforcement expansion will include all York Region students aged 7 to 17 and moving forward will continue to include every student within this age range, with the exception of the age 12 cohort, which currently receive immunizations directly from Public Health through the grade 7 program.

Once the immunization records of all students, aged 7 to 17 have been collected, Public Health will begin collecting immunization records for school aged children less than seven years of age. Currently, immunization information captured in the Digital Health Immunization Repository covers approximately 33 per cent of students aged four to six. Under Ontario's publicly-funded immunization schedule, two vaccines are administered between the ages of four to six; however immunization records are not captured until age seven when Public Health collects student demographic information from the schools under the Immunization Act.

### **York Region Public Health and the Council of Ontario Medical Officers of Health strongly support creation of an immunization registry**

A major challenge to administration of the Immunization Act is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary health care providers at the time the vaccine is administered, to the Digital Health Immunization Repository. Self-reporting of immunization information without verification is the standard across all Ontario health units. Public Health Units across Ontario do not have a process to verify the "yellow card" with primary health care providers since this would be immensely labour intensive and costly. It is possible some inaccuracies exist in records collected by Public Health because of the reliance on parents to provide immunization information themselves.

In March 2019, the Council of Ontario Medical Officers of Health – a subgroup of the Association of Local Public Health Agencies representing Associate Medical Officers of Health and Medical Officers of Health across the province – wrote to the Minister of Health and Long-Term Care supporting the Ministry's proposed plan to develop a provincial Electronic Medical Record and merge it with the Digital Health Immunization Repository (Attachment 2). This Electronic Medical Record - Digital Health Immunization Repository integration project would allow for the seamless reporting of immunizations from primary health care providers at the time of vaccine administration directly to local public health.

Public Health is very supportive of the recommendation made by the Council of Ontario Medical Officers of Health that the Ministry assume the role of the health information custodian for the Digital Health Immunization Repository. The Ministry has previously assumed this role with the Ontario Laboratory Information System and the Digital Health Repository. The Ministry taking on the role of the health information custodian, instead of 35 Medical Officers of Health doing so would mean a more consistent approach in obtaining consent for the collection of vaccine information not covered under the Immunization Act.

## **Immunization Act enforcement supports the corporate strategic goal of supporting community health, safety and well-being**

The York Region *2019 to 2023 Corporate Strategic Plan: From Vision to Results* articulates the corporate priority of supporting community health, safety and well-being. Enforcing the Immunization Act among designated cohorts of students supports this priority.

### **5. Financial**

In 2018, activities related to enforcement of the Immunization Act were managed within the Public Health Branch council approved budget of \$65.7 million. Table 3 provides a summary of the budget for Public Health in 2018. In 2019, program activities related to the enforcement of the Act will continue to be managed within the approved Public Health Branch budget of \$68.4 million

**Table 3**  
**Public Health Branch 2018 Financial Summary**

	2018 Budget (\$'000)	2019 Budget (\$'000)
Gross expenditures	65,750	68,365
Provincial funding	(48,746)	(49,962)
Net Levy	17,004	18,403

### **6. Local Impact**

There is no direct impact from these recommendations on local municipalities. Enforcement of the Immunization Act relies heavily on partnerships with the local public, Catholic, and French school boards and individual private schools to support suspension orders. Enforcement will continue on a yearly basis to ensure students comply with the legislation and to ensure that students are vaccinated as they move through the publicly-funded immunization schedule, before they reach their 18<sup>th</sup> birthday when they no longer fall within the requirements of the Immunization Act.

### **7. Conclusion**

York Region Public Health protects the health of the community by preventing vaccine-preventable diseases among our growing population. In light of recent media reports of vaccine-preventable disease outbreaks and issues relating to our current system of

immunization data collection, Public Health will continue to collaborate with parents, local school boards, and individual schools to ensure compliance of the Act, improve immunization rates and protect the health of our communities. Moving toward a seamless immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population, supporting public health interventions in the event of a school outbreak or exposure to a vaccine-preventable disease.

---

For more information on this report, please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120. Accessible formats or communication supports are available upon request.

Recommended by: **Katherine Chislett**  
Commissioner of Community and Health Services

**Dr. Karim Kurji**  
Medical Officer of Health

Approved for Submission: **Bruce Macgregor**  
Chief Administrative Officer

April 17, 2019  
Attachments (2)  
#9309454

# Publicly Funded Immunization Schedules for Ontario – December 2016

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

## Routine Schedule: Children Starting Immunization in Infancy

Vaccine	Age	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years <sup>^</sup>	Grade 7	14-16 Years <sup>†</sup>	24-26 Years <sup>†</sup>	≥34 Years <sup>†</sup>	65 Years
<b>DTaP-IPV-HB</b> Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b		◆	◆	◆	◆		◆						
<b>Pneum-C-13</b> Pneumococcal Conjugate 13		◆	◆		◆								
<b>Rot-1</b> Rotavirus		▲	▲										
<b>Men-C-C</b> Meningococcal Conjugate C					◆								
<b>MMR</b> Measles, Mumps, Rubella					■								
<b>Var</b> Varicella						■							
<b>MMRV</b> Measles, Mumps, Rubella, Varicella								■					
<b>Tdap-IPV</b> Tetanus, diphtheria, pertussis, Polio								◆					
<b>HB</b> Hepatitis B									●				
<b>Men-C-ACYW</b> Meningococcal Conjugate ACYW-135									●				
<b>HPV-4</b> Human Papillomavirus									●				
<b>Tdap</b> Tetanus, diphtheria, pertussis										◆			
<b>Td (booster)</b> Tetanus, diphtheria											◆		
<b>HZ</b> Herpes Zoster												◆	
<b>Pneut-P-23</b> Pneumococcal Polysaccharide 23													■
<b>Inf</b> Influenza													■

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection

■ = A single vaccine dose given in a syringe and needle by subcutaneous injection

▲ = A single vaccine dose given in an oral applicator by mouth

● = Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-4 is a 2 dose series (see Table 6); Each vaccine dose is given in a syringe and needle by intramuscular injection

^ = Preferably given at 4 years of age

† = Given 10 years after the (4-6 year old) Tdap-IPV dose

‡ = Given 10 years after the adolescent (14-16 year old) Tdap dose

‡ = Once a dose of Tdap is given in adulthood (24-26 years of age), adults should receive Td boosters every 10 years thereafter

\* = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given 2-4 weeks apart. Children who have previously received ≥ 1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-23)

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection

■ = A single vaccine dose given in a syringe and needle by subcutaneous injection

▲ = A single vaccine dose given in an oral applicator by mouth

● = Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-4 is a 2 dose series (see Table 6); Each vaccine dose is given in a syringe and needle by intramuscular injection

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*The Council of Ontario  
Medical Officers of  
Health (COMOH) is a  
Section of*

## aPHa

Association of Local  
PUBLIC HEALTH  
Agencies

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

### aPHa Sections:

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

### Affiliate

#### Organizations:

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

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E-mail: info@alphaweb.org

March 14, 2019

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
10th Flr, 80 Grosvenor St,  
Toronto, ON M7A 2C4

Dear Minister Elliott,

**Re: Support of Immunizations and the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project**

On behalf of the Council of Ontario Medical Officers of Health, I am writing to express our thanks for the Minister's support of immunizations and the immunization programs in Ontario. Getting the public support of the Minister in the face of so much misinformation on vaccines is very valuable and appreciated.

We would also like to provide our full support to the Ministry for moving forward with online health records for patients, and in particular, the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, namely the seamless reporting of immunizations from health care providers directly to local public health. This will reduce the considerable burden on parents to manually report their child's immunizations to local public health units. It will also be more efficient and ensure more accurate vaccine records. If done well, it could also serve as a model for future digital integration between electronic medical record solutions and other provincial health digital assets, supporting the Ontario government's priorities for digitization.

Public health uses vaccination records in the DHIR to prevent and stop outbreaks of infectious diseases such as measles. When EMR integration with the DHIR is established, in order for a vaccination record to be shared between a patient's physician and public health, consent from the patient or their guardian would be required. We would like to encourage the Ministry to consider removing the need for individual informed consent to share vaccine records to improve the efficiency for public health to prevent the spread of infectious diseases.

The Ministry might also consider being the Health Information Custodian for immunization records in the DHIR, administering the DHIR in a manner similar to other Ministry assets like the Ontario Laboratory Information System (OLIS) and the Digital Health Drug Repository. This would further simplify the system by eliminating the need for individual agreements between each of the 35 local public health units and the Ministry and streamline the current process where each local PHU must verify immunization records as they are added to the DHIR.

If the Ministry prefers that local medical officers of health remain the health information custodians for the immunization records of their respective health units, a new consent form would be required. A Ministry-approved, IPC-compliant consent form for the collection of non-ISPA/CCEYA information would be needed for use by all 35 public health units prior to the project being implemented.

Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

Vaccine wastage or inappropriate administration could also be managed by permitting patients and health care providers across the province to easily access recorded immunization histories.

The proposed project is also consistent with the mention in "Ending Hallway Medicine" to consider technology solutions to improve health outcomes for patients, to integrate care at the local level, and to identify options for integrated health information systems that would facilitate smooth transfers between care settings, in this case from doctor's offices to local public health.

To that end, we thank you again for your announced commitment to this project and look forward to working with your office towards an efficient health care system that meets the needs of Ontarians.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Chris Mackie', written in a cursive style.

Dr. Chris Mackie  
Chair, Council of Ontario Medical Officers of Health

**COPY:** Dr. David Williams, Chief Medical Officer of Health  
Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway  
Medicine



Jackson Square, 185 King Street, Peterborough, ON K9J 2R8  
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 F: 705-743-2897  
[peterboroughpublichealth.ca](http://peterboroughpublichealth.ca)

## 5.2

July 19, 2019

The Right Honourable Justin Trudeau  
 Prime Minister of Canada  
[justin.trudeau@parl.gc.ca](mailto:justin.trudeau@parl.gc.ca)

The Hon. Maxime Bernier, MP, Beauce  
 Leader, People's Party of Canada  
[maxime.bernier@parl.gc.ca](mailto:maxime.bernier@parl.gc.ca)

Yves-François Blanchet  
 Leader, Bloc Québécois  
 3750, boul. Crémazie Est  
 bureau 402  
 Montréal, QC H2A 1B6

Elizabeth May, MP, Saanich - Gulf Islands  
 Leader, Green Party of Canada  
[elizabeth.may@parl.gc.ca](mailto:elizabeth.may@parl.gc.ca)

The Hon. Andrew Scheer, MP, Regina - Qu'Appelle  
 Leader, Conservative Party of Canada  
[andrew.scheer@parl.gc.ca](mailto:andrew.scheer@parl.gc.ca)

Jagmeet Singh, MP, Burnaby South  
 Leader, New Democratic Party of Canada  
[jagmeet.singh@parl.gc.ca](mailto:jagmeet.singh@parl.gc.ca)

Dear Prime Minister Trudeau and Federal Party Leaders:

### **Re: Support for a National School Food Program**

The Board of Health for Peterborough Public Health requests that you honour and move forward with implementing a cost-shared, national school food program, as outlined in the [Federal healthy eating policy](#) with a commitment of resources.

Universal access to healthy food every day at school could improve students' food choices and support their academic success (including academic performance, reduced tardiness and improved student behaviour). An important step towards health equity, universal healthy school meals contribute to students' physical and mental health. Its' success requires all levels of government to be engaged and supportive. Canada is the only G7 country that does not provide federal funding or resources to support school food and nutrition programs.

Our Board of Health supports initiating consultations to develop an adequately funded national cost-shared school food program. As public health experts with extensive experience working with Ontario student nutrition programs, we urge that a universal program include appropriate nutrition education and food safety training of staff and volunteers, provide an optional and culturally appropriate daily nutrition meal, use best practices in service and delivery, function in inspected and adequately equipped spaces, and provide students with the opportunity to implement Canada's Food Guide key messages; specifically, students are given the opportunity to eat more vegetables and fruit, whole grains and protein foods in a socially inclusive environment where they enjoy, prepare and eat healthy food with others.

A well designed national school food program has the potential to enable children to develop food and nutrition habits they need to lead healthy lives and succeed at school.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

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

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

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Section

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Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

5.3

July 25, 2019

**Re: 2019-2020 alPHa Executive Committee & Board of Directors**

Dear Councillor Wilson,

The following is formal notification of your appointment to a two-year term as part of the slate of officers announced at the June Annual General Meeting for the Association of Local Public Health Agencies (alPHa):

Board of Health Representative, Central West Region  
Councillor Maureen Wilson from the City of Hamilton

Councillor Wilson's term on the alPHa Board will expire in June 2021.

alPHa is a non-profit organization that provides leadership to the boards of health and public health units in Ontario. Membership in alPHa is open to the 35 public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

I would like to welcome you to the Board. I look forward to working with you to advance public health in Ontario. Please feel free to contact me regarding this letter at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594.

Sincerely,



Loretta Ryan, CAE  
Executive Director  
alPHa  
647-325-9594

June 27, 2019

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

Dear Minister Elliott:

**Re: Public Health Modernization**

I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) to recommend the continued comprehensive mandate of public health as defined in the Ontario Public Health Standards (2018) and for gradual adjustments to the provincial-municipal cost-sharing of public health funding formula be phased in over five (5) years commencing in fiscal year 2021-22.

Since the April 11, 2019 Government of Ontario provincial budget announcements regarding public health modernization, concerns have been raised that there may be shifts in the full mandate of public health to yet to be defined essential services. It is critical that the full mandate of public health continue and that adequate funding be provided to support this through a more gradual financial downloading strategy to ensure municipalities are better prepared for the financial implications.

Extensive work went into modernizing the mandate of public health as reflected in the release of the 2018 Ontario Public Health Standards. These standards reflect a renewed mandate for public health with the goal to improve and protect the health and well-being of the population of Ontario and reduce health inequities. This comprehensive mandate is created on a foundation of quality and accountability ensuring that research, evidence, and best practices inform service delivery.

On May 28, 2019 the following resolution was carried at the aPHa Annual General meeting: Public Health Modernization: Getting it Right! This motion positions that the current mandate of public health not be altered in an effort to achieve budget reduction targets, that the Ontario government delay the implementation of any organizational and financial changes to local public health and engage in meaningful consultation and changes in the cost-shared formula be phased in over five (5) years commencing in fiscal 2021-22 (Appendix A).

The Board of Health commends the decision of Premier Ford reported on May 27, 2019 in a news conference that provincial funding cuts for public health in the provincial budget will not go forward for the 2019 year. This was welcomed news and does allow for additional time for more comprehensive financial planning by health units and municipalities.

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L4M 6K9  
705-721-7520  
FAX: 705-721-1495

□ **Collingwood:**  
280 Pretty River Pkwy.  
Collingwood, ON  
L9Y 4J5  
705-445-0804  
FAX: 705-445-6498

□ **Cookstown:**  
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Cookstown, ON  
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705-458-1103  
FAX: 705-458-0105

□ **Gravenhurst:**  
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Gravenhurst, ON  
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705-684-9090  
FAX: 705-684-9887

□ **Huntsville:**  
34 Chaffey St.  
Huntsville, ON  
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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

The work of public health is inherently cost effective, with an excellent return on investment, and is essential for the province to achieve its goal of ending hallway medicine. Funding for public health is a sound investment in support of the health and wellbeing of the people.

Thank you for considering our recommendations.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau  
Chair, Board of Health

CG:cm

Att. (1)

cc. Mayor and Council of Simcoe and Muskoka  
Members of Provincial Parliament for Simcoe and Muskoka  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Dr. David Williams, Chief Medical Officer of Health

**alPHa RESOLUTION A19-12**

**TITLE: Public Health Modernization: Getting it Right!**

**SPONSOR: Peterborough Public Health**

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

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

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

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

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

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

**NOW THEREFORE BE IT RESOLVED** that the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets and that the Province continues to financially support public health units to adequately implement the Standards;

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

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

**AND FURTHER** that in ongoing consultations with the province, that alPHa propose the establishment of a joint task force made up of both political representatives and professional staff from existing public health agencies, alPHa, the Association of Municipalities of Ontario (AMO) and the City of Toronto to undertake the following activities:

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

***ACTION FROM CONFERENCE: Carried as amended***

519-258-2146 | [www.wechu.org](http://www.wechu.org)

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

5.5

July 2, 2019

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

Dear Minister Elliott:

On June 20, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free – Smoke/Vape Free Outdoor Spaces** to reduce the exposure of second-hand smoke in outdoor spaces:

**Whereas**, the legalization of cannabis came into effect October 17, 2018 and the addition of vapour products and cannabis to the *Smoke-Free Ontario Act, 2017*, and

**Whereas**, outdoor sport and recreation areas, parks, beaches, trails, and playgrounds are intended to promote the health and well-being for all Windsor-Essex County residents, and

**Whereas**, entrances/exits of municipal buildings, and transit shelters/stops, are other areas of exposure to second-hand smoke, cannabis and vaping, and

**Whereas**, second-hand smoke has proven to be harmful in particular for vulnerable populations such as youth, and

**Whereas**, youth are increasingly susceptible to the influence of social normalization, and

**Whereas**, youth uptake of vaping and exposure to cannabis consumption is increasing.

**Now therefore be it resolved** that the Windsor-Essex County Board of Health encourages municipalities to prohibit the smoking or vaping of any substance on all municipally owned outdoor sport and recreation properties, as well as parks, beaches, trails, playgrounds, at minimum, 9m from entrances/exits of municipal buildings, transit shelters, and transit stops.

**Further**, that the Windsor-Essex County Board of Health encourages all Windsor-Essex municipalities to update and adopt smoking by-laws to explicitly prohibit the use of cannabis in public spaces including streets and sidewalks.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Gary McNamara".

Gary McNamara  
 Chair, Board of Health

A handwritten signature in black ink, appearing to read "Theresa Marentette".

Theresa Marentette  
 Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario  
Hon. Ginette Petitpas Taylor, Minister of Health  
Hon. David Lametti, Minister of Justice and Attorney General of Canada  
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care  
Pegeen Walsh, Executive Director, Ontario Public Health Association  
Centre for Addiction and Mental Health  
Association of Local Public Health Agencies – Loretta Ryan  
Ontario Boards of Health  
WECHU Board of Health  
Corporation of the City of Windsor – Clerk’s office  
Corporation of the County of Essex – Clerk’s office  
Local MPP’s – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls  
Local MP’s – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



Your lifetime partner in healthy living.

345 Oak Street West, North Bay, ON P1B 2T2

70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5

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## 5.6

July 5, 2019

SENT ELECTRONICALLY

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building, Queens Park  
Toronto, ON M7A 1A1  
[doug.ford@pc.ola.org](mailto:doug.ford@pc.ola.org)

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Premier Ford and Minister Elliott:

At its regular Board meeting on June 26, 2019, the Board of Health for the North Bay Parry Sound District Health Unit passed the following resolution related to the public health transformation initiative in northeastern Ontario:

***Whereas**, since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services; and*

***Whereas**, the Northeast Public Health Collaboration Project work to date has been supported by two one-time funding grants from the Ministry of Health and Long-Term Care (Ministry); and*

***Whereas**, subsequent to the proposed transformation of public health announced in the April 11, 2019, provincial budget, the work of the Collaboration has been accelerated and reoriented as the Northeast Public Health Transformation Initiative with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and*

***Whereas**, the Board understands there will be opportunities for consultation with the Ministry on the regional implementation of public health transformation;*

Premier Ford  
Page 2 of 2  
July 5, 2019

***Therefore Be It Resolved***, that the Board of Health for the North Bay Parry Sound District Health Unit is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing Ministry support for this work; and

***Furthermore Be It Resolved***, that the Board, having engaged in this work since 2017, anticipates sharing with the Ministry its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the Northeast; and

***Furthermore Be It Resolved***, that this motion be shared with the Honourable Doug Ford, Premier, the Honourable Christine Elliott, Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, the Association of Local Public Health Agencies, Ontario Boards of Health, and member municipalities.

Sincerely yours,



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

/sb

Copy to: Dr. David Williams, Chief Medical Officer of Health  
Vic Fedeli, MPP – Nipissing  
Norm Miller, MPP – Parry Sound-Muskoka  
John Vanthof, MPP – Timiskaming-Cochrane  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aPHa)  
Ontario Boards of Health  
NBPSDHU Member Municipalities (31)

# 6.1

## Form: Request to Speak to Committee of Council

Submitted on Friday, July 19, 2019 - 6:09 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Daniel Morin

**Name of Organization:** Parkview community

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:**

[REDACTED]

**Reason(s) for delegation request:** Pollution in our surrounding Community

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** No

**Form: Request to Speak to Committee of Council**

Submitted on Wednesday, July 31, 2019 - 2:16 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Kathy Cook

**Name of Organization:** Parkview Community

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:** Parkview Community

**Reason(s) for delegation request:** Noise pollution & health

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes



Hamilton

**Minutes**  
**FOOD ADVISORY COMMITTEE**

June 11, 2019

7:00 – 9:00 p.m.

City Hall, Rooms 192-193, 1<sup>st</sup> Floor  
 71 Main Street West, Hamilton

**Present:** Maria Biasutti, Elly Bowen, Krista D'aoust, Drew Johnston, Laurie Nielsen, Mary Ellen Scanlon, Jennifer Silversmith, Barbara Stares, Frank Stinellis, Kyle Swain, Andrew Sweetnam, Brian Tammi, Vivien Underdown, Edward Whittall, Sandy Skrzypczyk (Staff Liaison)

**Absent with Regrets:** Jordan Geertsma, Vicky Hachey, Biniam Mehretab, Councillor Merulla

**1. CHANGES TO THE AGENDA**

**(Biasutti/Scanlon)**

That the agenda for June 11, 2019 meeting of the Food Advisory Committee be approved as presented.

**CARRIED**

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. APPROVAL OF MINUTES OF PREVIOUS MEETING**

**(Whittall/Tammi)**

That the minutes of the May 14, 2019 meeting of the Food Advisory Committee be approved as presented.

**CARRIED**

**4. PRESENTATION**

**4.1** Presentation on the Hamilton Agricultural Profile by B. Morris, Planning and Economic Development, was received. Key highlights from the Profile were presented and discussed. Staff Liaison will forward the link to the Hamilton Agricultural Profile document to the Food Advisory Committee members when it is available on the City's website.

**5. DISCUSSION ITEMS**

**5.1.** Presentation on an overview of the Food Strategy by the Staff Liaison was received.

**5.2.** The following Food Advisory Committee members were appointed unanimously by show of hands as follows: Chair, V. Underdown; Co-Chair, E. Bowen; and Secretary, B. Tammi.

**CARRIED**

**5.3.** V. Underdown facilitated a preliminary work plan discussion to identify members' food-related interests to determine the Committee's work moving forward over their term. Staff Liaison will transcribe the notes, and they will be presented back to members for further discussion to develop the Food Advisory Committee workplan based on short term (year 1), mid-term (year 2), and long term (years 3-4).

The members agreed to meet in July to continue this discussion and plan their event for this year.

Members in attendance agreed in principle to share their emails with each other to facilitate communication on matters related to this Committee.

**6. NOTICES OF MOTION**

None

**7. GENERAL INFORMATION & OTHER BUSINESS**

None

**8. ADJOURNMENT**

**(Scanlon/Bowen)**

That there be no further business, the Food Advisory Committee be adjourned at 9:20 PM.

**CARRIED**

Respectfully submitted,

V. Underdown, Chair  
Food Advisory Committee

Sandy Skrzypczyk  
Staff Liaison  
Public Health Services



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	August 14, 2019
<b>SUBJECT/REPORT NO:</b>	Ontario Health Teams Update (BOH19020(a)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Aisling Higgins (905) 546-2424 Ext. 2643
<b>SUBMITTED BY:</b>	Paul Johnson General Manager Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

Not applicable.

## INFORMATION

In follow up to the April 15, 2019 Board of Health Report (Ontario Health Teams (BOH19020)), the purpose of this Report and presentation is to provide Council with an update on the local Ontario Health Team development progress, focus, and next steps in the provincially led application and selection process.

### Historical Background

As outlined in Report BOH19020, the Ministry of Health and Long-Term Care (MOHLTC) (now the Ministry of Health (MOH)) announced plans earlier this year to better connect the health care system by implementing local Ontario Health Teams (OHTs). OHTs are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and co-ordinated continuum of care to a defined geographic population.

In April, the Ministry released a prescribed, multi-phased process for formal applications by health and social service agencies seeking to be selected an early implementer of the OHT concept.

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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.

**SUBJECT: Ontario Health Teams Update (BOH19020(a)) (City Wide) - Page 2 of 2**

On May 15, 2019, a group of over 20 health and social service providers from across Hamilton, including hospitals, family medicine and primary care, home care, the City's Healthy and Safe Communities Department and other community agencies, co-chaired by two patient advocates, submitted an expression of interest (a self-assessment proposal) to be considered as an early implementer of the Ontario Health Team (OHT) model.

Upon review of the initial self-assessment proposals from across the province, the Ministry invited the Hamilton Health Team to move forward immediately in the next phase of the Ontario Health Team application and selection process by submitting a full application. The HHT self-assessment submission was selected amongst a group of over 150 other applicants from communities across Ontario and is one of 31 teams identified to move immediately ahead in the next phase. The Ministry has indicated that completed full applications must be submitted by October 9, 2019.

While still early in the process, being selected to move forward presents a significant opportunity for the Hamilton Health Team and partners to advance this pivotal new model for integrated health service delivery envisioned by the Government of Ontario.

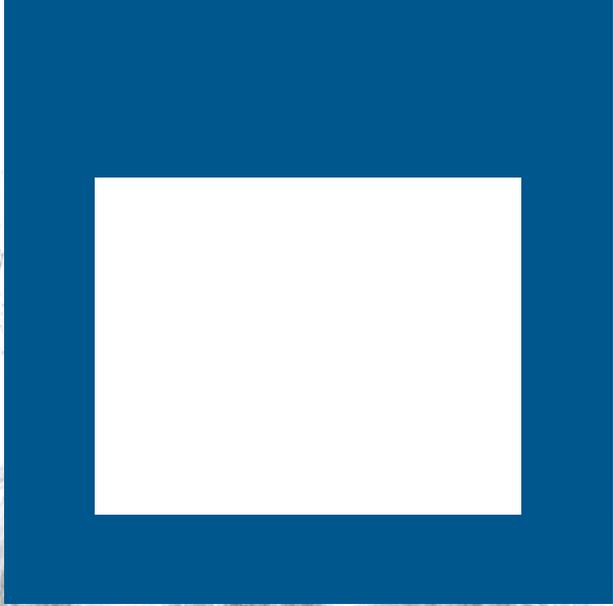
The HHT steering committee continues to move forward in the planning process and preparation for the next phase of OHT readiness. Patient and partner engagement is central to the success of this initiative and a key area of focus in next steps. The team is committed to meaningfully engaging patients, families, caregivers, a broad array of partners and the communities served.

**Next Steps**

Staff from the Healthy and Safe Communities Department and the Corporate Services Department are providing input to the Hamilton Health Team full submission. The details of the full submission will be presented to Council in September as it is a requirement of the Ministry of Health that all partner organizations receive approval prior to submission.

**APPENDICES AND SCHEDULES ATTACHED**

None



# ONTARIO HEALTH TEAM UPDATE

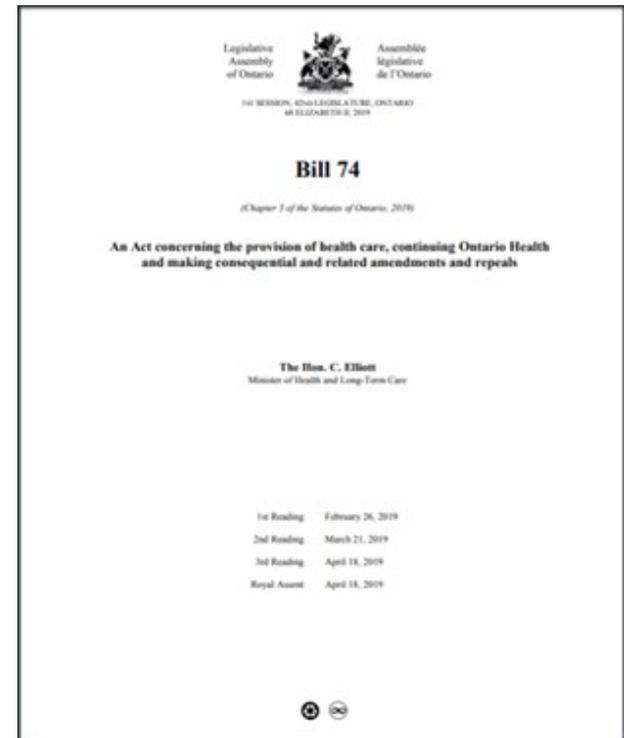
Board of Health (BOH19020(a))  
August 14, 2019

# Overview: The People's Healthcare Act

- The People's Health Care Act, 2019 legislation introduced in February and **received** Royal Assent on April 18, 2019.

## The Act introduced reforms centred on:

- Consolidating health care oversight agencies into a **'super-agency'** called **Ontario Health**;
- The development of provider driven **Ontario Health Teams to integrate health and social service organizations at a regional level** for improved delivery of services.
- **The reforms aim to achieve the 'quadruple aim'** set out by the Institute for Healthcare Improvement.



# Local transformation: Ontario Health Teams



## What is an Ontario Health Team?

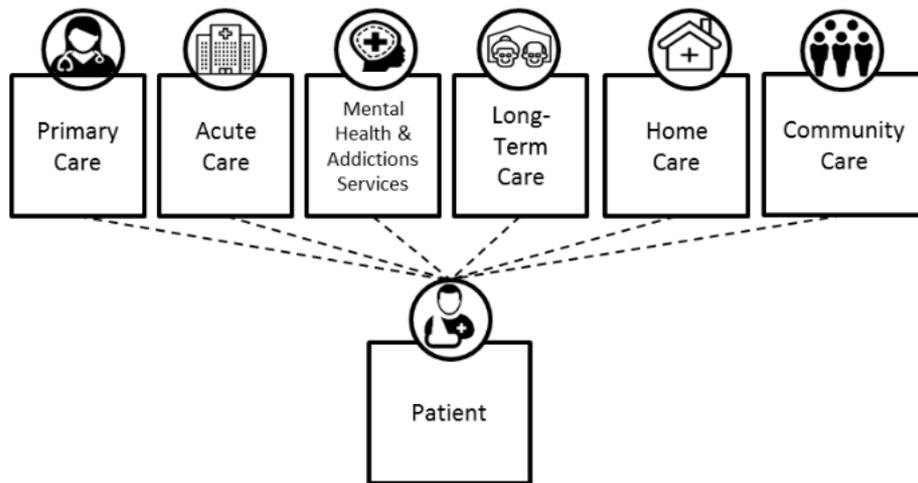
- Groups of providers and organizations that are clinically and fiscally **accountable for developing a full and coordinated continuum of care to a defined geographic population**
- Providers working together to **improve the health of an entire population**, reducing disparities among different population groups
- Enabled to locally redesign care in ways that **best meet the needs of the diverse communities they serve**

# Overview: Ontario Health Teams

## Current State



## Future State: Ontario Health Teams



# Provincial Vision: Ontario Health Teams

- Provide a **full and coordinated continuum of care** for population within a geographic region
- Offer patients **24/7 access to coordination of care and system navigation services**; work to ensure patients experience seamless transitions throughout their care journey
- Be **measured, report on and improve performance** across a standardized framework
- Operate within a **single, clear accountability framework**
- Be **funded through an integrated funding envelope**
- **Reinvest into front line care**
- **Improve access to secure digital tools**, including online health records and visual care options for patients

# OHT: Hamilton Context

Hamilton has strong history of collaboration and support for improving health and disparity issues:

- **Hamilton Anchor Institution Leadership (HAIL)** – Group of public sector and other leaders conceptualized in October 2011 during a McMaster health forum focused on addressing health and poverty issues at the neighborhood level
- **Hamilton Community Health Working Group (CHWG)** - Examining how the health and wellbeing of the population with a view to making patient care experiences more seamless and integrated.

Building on past collaboration, and local integrated care successes, representatives involved in these early stages of work formed a steering committee with patient co-chairs, to complete the first step, a self-assessment submission to be considered one of the OHT early adopters.

# OHT: Hamilton Context

## Phase 1 Signatories

- Alzheimer Society of Hamilton
- Canadian Mental Health Association – Hamilton Branch
- City of Hamilton Healthy & Safe Communities Department
- De Dwa Da Dehs Nye>s Aboriginal Health Centre
- Department of Family Medicine, McMaster University
- Good Shepherd Centres
- Hamilton Family Health Team
- Hamilton Health Sciences
- Indwell
- Lynwood Charlton Centre
- McMaster Family Health Team
- McMaster University (Digital Health focus, School of Nursing)
- Ontario Telehealth Network
- Patient Representatives (co-chairs)
- St. Joseph's Health Care Hamilton
- St. Elizabeth's Health Care
- Thrive Group
- Wayside House of Hamilton
- Wesley Urban Ministries



## Focus of the submission

- Identify a plan to work towards long-term improvements in the overall health and well-being of the whole community, while balancing a short-term focus on redesigning how to connect, coordinate, and deliver health and community support services to better serve two vulnerable populations.

### Year 1 Priority Populations

Individuals (adults, youth, children) with mental health and addiction concerns

Seniors with multiple chronic conditions

- Better coordination of services could contribute to fewer ambulance offload delays, better home-care coordination and supports in housing for vulnerable seniors, and better access to and coordination of the full continuum of mental health and addictions services and supports

Principles of the submission:

1. Embedding patients in the development of the Hamilton Health Team
2. Expanding reach across the community
3. Growing base of partners
4. Creating integrated health records that patients can access

# Alignment with Healthy and Safe Communities Department

OHTs have important relevance to advancing the work of the following HSC program areas and services:

- **Public Health Services** health promotion and disease prevention, mental health and addictions.
- **Hamilton Paramedic Service** reduce ambulance offload delays, community paramedicine
- **Human Services and Long-Term Care** housing, social assistance, neighbourhood development, and our two long-term care facilities.



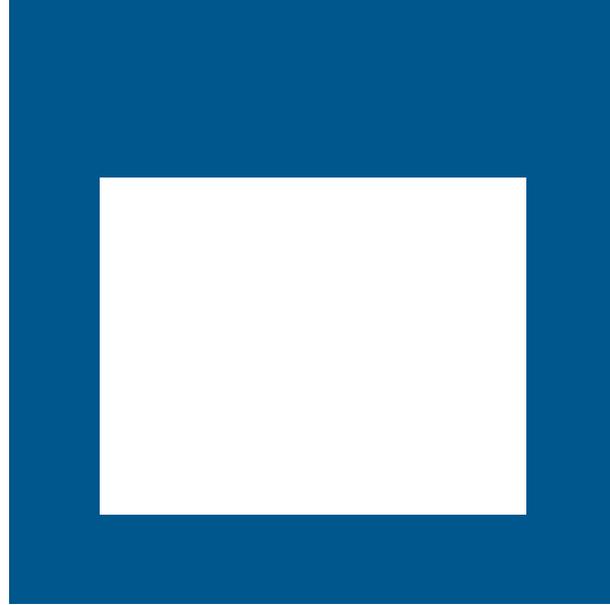
*“To be the best place to raise a child and age successfully”*

# Ministry Process and Timelines

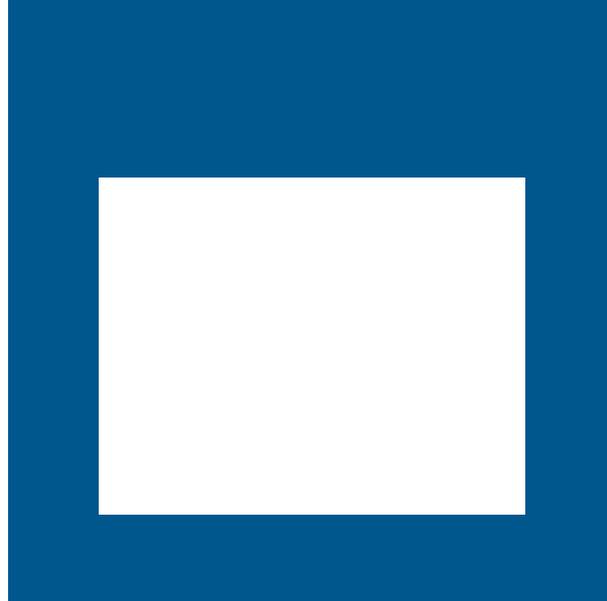
Dates for OHT Applicants	Dates	
Open call for self-assessments	April 3, 2019	
Deadline to submit self-assessments	May 15, 2019	
Selected groups invited to submit full application	July 17, 2019	
Deadline to submit full applications	<b>October 9, 2019</b>	
Province to announce OHT candidates	<b>Fall 2019</b>	

# Hamilton Health Team: Next Steps

- Significant work underway throughout this summer across various workstreams.
- The team is committed to meaningfully engaging patients, families, caregivers, a broad array of partners and the communities we serve. Patient and partner engagement is central to the success of this initiative and a key area of focus as the application is developed by Hamilton Health Team Partners.
- Staff from the Healthy and Safe Communities Department and the Corporate Services Department are providing input to the Hamilton Health Team full submission.
- The details of the full submission will be presented to Council in September as it is a requirement of the Ministry of Health that all partner organizations receive approval prior to submission.



QUESTIONS?



# THANK YOU

For more information visit

[www.Hamilton.ca/OntarioHealthTeam](http://www.Hamilton.ca/OntarioHealthTeam)