AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 15, 2018, 7:00 p.m.
399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
MLHU Boardroom

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Joanne Vanderheyden (Chair)
Ms. Trish Fulton (Vice Chair)
Ms. Maureen Cassidy
Mr. Michael Clarke
Mr. Jesse Helmer
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

October 18, 2018 – Board of Health meeting

DELEGATIONS

7:05 – 7:15 p.m.	Mr. Trevor Hunter, Chair, Governance Committee - Verbal Update, re: Item #1 Governance Committee meeting, November 15, 2018
7:15 – 7:30 p.m.	Ms. Trish Fulton, Chair, Finance & Facilities Committee re: Item #2 Finance and Facilities Committee meeting, November 1, 2018 (Report No. 067-18)

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Delegations and Committee Reports						
1	Governance Committee Meeting – Verbal Update	November 15, 2018 Agenda	x	x	x	To receive information and consider recommendations from the November 15, 2018 Governance Committee meeting.
2	Finance & Facilities Committee Meeting (Report No. 067-18)	November 1, 2018 Agenda	x	x	x	To receive information and consider recommendations from the November 1, 2018 Finance & Facilities Committee meeting.
Information Reports						
3	The *Smoke-free Ontario Act, 2017* - Changes to Cannabis, Vaping and Smoking Laws in Ontario (Report No. 068-18)	Appendix A Appendix B Appendix C			x	To provide an update on change to cannabis, vaping and smoking law in Ontario.
4	2017-18 Influenza Season in Middlesex-London – Final Report (Report No. 069-18)	Appendix A			x	To provide an update on the 2017-18 influenza season in Middlesex-London.
5	Summary Information Report for November (Report No. 070-18)	Appendix A			x	To provide an update on Health Unit programs and services for November.
6	Medical Officer of Health/Chief Executive Officer Activity Report for November (Report No. 071-18)				x	To provide an update on the activities of the MOH/CEO for November.

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: December 6, 2018 @ 9:00 a.m.
- Next Relocation Advisory Committee Meeting: December 12, 2018 @ 4:30 p.m.
- Next Board of Health Meeting: December 12, 2018 @ 5:30 p.m.
- Next Governance Committee Meeting scheduled for March 21, 2019

CORRESPONDENCE

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding identifiable individuals, the security of the property of the Middlesex-London Board of Health and to receive the confidential minutes of the November 1, 2018 Finance & Facilities Committee meeting.

ADJOURNMENT

CORRESPONDENCE – NOVEMBER 2018

a) Date: 2018 September 25
Topic: Ontario Basic Income Pilot
From: Southwestern Public Health
To: The Honourable Lisa MacLeod

Background:
On September 25, 2018, the Board of Health for Southwestern Public Health wrote to Minister MacLeod endorsing the letters written by several health units and public health agencies expressing concern over the cancellation of the Ontario Basic Income Pilot Project. The Board of Health for Southwestern Public Health urges the provincial government to maintain the pilot and its planned evaluation.

Recommendation:
Receive.

b) Date: 2018 September 13
Topic: Publicly Funded Oral Health Programs for Low-Income Adults and Older Adults
From: Durham Region
To: The Honourable Doug Ford

Background:
At its meeting on June 13, 2018, the Council of the Region of Durham endorsed the provincially funded oral health program for low-income adults and older adults. The Board of Health for the Region of Durham wrote to Premier Doug Ford in support of Halton Regional Council, which urged the provincial government to follow through on its campaign promise to introduce free oral health care for low-income older adults.

Recommendation:
Receive.

c) Date: 2018 October 15
Topic: Bill 36
From: Association of Local Public Health Agencies
To: Board Chairs

Background:
On October 11, 2018, The Association of Municipalities of Ontario (AMO) announced its recommendations regarding Bill 36, the *Ontario Cannabis Statute Law Amendment Act, 2018*, to the Ontario Legislature's Standing Committee on Social Policy. Recommendations for amendments include: 1) technical amendment of the *Municipal Act* to ensure that municipal governments have authority to regulate cannabis smoking in public; 2) ensuring cannabis retail stores are located only in commercially zoned areas; 3) clarifying the role of municipal government regarding decision-making for store site licenses; and 4) a formal process for municipal government input into cannabis retail siting authorizations.

Recommendation:
Receive.

d) Date: 2018 October 16

Topic: Bill 36 – An Update from AMO
From: Association of Local Public Health Agencies
To: Medical Officers of Health, Board Chairs

Background:
On October 15, 2018, it was announced that the Standing Committee on Social Policy completed its work on Bill 36, the *Ontario Cannabis Statute Law Amendment Act, 2018*. The resulting legislation did not include the amendments proposed by the Association of Municipalities of Ontario (AMO).

Recommendation:
Receive.

e) Date: 2018 October 15
Topic: AMO Policy Update Regarding Bill 36
From: Association of Local Public Health Agencies
To: Board Chairs

Background:
Same as item c), above.

Recommendation:
Receive.

f) Date: 2018 September 25
Topic: Repeal of Section 43 of the Criminal Code of Canada
From: Southwestern Public Health
To: The Honourable Jody Wilson Raybould

Background:
On September 25, 2018, the Board of Health for Southwestern Public Health (SWPH) wrote to Minister Jody Wilson-Raybould advising that SWPH endorsed the motion received by Peterborough Public Health to repeal Section 43 of the Criminal Code of Canada.

Recommendation:
Receive.

g) Date: 2018 October 18
Topic: Indigenous Engagement Strategy
From: Dr. Penny Sutcliffe, Medical Officer of Health/CEO, Public Health Sudbury & Districts
To: Ontario Boards of Health

Background:
On October 18, 2018, Public Health Sudbury & Districts shared its newly launched Indigenous Engagement Strategy with Ontario Boards of Health. Titled, "Finding Our Path Together," the strategy sets out four strategic directions to help the organization to understand public health needs and services in Indigenous communities and to build cultural competence and enhance organizational commitment to developing respectful, mutually beneficial relationships.

Recommendation:
Receive.

h) Date: 2018 October 18
Topic: Ministry of Health and Long-Term Care Realignment
From: Loretta Ryan, Association of Local Public Health Agencies
To: Ontario Boards of Health

Background:
On October 18, 2018, the Ministry of Health and Long-Term Care announced structural changes to help clarify and simplify lines of accountability. The new organizational chart aligns the Chief Medical Officer of Health (Dr. David Williams) with population and public health oversight, reporting to Deputy Minister, Helen Angus.

Recommendation:
Receive.

i) Date: 2018 October 26
Topic: Update from alPHa Executive, October 2018
From: Susan Lee, Association of Local Public Health Agencies
To: Board of Health members

Background:
On October 26, 2018, the Association of Local Public Health Agencies (alPHa) shared a quarterly update from the Boards of Health Section Executive Committee with its Board of Health members. Updates included meetings that took place with MPPs, activities related to the *Cannabis and Smoke-Free Ontario Act*, ministry realignment, and the creation of a webpage to collect information on public health return on investment (ROI).

Recommendation:
Receive.

j) Date: 2018 October 26
Topic: Opioid Poisoning Emergency Response
From: Southwestern Public Health
To: The Honourable Doug Ford

Background:
On October 26, 2018, the Board of Health for Southwestern Public Health (SWPH) wrote to Premier Doug Ford to reinforce the urgency of the opioid poisoning emergency and to urge the provincial government to increase its actions in response to the emergency. SWPH called for expedited approvals for newer therapeutic modalities and funding to municipalities and regional health services to establish safe consumption facilities.

Recommendation:
Receive.

k) Date: 2018 October 29
Topic: Urban Indigenous Health and the Role of Friendship Centres
From: Sylvia Maracle, Executive Director, Ontario Federation of Indigenous Friendship Centres
To: Ms. Joanne Vanderheyden, Chair, Board of Health, Middlesex-London Health Unit

Background:

On October 29, 2018, the Executive Director of the Ontario Federation of Indigenous Friendship Centres (OFIFC) wrote to Ms. Vanderheyden explaining the importance of building meaningful relationships between boards of health of public health units and Indigenous communities, including friendship centres. The OFIFC supported the development of the Relationship with Indigenous Communities Guideline, which is part of the Ontario Public Health Standards, and offers support to any public health unit in implementing the new requirement through engagements with friendship centres.

Recommendation:
Endorse and refer to staff.

l) Date: 2018 November 7
Topic: London's Temporary Overdose Prevention Site – OPHA Award Recipient
From: Robin Kang, Policy and Program Analyst, Ontario Public Health Association
To: Melissa McCann, Program Evaluator, Middlesex-London Health Unit

Background:
On November 7, 2018, Ontario Public Health Association (OPHA) notified Ms. McCann that London's Temporary Overdose Prevention Site was selected as the recipient of OPHA's 2018 Community Partner Award. This award recognizes the compassionate and empathetic approach staff have taken to reduce social and health inequities in the community. Staff from both Regional HIV/AIDS Connection and Middlesex-London Health Unit will attend the OPHA conference on November 14, 2018 to accept the award.

Recommendation:
Endorse.

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, October 18, 2018, 7:00 p.m.

MEMBERS PRESENT: **Ms. Joanne Vanderheyden, Chair**
Ms. Trish Fulton
Mr. Michael Clarke
Mr. Ian Peer
Ms. Tino Kasi
Mr. Jesse Helmer
Mr. Trevor Hunter
Mr. Marcel Meyer
Mr. Kurtis Smith

REGRETS: Ms. Maureen Cassidy

MEDIA: Andrew Graham, Fanshawe College student reporter

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Samuel DeKoven, Medical Student
Mr. Dan Flaherty, Communications Manager
Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network
Ms. Heather Lokko, Director, Healthy Start
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Maureen Rowlands, Director, Healthy Living
Ms. Debbie Shugar, Manager, Reproductive Health
Ms. Linda Stobo, Manager, Chronic Disease and Tobacco Control
Mr. Alex Tyml, Online Communications Coordinator

Chair Vanderheyden called the meeting to order at 7:00 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Vanderheyden inquired if there were any disclosures of conflicts of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Smith, seconded by Mr. Helmer, *that the **AGENDA** for the October 18, 2018 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the **MINUTES** of the September 20, 2018 Board of Health meeting be approved as amended.*

Carried

DELEGATIONS AND COMMITTEE REPORTS

Relocation Advisory Committee Meeting – *October 18, 2018*

Mr. Peer, as Chair of the Relocation Advisory Committee, introduced, provided context for, and summarized the following reports, which were considered at the October 18 Relocation Advisory Committee meeting:

Location Project – Demolition Decisions (Report No. 001-18RAC)

Mr. Peer reviewed the proposal to extend the elevator and replace the existing carpeting, and the costs associated with each item.

It was moved by Mr. Peer, seconded by Mr. Clarke, *that the Board of Health:*

1) *Receive Report No. 001-18RAC re: "Location Project – Demolition Decisions" for information;*
2) *Approve extension of the elevator to the basement and replacement of the existing carpeting at Citi Plaza; and*
3) *Direct staff to pursue all reasonable options to mitigate these costs.*

Carried

Decision-Making Matrix – Relocation Project (Report No. 002-18RAC)

Mr. Peer described how the decision matrix will assist in making decisions as they happen, at times rapidly, throughout the Relocation Project. Staff will keep the committee apprised of changes as they arise, as well as major decisions taken as they relate to the Relocation Project.

It was moved by Mr. Peer, seconded by Mr. Helmer, that *the Board of Health:*

1) *Receive Report No. 002-18RAC re: "Decision-Making Matrix – Relocation Project"; and*
2) *Approve the Decision-Making Matrix.*

Carried

Location Project Plan (Report No. 003-18RAC)

Mr. Peer drew the Board's attention to the timelines associated with the project, which will occur in two phases.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the Board of Health receive Report No. 003-18RAC re: "Location Project Plan" for information.*

Carried

The next Relocation Advisory Committee meeting will be held on November 15, before the Governance Committee and Board of Health meetings.

INFORMATION REPORTS

Submission to Environmental Registry Ontario on Bill 4: *Cap and Trade Cancellation Act 2018* (Report No. 066-18)

Dr. Mackie introduced and provided context for this report, advising that staff wanted to ensure Board members were aware of the Health Unit's submission to the Environmental Registry regarding the *Cap and Trade Cancellation Act.*

It was moved by Mr. Helmer, seconded by Mr. Clarke, *that the Board of Health receive Report No. 066-18 re: "Submission to Environmental Registry Ontario on Bill 4:* Cap and Trade Cancellation Act 2018*" for information.*

Carried

Prenatal Health Planning Initiative: Process, Recommendations, and Implications (Report No. 065-18)

Dr. Mackie introduced the report, and Ms. Lokko provided additional background information on the comprehensive process and research conducted to inform the report's recommendations. Ms. Lokko also noted that this initiative will assist in addressing health equity and inequities, shifting focus toward enhance programming for vulnerable populations through targeted programs, such as home visiting and smart start for babies.

Discussion ensued on the following items:

- What the targeted e-learning includes and how the online learning programs are structured.
- What the next steps in the implementation process will look like.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the Board of Health receive Report No. 065-18 re: "Prenatal Health Planning Initiative: Process, Recommendations, and Implications" for information.*

Carried

Middlesex-London Community Drug and Alcohol Strategy – A Foundation for Action (Report No. 061-18)

Dr. Mackie introduced this report and highlighted the large, collaborative effort that came together to produce and contribute to this report and its recommendations. Dr. Mackie introduced Ms. Rhonda Brittan, who played a key role in putting the report together and co-chairing the Community Drug and Alcohol Strategy (CDAS) working group.

Ms. Brittan described the strength of the partnership and outlined the work that went into the report.

Discussion ensued on the following items:

- The plan for implementation and how the outcomes will be measured.
- Where MLHU staff and CDAS committee members currently are at in terms of implementing some of the recommendations.
- To what extent the recommendations are time-bound and how the organizations involved will be able to support the work ahead financially.
- That the organizations involved in the CDAS should report on their metrics associated with the recommendations set out in this report.

It was moved by Mr. Clarke, seconded by Mr. Meyer, *that the Board of Health receive Report No. 061-18 re: "Middlesex-London Community Drug and Alcohol Strategy" for information.*

Carried

Support for Plain and Standardized Tobacco Products and Packaging (Report No. 062-18)

Dr. Mackie introduced the report. He then introduced Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network, who answered questions.

Discussion ensued on the larger federal tobacco strategy, pushback from the tobacco industry, whether changes to the draft regulations are expected, what regulations might look like, and the timeline for regulations to take effect.

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health receive Report No. 062-18 re: "Support for Plain and Standardized Tobacco Products and Packaging" for information.*

Carried

Summary Information Report for October (Report No. 063-18)

Dr. Mackie introduced and provided context for this report, noting that the expenditure outlined in this report went through an RFP process.

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the Board of Health receive Report No. 063-18 re: "Summary Information Report for October" for information.*

Carried

Medical Officer of Health/Chief Executive Officer Activity Report for October (Report No. 064-18)

It was moved by Mr. Peer, seconded by Mr. Smith, *that the Board of Health receive Report No. 066-18 re: "Medical Officer of Health Activity Report for October" for information.*

Carried

CORRESPONDENCE

It was moved by Mr. Clarke, seconded by Mr. Helmer, *that the Board of Health receive correspondence items a) through i), and endorse item c).*

Carried

OTHER BUSINESS

- Next Finance & Facilities Committee meeting: November 1, 2018 @ 9:00 a.m.
- Next Board of Health meeting: November 15, 2018 @ 7:00 p.m.
- Next Governance Committee meeting: November 15, 2018 @ 6:00 p.m.
- Next Relocation Project meeting: November 15, 2018

CONFIDENTIAL

It was moved by Mr. Meyer, seconded by Mr. Peer, *that the Board of Health approve the confidential minutes of the September 20, 2018 meeting.*

Carried

ADJOURNMENT

At 7:33 p.m., it was moved Mr. Meyer, seconded by Mr. Helmer, *that the meeting be adjourned.*

Carried

JOANNE VANDERHEYDEN
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, September 20, 2018, 7:00 p.m.

Committee Members Present:	**Mr. Trevor Hunter (Chair)** Ms. Joanne Vanderheyden Ms. Trish Fulton Mr. Kurtis Smith
Regrets:	Mr. Ian Peer
Others Present:	Dr. Christopher Mackie, Secretary-Treasurer Dr. Alexander Summers, Associate Medical Officer of Health Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder) Ms. Laura Di Cesare, Director, Healthy Organization Mr. Jordan Banninga, Manager, Program, Planning and Evaluation Ms. Kendra Ramer, Manager, Strategic Projects Ms. Nicole Gautier, Manager, Privacy, Risk and Governance Ms. Maureen Rowlands, Director, Healthy Living

At 6:56 p.m., Chair Hunter called the meeting to order.

DISCLOSURE OF CONFLICT(S) OF INTEREST

Chair Hunter inquired if there were any disclosures of conflicts of interest to be declared.

Mr. Hunter declared a conflict regarding item 4.2, and advised that Ms. Vanderheyden will take over as Chair when that agenda item is discussed and voted on.

APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Smith, *that the **AGENDA** for the September 20, 2018 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Fulton, seconded by Mr. Smith, *that the **MINUTES** of the June 21, 2018 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Ms. Di Cesare introduced the Committee to Ms. Kendra Ramer, Manager, Strategic Projects, and Ms. Nicole Gautier, Manager, Policy, Risk and Governance, who will be taking over the Governance portfolio.

4.1 Ad Hoc Committee – Location Project (Report No. 010-18GC)

Mr. Hunter introduced the report and provided context. He also described how the ad hoc Relocation Committee would be helpful to guide the Location Project through to completion.

Ms. Di Cesare added that this had been brought forward at the Finance & Facilities Committee as a verbal item earlier in the month.

Discussion ensued on the following items:

- Why the rules applied to this ad hoc committee in regard to committee composition were the same as those outlined in the Terms of Reference, and whether persons may participate who are not Board of Health members, such as community members or specialists.
- That if persons outside the Board were invited to participate on this committee, they should be ex-officio, non-voting members.
- Concern over striking the ad hoc committee now, and then repopulating it with new appointees in the new year.
- The difference, in terms of committee composition, between ad hoc committees and standing committees.

It was moved by Ms. Vanderheyden, seconded by Mr. Smith, *that the Governance Committee:*

1) *Receive Report No. 010-18GC re: "Ad Hoc Committee – Location Project"; and*
2) *Recommend that the Board of Health approve the creation of an Ad Hoc Committee and the Terms of Reference for this Committee (Appendix A).*

Carried

4.2 Board Development Activities (Report No. 009-18GC)

Ms. Vanderheyden took over as Chair at 7:10 p.m., as Chair Hunter had declared a conflict with regard to this item.

It was moved by Mr. Smith, seconded by Ms. Fulton, *that the Governance Committee:*

1) *Receive Report No. 009-18GC re: "Board Development Activities" for information; and*
2) *Recommend that the Board of Health approve the Leading Through Transition/Change Management session delivered by Your Latitude as a Board development opportunity.*

Carried

Mr. Hunter took over as Chair at 7:12 p.m.

4.3 Governance Policy Review (Report No. 008-18GC)

Chair Hunter introduced the report and walked the Committee through the following bylaws and policies. Ms. Ramer noted the key highlights of each policy, and discussion took place on some of them.

GB30 – Bylaw #3 [Section 6.3]

- Discussion ensued on electronic participation and voting in closed meetings under item 6.0 in the Board of Health bylaws.

G-205 – Financial and Organizational Accountability

- It was noted that a slight change in wording under "Procedure" was required.

G-290 – Standing and Ad Hoc Committees

- Discussion on the composition of the ad hoc committee and how long it will sit for (until the end of the Location Project). This is different from standing committees, which are re-elected at the start of each year.
- Whether the Finance & Facilities Committee Reporting Calendar has been approved or still needs go to FFC for approval.

G-340 – Whistleblowing

It was moved by Mr. Smith, seconded by Ms. Fulton, *that the Governance Committee:*

1) *Receive Report No. 008-18GC re: "Policy Review" for information; and*
2) *Recommend that the Board of Health approve the new and revised governance policies as outlined in Appendix A.*

Carried

OTHER BUSINESS

Next meeting: Thursday, November 15, 2018.

ADJOURNMENT

At 7:24 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Smith, *that the meeting be adjourned.*

Carried

TREVOR HUNTER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, November 1, 2018, 9:00 a.m.

MEMBERS PRESENT: Ms. Trish Fulton (Chair)
Mr. Jesse Helmer
Ms. Tino Kasi
Mr. Marcel Meyer
Ms. Joanne Vanderheyden

REGRETS: Dr. Christopher Mackie, Secretary-Treasurer

OTHERS PRESENT: Mr. Michael Clarke, Board of Health
Ms. Maureen Cassidy, Board of Health
Ms. Laura Di Cesare, Director, Healthy Organization
Ms. Lynn Guy, Executive Assistant (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Mr. Brian Glasspoole, Manager, Finance
Mr. Joe Belancic, Manager, Procurement and Operations
Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
Ms. Maureen Rowlands, Director, Healthy Living
Ms. Heather Lokko, Director, Healthy Start
Ms. Brooke Clark, PHN

Chair Fulton called the meeting to order at 9:03 a.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Fulton inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

Chair Fulton noted that item 4.7 would be moved to earlier on the agenda, immediately following 4.1, to accommodate staff schedules. She also advised that at approximately 9:20 a.m., the Committee would take a short recess to allow attendees to attend the Middlesex-London Health Unit and Regional HIV/AIDS Connection announcement at 9:30 a.m. in the Middlesex County Building.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the amended **AGENDA** for the November 1, 2018 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Vanderheyden, seconded by Ms. Kasi, *that the **MINUTES** of the September 6, 2018 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Q3 Financial Update and Factual Certificate (Report No. 038-18FFC)

Mr. Glasspoole introduced the report and provided additional context when necessary.

Discussion ensued on the following items:
• Limited revenue expected this year from oral health adult treatment.
• The technology budget, relating to a report reviewed by the FFC at its May 3 meeting.

It was moved by Ms. Kasi, seconded by Mr. Helmer, *that the Finance & Facilities Committee recommend that the Board of Health receive Report No. 038-18FFC re: "Q3 Financial Update and Factual Certificate" for information.*

Carried

It was moved by Ms. Kasi, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee approve the allocation of surplus to mitigate costs related to Relocation Project expenses and the Electronic Client Records project.*

Carried

4.2 Cyber Insurance (Report No. 039-18FFC)

Discussion ensued on the following items:
• Why the province isn't paying for all health units to be covered, and whether alPHa should be involved.
• Details on how the other two quotes compared to the one from Holman Insurance Brokers Ltd.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 039-18FFC re: "Cyber Insurance" for information.*

Carried

4.3 Location Project – Source of Financing (Report No. 040-18FFC)

Mr. Glasspoole noted that this was a fairly extensive process and highlighted some key points of the report. Ms. Di Cesare advised that the Province has been in contact and there is a meeting booked for next week.

Discussion ensued on the following items:
• Debt financing in general
• Clarification of the relationship between the Relocation Advisory Committee and the Finance & Facilities Committee.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee:*
1) *Receive Report No. 040-18FFC re: "Location Project – Source of Financing" for information; and*
2) *Recommend that the Board of Health approve the selection of the City of London as the lender for office fit-up.*

Carried

4.4 Enterprise Resource Planning – Financial System Update (Report No. 041-18FFC)

There was discussion about why the first round of requests for proposal (RFP) in 2017 yielded no bids. Mr. Belancic advised that it may have been the RFP's wording and/or the multiple requirements stipulated therein.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 041-18FFC re: "Enterprise Resource Planning – Financial System Update" for information.*

Carried

4.5 Mobile Device Services Contract Extension (Report No. 042-18FFC)

There was a brief discussion about why this report is being called an "extension" when it appears to be a new contract. Mr. Belancic and Ms. Di Cesare provided additional context and noted that there will be cost savings, over the contract's two years, of approximately $31,000.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 042-18FFC re: "Mobile Device Services Contract Extension" for information.*

Carried

4.6 Middlesex-London Health Unit Be Well Program Update (Report No. 043-18FFC)

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 043-18FFC re: "Middlesex-London Health Unit Be Well Program Update" for information.*

Carried

4.7 Proposed Resource Reallocation for the 2019 Budget (Report No. 044-18FFC)

Chair Fulton opened the floor to discussion, beginning with the subject of disinvestments.

Discussion ensued on the following disinvestment proposals:
• 1-001 reduction of staff for the Sexual Health Clinic. Mr. Turner assured the Committee that there should be no disruption to client services with the closure of the drop-in clinic. There will be a change in clinic hours, which will be communicated to clients.
• 1-004 Public Health Inspection Work. Mr. Turner noted that efficiencies have been found in the recommendations of the recent PHI review.
• Scoring was discussed briefly, including how the scores have changed since PBMA was introduced.

At 9:20 a.m., Chair Fulton asked for a motion to recess for the purpose of attending the MLHU/RHAC announcement. It was so moved by Mr. Meyer, seconded by Mr. Helmer.

Carried

At 9:57 a.m., Chair Fulton welcomed everyone back and asked for a motion to resume the meeting. It was so moved by Ms. Vanderheyden, seconded by Mr. Meyer. At this time, Ms. Cassidy joined the meeting and Chair Fulton provided her with an update on what had been covered on the agenda so far. Ms. Kasi did not return when the meeting reconvened.

Discussion ensued on the Electronic Client Records Investment Proposal. Mr. Turner noted that there is potential for bringing together public health, primary care, and acute care to allow for exchange of information across the healthcare system, but there are some logistical hurdles. The ECR that is noted here has the potential to allow health units to share data with each other. Mr. Clarke advised that Health Innovation funds are available, and that he will send the contact details to Mr. Turner for further exploration.

Discussion ensued on the following one-time investment proposals:
• 1-0024 Procurement Coordinator. Ms. Di Cesare provided additional details, noting that this position could be funded through savings and efficiencies in procurement process results, and that as such the recruitment process has begun.

• 1-0028 Vision Screening Coordinator. Ms. Rowlands advised that partnerships have been looked at and the Ivey Institute has offered free training. The Ministry has offered one-time funding for the purchase of equipment.

• 1-0035 Contract Epidemiologist. Dr. Summers noted that this extension is for the purpose of completing the Community Health Status Report. He mentioned that at this time he is not sure if a further extension will be required.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee approve Appendix A, PBMA Disinvestments totalling $390,727.*

Carried

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee approve Appendix B, PBMA Investments totalling $397,526.*

Carried

It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee approve Appendix C, PBMA One-Time Proposals totalling $140,784.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee approve Appendix D, outlining proposals not currently recommended for inclusion totalling $631,732.*

Carried

4.8 Great-West Life Benefits Renewal Update (Report No. 045-18FFC)

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee review and recommend that the Board of Health extend the current renewal period of the group insurance rates administered by Great-West Life as described in Report No. 045-18FFC re: "Great-West Life Benefits – Renewal Update."*

Carried

4.9 Enterprise Resource Planning – Human Capital Management Update (Report No. 046-18FFC)

Chair Fulton asked for Committee members to consider their questions vis a vis the potential need to go in camera.

Mr. Belancic advised that four bids have been received, which will be reviewed as soon as possible. In response to a question, Mr. Belancic noted that the contract would be for a minimum of five years and a maximum of ten, with an opt-out clause.

At 10:41 a.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities move in-camera to discuss matters regarding identifiable individuals.*

Carried

At 10:50 a.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities return to public session.*

Carried

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee:*

1. *Receive Report No. 046-18FFC re: "Enterprise Resource Planning – Update" for information;*
2. *Recommend that the Board of Health approve the outsourcing of payroll services; and*
3. *Recommend that the Board of Health approve the implementation of a comprehensive Human Resource Capital Management System within the financial parameters identified herein.*

Carried

OTHER BUSINESS

Next meeting: December 6, 2018.

ADJOURNMENT

At 10:53 a.m., it was moved by Mr. Meyer, seconded by Mr. Helmer, *that the meeting be adjourned.*

Carried

At 10:53 a.m., Chair Fulton *adjourned the meeting*.

TRISH FULTON
Chair

LAURA DI CESARE
Director, Healthy Organization

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 067-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 November 15

FINANCE & FACILITIES COMMITTEE MEETING – NOVEMBER 1

The Finance & Facilities Committee met at 9:00 a.m. on Thursday, November 1, 2018. A summary of the discussion can be found in the draft minutes.

Reports	Recommendations for Information and the Board of Health's Consideration
Q3 Financial Update and Factual Certificate **(Report No. 038-18FFC)**	It was moved by Ms. Kasi, seconded by Mr. Helmer, *that the Finance & Facilities Committee recommend that the Board of Health receive Report No. 038-18FFC re: "Q3 Financial Update and Factual Certificate" for information.* Carried It was moved by Ms. Kasi, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee approve the allocation of surplus to mitigate costs related to Relocation Project expenses and the Electronic Client Records project.* Carried
Cyber Insurance **(Report No. 039-18FFC)**	It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 039-18FFC re: "Cyber Insurance" for information.* Carried
Location Project – Source of Financing **(Report No. 040-18FFC)**	It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee:* *1) Receive Report No. 040-18FFC re: "Location Project – Source of Financing" for information; and* *2) Recommend that the Board of Health approve the selection of the City of London as the funder for office fit-up.* Carried
Enterprise Resource Planning – Financial System Update **(Report No. 041-18FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee:* *1) Receive Report No. 046-18FFC re: "Enterprise Resource Planning – Update" for information;* *2) Recommend that the Board of Health approve the outsourcing of payroll services; and* *3) Recommend that the Board of Health approve the implementation of a comprehensive Human Resource Capital Management System within the financial parameters identified herein.* Carried
Mobile Device Services Contract Extension **(Report No. 042-18FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 042-18FFC re: "Mobile Device Services Contract Extension" for information.* Carried

Middlesex-London Health Unit Be Well Program Update **(Report No. 043-18FFC)**	It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 043-18FFC re: "Middlesex-London Health Unit Be Well Program Update" for information.* Carried
Proposed Resource Reallocation for the 2019 Budget **(Report No. 044-18FFC)**	It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee approve Appendix A, PBMA Disinvestments totalling $390,727.* Carried It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee approve Appendix B, PBMA Investments totalling $397,526.* Carried It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee approve Appendix C, PBMA One-Time Proposals totalling $140,784.* Carried It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee approve Appendix D, outlining proposals not currently recommended for inclusion totalling $631,732.* Carried
Great-West Life Benefits Renewal Update **(Report No. 045-18FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee review and recommend that the Board of Health extend the current renewal period of the group insurance rates administered by Great-West Life as described in Report No. 045-18FFC re: "Great-West Life Benefits – Renewal Update."* Carried
Enterprise Resource Planning – Human Capital Management Update **(Report No. 046-18FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee:* *1) Receive Report No. 046-18FFC re: "Enterprise Resource Planning – Update" for information;* *2) Recommend that the Board of Health approve the outsourcing of payroll services; and* *4) Recommend that the Board of Health approve the implementation of a comprehensive Human Resource Capital Management System within the financial parameters identified herein.* Carried

The Committee's next meeting will be on Thursday, December 6, at 9:00 a.m., in Room 3A, 50 King Street.

This report was prepared by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 068-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 November 15

THE *SMOKE-FREE ONTARIO ACT, 2017* – CHANGES TO CANNABIS, VAPING, AND SMOKING LAWS IN ONTARIO

Recommendation

It is recommended that the Board of Health receive Report No. 068-18 re: "The* Smoke-Free Ontario Act, 2017 *– Changes to Cannabis, Vaping, and Smoking Laws in Ontario" for information.

Key Points

- On October 17, 2018, Bill 36, the *Cannabis Statute Law Amendment Act, 2018* received Royal Assent to support the provincial government's plan to privatize cannabis retail sales and to regulate the use of cannabis under the *Smoke-Free Ontario Act, 2017*.
- Public health agencies across Ontario have expressed concern that the promotion of vapour products has not been banned within retailers that are accessible to minors.
- Health Unit staff will continue to work with municipal partners and community stakeholders to address shared concerns regarding the normalization of cannabis use and vaping, second-hand smoke exposure, and unintentional impairment.

Background

On October 17, cannabis was legalized in Canada. While there are potential health implications related to cannabis use, prohibition has not been effective in curbing use, nor in reducing these harms. Moreover, the criminalization of cannabis use has had a significant negative impact on many people, disproportionately affecting those facing systemic disadvantages. Legalization and regulation of cannabis is consistent with established public health approaches. The federal government has legalized non-medical cannabis; however, each province has developed its own unique rules on cannabis, including where it can be consumed, the minimum age of possession, and where it can be purchased.

Ontario's Cannabis Legislative Framework

At the July Board of Health meeting, Report No. 048-18 outlined the government's decision to delay implementation of the *Smoke-Free Ontario Act, 2017* (SFOA 2017) to allow for reexamination of evidence related to vaping as a cessation tool. On September 27, the Government of Ontario introduced new legislation to support their plan to privatize cannabis retail sales and to regulate the use of cannabis. Bill 36, the *Cannabis Statute Law Amendment Act, 2018* outlined amendments to several Ontario statutes, including the SFOA 2017 and its regulation, the *Cannabis Act*, 2017, the *Ontario Cannabis Retail Corporation Act*, and many others. The proposed changes to Regulation 268/18 under the SFOA 2017 were posted to the regulatory registry on September 27, with a deadline for comment of Monday, October 8. The Health Unit's submission for government consideration is attached as Appendix A. On October 17, 2018, Bill 36 received Royal Assent and came into effect.

Ontario Rules for Possession and Privatization of Cannabis Retail Sales

The minimum age for possession, consumption, and purchase of cannabis in Ontario is 19 years of age. In alignment with Canadian legislation, an adult in Ontario can have a maximum of 30 grams (about one

ounce) of dried cannabis, or equivalent, in public at any time, and up to four plants per residence (not per person) may be grown. The Ontario Cannabis Retail Corporation, operating as the Ontario Cannabis Store (OCS), is a crown agency established under the *Ontario Cannabis Retail Corporation Act, 2017*. On October 17, the OCS became operational, providing Ontarians 19 and older with access to non-medical cannabis through the online store. All cannabis products available for sale by the OCS are sourced from producers licensed by Health Canada. By April 1, 2019, privatized retail storefronts will become operational under a robust provincial licensing system implemented and enforced by the Alcohol and Gaming Commission of Ontario (AGCO), with all products sourced from the OCS as the exclusive wholesale distributor. The Government of Ontario has indicated that there will not a be a cap on the number of licenses issued provincially; however, there will be a cap on the number of store licenses that a licensed operator can hold to limit the volume of market share per operator. The AGCO is well positioned to regulate the operators and stores selling cannabis, and will be the retail regulatory authority. Provincial guidelines will be set related to store siting and store operations, including a fifteen-day public notice/community consultation process to provide community and municipal input on store sites, and a buffer/set-back from schools. The deadline for municipalities and First Nations communities to opt out from retail sales is January 22, 2019.

Enactment of the *Smoke-Free Ontario Act, 2017*

The SFOA 2017 will regulate the smoking and vaping of cannabis (medical and non-medical) by restricting its use in places where tobacco use is already prohibited. In addition, the SFOA 2017 will ban the use of all vapour products (e-cigarettes) in the same places where tobacco and cannabis use is prohibited. Individuals will not be able to consume cannabis (smoking, vaping, eating) in a vehicle or boat that is being driven or is at risk of being put into motion, and smoking tobacco and the use of e-cigarettes is banned in a vehicle with a passenger under the age of 16. A summary of these prohibitions can be found in Appendix B.

Public Health Considerations

The SFOA 2017 prohibits the display of vapour products in places where such products are sold or offered for sale; however, the legislation does not prohibit the promotion of vapour products using posters and large exhibits in retailers that are accessible to minors, such as convenience stores, gas-station kiosks, and grocery stores. The Association of Local Public Health Agencies (alPHA) submitted a letter to the Minister of Health and Long-Term Care (Appendix C) to express concern about pervasive marketing tactics and the mixed messages that young people are receiving about vaping and nicotine-infused vape liquids.

Additionally, allowing cannabis to be consumed wherever tobacco can be consumed raises concerns regarding the risk of normalization, second-hand smoke exposure, and unintentional impairment. Municipalities may choose to develop bylaws to enact additional restrictions that exceed provincial legislation. Health Unit staff intend to convene a meeting with representatives from municipalities across Middlesex-London later this year to review the SFOA 2017 and its employer/proprietor obligations, to collate education, signage, and enforcement needs, and to identify how we may best work together to address those public spaces of shared concern not covered under the provincial smoking and vaping laws.

This report was prepared by the Healthy Living Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / Chief Executive Officer

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Appendix A to Report No. 068-18

Comments on the Proposed Changes to the *Smoke-Free Ontario Act, 2017* Regulation 268/18

The *Smoke-Free Ontario Act, 2017 (SFOA 2017)* received Royal Assent on December 12th, 2017 and is scheduled to come into force on a day to be proclaimed by the Lieutenant Governor. The Government proposes a date of effect of October 17th, 2018. Once in force, *SFOA 2017,* will repeal the current *Smoke-Free Ontario Act* and *Electronic Cigarettes Act, 2015,* and replace them with a single legislative framework to regulate tobacco products and vapour products.

Introduced on September 27th, 2018, Bill 36, *Cannabis Statute Law Amendment Act, 2018* proposes to amend several Ontario statutes, including *SFOA 2017* and the *Cannabis Act, 2017,* to make the *SFOA 2017* apply to the consumption of cannabis, both medical and recreational (non-medical).

Middlesex-London Health Unit - Comments on the Proposed Amendments to Regulation 268/18:

Sect. of Reg	Proposed Change	Potential Impact	Public Health Consideration
1. (2)	Added a clause that specifies that the restrictions on the display and handling of tobacco products prior to purchase does not apply to "brands of a substance" that contains tobacco and that is intended exclusively for use in vapour products.	Permits "heat not burn" vapourizers to be on display and handled prior to purchase. The tobacco sticks that are used within the vapourizers cannot be on display or handled prior to purchase.	Evidence suggests that there is a positive association between exposure to point of sale tobacco promotion and increased smoking. For example, in the U.S., point-of-sale displays have been demonstrated to increase sales by 12 to 28% [i]. This same principle can be applied to the promotion of e-cigarette products. Further, most retailers that sell "heat not burn" vapourizers are frequented by children and youth (e.g. convenience stores, gas station kiosks, etc.), exposing young customers to vapour products on display at retail and in reach of young customers, increasing product normalization and youth access. Display and promotion of e-cigarettes at all vendors will continue to support youth uptake of e-cigarette use. There is substantial evidence that the use of vapour products by youth and young adults increases their risk of initiating combustible tobacco (cigarette) smoking over time [ii].
7(3)(c)	Veterans organizations and Legions are permitted to allow smoking tobacco on their uncovered patios, if	Updates the legislation to include the prohibition on non-medical cannabis use. The proposed regulatory	Legions and Veterans organizations tend to operate restaurants, bars and public halls that service and cater to many

	the patio was established prior to November 18, 2013, and if e-cigarette use and smoking and vaping of cannabis is strictly prohibited.	change maintains the exemption that was previously provided to Veterans organizations and Legions.	members of the community. Hospitality workers, volunteers and patrons (may be all ages) are not being protected from second-hand tobacco smoke exposure due to the exemption. There is no safe level of exposure to second-hand smoke [iii].
21	Added a clause that specifically allows "heat not burn" vapour products to be on display prior to purchase and are exempt from restrictions on promotion and advertising as long as it is not packaged with a tobacco product/tobacco sticks.	Permits "heat not burn" vapourizers to be on display, handled prior to purchase and can be promoted in the stores as long as the tobacco sticks are packaged separately.	Most retailers that sell the "heat not burn" vapourizers are frequented by children and youth (e.g. convenience stores, gas station kiosks, etc.), exposing young customers to vapour products on display at retail and in reach of young customers, increasing product normalization and youth access.
22	All vapour products can be on display, handled prior to purchase, and promoted in the stores as long as they comply with federal *Tobacco and Vaping Products Act (Canada).*	The federal legislation's regulations only restrict advertising that is appealing to young persons, promotes a "lifestyle", or is tied to an event, person, entity, activity or permanent facility. The federal regulations will be difficult to enforce at retail due to the subjective nature of the parameters that have been assigned to vapour product advertising. There are no rules to limit the use of vapour products, 3D exhibits, branded vapour accessories and promotional materials to normalize vapour products and promote sales.	Evidence suggests that there is a positive association between exposure to point of sale tobacco promotion and increased smoking. For example, in the U.S., point-of-sale displays have been demonstrated to increase sales by 12 to 28% [i]. This same principle can be applied to the promotion of vapour products. Most retailers that sell vapour products are frequented by children and youth (e.g. convenience stores, gas station kiosks, etc.). Vapour products (e.g. Juul, Vapur, Vype, etc.) will continue to be promoted extensively at retail using displays, 3D exhibits, and other promotional material and in reach to customers. Display and promotion of e-cigarettes at all vendors will continue to support youth uptake of e-cigarette use. There is substantial evidence that the use of vapour products by youth and young adults increases their risk of initiating combustible tobacco (cigarette) smoking over time [ii]. The role vapour products play in initiating cannabis use among

			youth is not clear, however, it should be noted that over one quarter (28%) of those who had used cannabis in 2017 reported using a vaporizer to consume cannabis including 33.0% of youth aged 15–24 [iv]. Several provinces including New Brunswick and Nova Scotia have already banned visible vapour product displays at retail outlets.
23	The Tobacco Manufacturer exemption to the display and promotion rules remain in effect. The exemption that had previously been included for Vapour Product Manufacturers has been revoked.	The amendment to this section of the regulations supports the removal of the section that permitted exemptions to the display and promotion rules for vapour product manufacturers. This section is not required since there are no proposed restrictions on display, handling prior to purchase and the promotion of vapour products.	The exemption being proposed to exclude vapour products from a ban on the display, promotion and handling prior to purchase restrictions that are in place for tobacco products may require more careful review.
32	Within a specialty vape shop, no more than two persons may sample a vapour product by using an electronic cigarette at the same time (turning it on, and inhaling and exhaling, creating a vapour). The device must be their own to sample a product, or if supplied by the vape shop, a fresh one-time disposable mouthpiece must be used for sampling. The electronic cigarette must not contain cannabis, tobacco or a controlled substance.	Specialty vape shops shall not permit a person who is less than 19 years old to enter; therefore, those are in the store being exposed to vapour are of legal age. The limit of 2 people testing at one time means specialty vape shops will be prohibited from operating vape lounges and establishes limits on the amount of vapour that patrons and employees will be exposed to at one time. Reusing e-cigarettes while only requiring a new one-time use mouthpiece is a public health concern. Saliva is able to transfer disease to another mouth	This proposed change provides enforcement authority to public health units to pursue enforcement action against those employers/proprietors operating illegal vape lounges/consumption lounges. The proposed regulations limit the amount of vapour that employees and patrons will be exposed to in an indoor, retail environment; however, the long-term health effects associated with vapour exposure are not yet known. Within a vape shop, allowing customers to activate an e-cigarette, while only limiting two customers to sample the products (inhale/exhale) may not be manageable, for both the retailers and public health units attempting

		with samples of tuberculosis, Neisseria meningitidis, Herpes simplex, Helicobacter pylori, Shigella sonnei and Salmonella infantis [v]. Beyond the single use mouth piece, there needs to be a cleaning and disinfection process for all surfaces where saliva is present. It is not recommended for an e-cigarette to be shared between customers.	to conduct youth access inspections. Due to the risks associated with infectious disease transmission, the proposed regulations on the requirement for a new one-time single use mouthpiece requires further review.
37	The proposed changes intended to prohibit any method of cannabis consumption (e.g. smoking, vaping, ingestion) in a vehicle or boat that is being driven or under a person's care or control, subject to exemptions, which include medical cannabis users being able to use medical cannabis as long as it is isn't vaped or smoked. There is an exemption to this prohibition that would permit passengers to consume medical cannabis in non-smoked and non-vaped form.	This section of the *Act* and Regulations intends to address concerns related to drug-impaired driving and exposure to second-hand smoke and vapour. The exemption to passengers using non-smoked and non-vaped cannabis puts cannabis in close proximity to the operator of the vehicle, which may cause distraction to the driver, or may influence the driver to use cannabis due to close proximity.	This section of the *Act* and the Regulations requires further review to consider the potential unintended consequences of medical cannabis use in non-smoked/non-vaped form by a passenger in a vehicle.
Sect. 12 of the *SFOA 2017*	The legislation intends to prohibit the non-medical smoking and vaping of cannabis in all places where tobacco use is prohibited under the *SFOA 2017*.	The smoking of tobacco, the use of e-cigarettes and the smoking and vaping of cannabis, whether or not it is used for medical purposes, will be under one single legislative framework. Compliance tends to increase when the rules are consistent; consistency in rules increases understanding and awareness, while also supporting enforcement.	Allowing cannabis to be consumed wherever tobacco can be consumed raises concerns regarding the risk of normalization, second-hand smoke exposure and impairment. Smoke from cannabis is similar to that of tobacco, containing fine particles, cancer causing compounds, volatile organic chemicals, carbon monoxide and heavy metals. There is no safe level of exposure to second hand smoke [vi].

		Common Areas of Multi-Unit Housing Under the *SFOA 2017,* tobacco smoking, the use of e-cigarettes and the smoking and vaping of cannabis will be prohibited in common areas of multi-unit housing. Multi-unit housing providers, if they so choose, can regulate smoking and cannabis use inside private units through smoke-free clauses in a lease. Housing providers may choose to establish an outdoor designated smoking/vaping area to support compliance with smoke-free/vape-free policy within individual units.	**Risk of Normalization** Children tend to copy what they observe and are influenced by normality of any type of smoking around them. From the lessons learned from tobacco and alcohol, normalization of cannabis use could lead to increases in rates of cannabis use [iii,vii,viii]. **Second-hand Smoke** Allowing smoking and vaping of cannabis in public places increases the exposure of second-hand smoke to the public. Just like tobacco, cannabis can produce harmful smoke and can negatively affect the health of people exposed (e.g. sidewalks, entranceways to buildings, parking lots). **Impairment** Cannabis impairment can have side effects including paranoia, panic, confusion, anxiety, and hallucinations. Public safety and unintended exposure related to cannabis impairment should be considered [ix]. **Housing** Ontario's *Cannabis Act, 2017* had originally limited non-medical cannabis to private dwellings, which was a public health concern because there is no safe level of exposure to second-hand smoke inside the home, whether it is from tobacco or cannabis. The proposed changes allow for outdoor consumption of cannabis, which will enable public health units to work with housing providers on smoke-free policy that incorporates tobacco and cannabis use. **Enforcement** Tobacco Enforcement Officers within public health units are

			well-positioned to enforce the new regulations related to public consumption; however, existing funding levels may impact enforcement capacity.

General Comments for Consideration

- Given some of the possible challenges in trying to enforce some of the amendments named under the *SFOA, 2017*, it is recommended that consistent, province-wide messaging be designed and implemented to increase community awareness about the changes to the law that will come into effect. Voluntary compliance increases when policy change is supported with a comprehensive, province-wide education campaign.
- Given the potential harms associated with cannabis use, a comprehensive province-wide education campaign that addresses the health risks of cannabis use and drug-impaired driving could help to mitigate these risks.
- It is anticipated that there will be an increase in call volume to Health Unit complaint lines requesting information and enforcement support to address the use of cannabis and e-cigarettes in places that are now prescribed under Regulation 268/18. Dedicated public health unit funding is required to support education, population health surveillance and enforcement-related activities.
- The Government may wish to take a precautionary approach to flavoured vapour products by prohibiting flavours that are attractive to youth (e.g., unicorn vomit, candy-flavours, and fruit).
- Consider adding herbal (non-tobacco) shisha as a prescribed product under the SFOA, 2017. Herbal shisha smoking in enclosed places poses a health risk to both the user and bystanders.

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For more information, and/or if you wish to discuss our comments for consideration, please contact:

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Appendix B to Report No. 068-18

Updated Summary of Regulatory Changes under the *Smoke-free Ontario Act 2017* - Places of Use – October 2018

Topic/Regulation	OLD Legislation *Smoke-free Ontario Act/ Electronic Cigarettes Act*	*NEW* Legislation *Smoke-free Ontario Act 2017*	Impact on Municipal Bylaws
Products Prohibited for Use in Prescribed Places	Smoke or hold lighted tobacco under the old *Smoke-free Ontario Act*	• Smoke or hold lighted tobacco • Smoking or vaping of cannabis • Use an electronic cigarette or vapour product	Smoking Near Recreation Amenities in City Parks and Entrances to Municipal Buildings Bylaw – current definition includes smoke or hold lighted tobacco Municipality of Strathroy-Caradoc Bylaw to Regulate and Prohibit Smoking Near Municipally-Owned Buildings – current definition includes smoke or hold lighted tobacco Township of Lucan Biddulph Smoke-Free Municipal Spaces Bylaw – current definition includes carrying of lighted cigarettes, cigars, pipes or any other lighted smoking equipment whether or not it contains tobacco, including e-cigarettes, vaporizers cannabis and hookah pipes
Smoking/Vaping Prohibition on School Grounds	A school as defined in *The Education Act* – no smoking or holding lighted tobacco on school property	A school as defined in *The Education Act:* • No smoking or holding lighted tobacco, **no vaping, or no smoking or vaping of cannabis on school property** • **No smoking or holding lighted tobacco, no vaping, or no smoking**	Bylaws are silent on the issue of school property

		or vaping of cannabis at public areas within 20 m of any point on the perimeter of a school	
Smoking/Vaping Prohibition on Children's Playgrounds and Play Areas	• Children's playgrounds • Public areas within 20m of any point of the perimeter of a children's playground	• No change in definition of the prohibited area • Inclusion of **smoking or vaping of cannabis and use of an electronic cigarette**	City of London - these regulations will continue to supersede outdoor smoking bylaw by extending the prohibition to 20m (from 9 m) Strathroy-Caradoc – bylaw is silent on playgrounds Lucan-Biddulph – exceeds provincial legislation, banning the use on all municipally-owned property, including parking lots, public places, recreational sports fields, trails, paths or on any land owned or rented / leased by the township, and includes cannabis and hookah
Smoking/Vaping Prohibition for Sporting Areas	• Sporting areas • Spectator areas • Public areas within 20m of any point on the perimeter of a sporting area or spectator area.	• No change in definition of the prohibited area • Inclusion of **smoking or vaping of cannabis and use of an electronic cigarette**	City of London - these regulations will continue to supersede outdoor smoking bylaw by extending the prohibition to 20m (from 9 m) Strathroy-Caradoc – bylaw is silent on sports fields and spectator areas Lucan-Biddulph – exceeds provincial legislation, banning the use on all municipally-owned property, including parking lots, public places, recreational sports fields, trails, paths or on any land owned or rented / leased by the

			township, and includes cannabis and hookah
Smoking/Vaping Prohibition on Community Recreational Facilities Property	• No provincial regulations	• **The outdoor grounds of a community recreation facility and public areas within 20m of any point on the perimeter of the grounds.** • **Includes community recreational facilities owned by the province, municipalities, and/or organizations that are a registered charity or a "not-for-profit" organization** • **Inclusion of smoking or vaping of cannabis and use of an electronic cigarette**	City of London - these regulations will supersede outdoor smoking bylaw by extending the prohibition to **20m of any point on the perimeter of the grounds** (was 9 m from entrance of municipally-owned building), and will capture community recreational facilities previously excluded in the bylaw Strathroy-Caradoc – these regulations will supersede the bylaw by extending the prohibition to **20m of any point on the perimeter of the grounds** (was 20 m from perimeter of a municipally-owned building), and will capture community recreational facilities previously excluded in the bylaw Lucan-Biddulph – these regulations will supersede the bylaw by extending the prohibition to **20m of any point on the perimeter of the grounds** and will capture community recreational facilities previously excluded in the bylaw
Smoking/Vaping Prohibitions on Restaurant and Bar Patios	• Restaurant and bar patios, which by definition included areas of outdoor fairs and festivals	• Restaurant and bar patios • **Public areas within 9m of any point on the perimeter of a restaurant or bar patio**	Municipal bylaws are silent on the issue of bar and restaurant patios specifically.

	• Legions and Veterans organizations could continue to operate and allow smoking and holding of lighted tobacco on uncovered patios	• Inclusion of smoking or vaping of cannabis and use of an electronic cigarette • **Legions and Veterans organizations can continue to operate and allow smoking and holding of lighted tobacco on uncovered patios and e-cigarette use; however, they cannot allow the smoking and vaping of cannabis.**	
Smoking/Vaping Prohibitions on Hospital Property	• Smoking or holding of lighted tobacco on hospital property	• No change in definition of the prohibited area • Inclusion of **smoking or vaping of cannabis and use of an electronic cigarette**	Municipal bylaws are silent on the issue of hospital property
Smoking/Vaping Prohibitions on Long-Term Care property	• Smoking or holding of lighted tobacco within 9m of entrance to a long-term care facility	• No change in definition of the prohibited area • Inclusion of **smoking or vaping of cannabis and use of an electronic cigarette**	Municipal bylaws are silent on the issue of hospital property

Appendix C to
Report No. 068-18

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

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

October 22, 2018

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

Dear Minister Elliott,

Re: Vapour Products Display and Promotion

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to express concerns about the proliferation of the promotion and display of vapour products.

While research is accumulating that shows vaping is less harmful than smoking tobacco, this same research shows that vaping still does introduce poisonous substances into the body. Vaping causes inflammation and has negative health impacts in a similar way to smoking tobacco.

Ontario has seen an increase in youth vaping over the past two years. This will likely continue without strict prohibitions on their promotion and marketing. We are concerned that without this action young people will be seriously harmed. The provisions that already exist within the legislation need to be strengthened and enforced.

With the recent proliferation of billboards, point-of-sale promotions and other ads for vapour products visible to children and youth in our communities, the restrictions on display and promotion under the Smoke-Free Ontario Act, 2017and Regulation 268 have fallen demonstrably short of their intentions.

Section 4.1 of the Smoke-Free Ontario Act, 2017 clearly prohibits the display and promotion of vapour products in any place where vapour products are sold or offered for sale, except in accordance with the regulations (RSO 2018, c. 12, Sched. 4, s. 3). Regulation 268 sets out exemptions from this section for tobacconists, specialty vape shops, cannabis retailers and manufacturers, but not for other types of retailers that are accessible to minors such as convenience stores.

We were therefore surprised to see the following clarification in an October 17, 2018 memo regarding the amended Act and implementation supports issued by the office of the Assistant Deputy Minister, Population and Public Health Division (emphasis added):

> "Retailers that are not specialty vape stores (e.g., convenience stores) cannot display vapour products, and *can only promote* vapour products if the promotion complies with federal law".

This sends a mixed message that is in our estimation is not in keeping with measures that are built into the legislation to ensure that minors are not exposed to marketing and promotion of vapour products.

The appeal and popularity of these products among children and youth is well established, and there can be no argument that the wide array of available baked-goods and candy-flavoured vape juices are aimed at a younger demographic. Our concerns are magnified by the increasing availability of addictive nicotine-infused vape liquids in the Ontario market.

The predatory marketing tactics of tobacco companies – especially as they relate to enticing young people - were recognized decades ago and the effectiveness of banning their display and promotion has been clearly demonstrated. Allowing the manufacturers of vapour products (many of which are also tobacco companies) to engage in those same predatory tactics is a leap backwards for public health in general and a threat to children, in particular. We therefore strongly urge you to ensure that the restrictions on promotion and display of vape products that are built in to the Smoke-Free Ontario Act and its regulations are reinforced.

I would be pleased to meet with you to discuss our positions in more detail. Please contact Loretta Ryan, Executive Director, alPHa at 647-325-9594 or loretta@alphaweb.org to make arrangements for a meeting.

Yours sincerely,

Dr. Robert Kyle,
alPHa President

Dr. Chris Mackie
Chair, COMOH

COPY: Robin Martin, Parliamentary Assistant, MHLTC
Effie Triantafilopoulos, Parliamentary Assistant, MHLTC
Helen Angus, Deputy, MHLTC
Dr. David Williams, Chief Medical Officer of Health
Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch
Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch
Loretta Ryan, Executive Director, alPHa

Enclosed: A photo taken October 2018 of a billboard advertising vaping located at Yonge Dundas Square. The ad fronts onto both Yonge Street and the square and it is the length and width of the building. This is located immediately across from a movie theatre that features many child-friendly films.


VYPE ePEN 3
"GENIUS.
CLICK & VAPE."
19+
VYPE PRODUCTS MAY BE HARMFUL TO HEALTH AND CONTAIN NICOTINE WHICH IS ADDICTIVE. ONLY FOR ADULTS WHO HAVE REACHED THE LEGAL AGE TO PURCHASE VAPING PRODUCTS. READ LEAFLET IN PACK. THE TRADEMARKS AND LOGOS DISPLAYED ARE TRADEMARKS OF THEIR RESPECTIVE OWNERS. ALL RIGHTS RESERVED.
vype
AVAILABLE AT GOVYPE.CA AND
THESE LEADING RETAILERS
CIRCLE K
7 ELEVEN
CHOIR!CHOIR!CHOIR
Tragically Hip

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 069-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 November 15

2017–18 INFLUENZA SEASON IN MIDDLESEX-LONDON – FINAL REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 069-18 re: "2017–18 Influenza Season in Middlesex-London – Final Report" for information.

Key Points

- The 2017–18 influenza season was the most substantial in recent years, with 870 laboratory-confirmed cases, 464 hospitalizations, 44 deaths, and 71 confirmed influenza outbreaks in facilities.
- Both influenza A (H3) and influenza B were prominent during the 2017–18 influenza season, and circulated throughout the season.
- The Health Unit began distributing influenza vaccine for the 2018–19 season to healthcare providers in early October.

Overview

This report provides the final analysis of the 2017–18 influenza season, the most substantial in recent years (Table 1). A total of 870 laboratory-confirmed cases of influenza were reported to the Health Unit during the 2017–18 season. As with every influenza season, many more people were likely infected with influenza, but did not have laboratory testing performed and so were not reported to the Health Unit. A graph showing when laboratory-confirmed cases occurred is provided in Appendix A (Figure 1).

Table 1: Influenza Cases, Middlesex-London, Influenza Seasons 2013–14 through 2017–18

	2013–14	2014–15	2015–16	2016–17	2017–18
Laboratory-confirmed cases	407	381	489	480	**870**
Hospitalizations	206	161	197	258	**464**
Deaths	17	14	19	16	**44**
Outbreaks	19	40	12	40	**71**

Middlesex-London cases ranged in age from 6 weeks to 102 years old; more than one-half (53%, 464/870) of laboratory-confirmed cases were hospitalized. Those aged 65 years and over accounted for 60% (523/870) of all cases and 70% (325/464) of hospitalizations. There were 44 deaths reported among individuals with laboratory-confirmed influenza, all among those 50 years of age and over.

Influenza Outbreaks

There were 71 influenza outbreaks declared in Middlesex-London facilities during the 2017–18 season; 40 (56%) in long-term care homes, 18 (25%) in hospitals, and 13 (18%) in retirement homes. The duration of influenza outbreaks ranged from 4 to 35 days, with an average of 13 days. Influenza A was identified in 34 (48%) outbreaks and influenza B was identified in 30 (42%) outbreaks; there were seven outbreaks where

both influenza A and B were identified. A graph showing when influenza outbreaks occurred is provided in Appendix A (Figure 2).

Median immunization coverage rates of staff at long-term care homes and hospitals in Middlesex-London and in Ontario are shown in Appendix A (Figure 3). In general, immunization coverage rates of staff in Middlesex-London hospitals was comparable to the province as a whole; local coverage rates for staff in long-term care homes was lower compared to median rates for all Ontario.

Timing of the Season and Strain Typing

The influenza season typically occurs from October to April. In the 2017–18 season, influenza activity peaked in late December 2017 and January 2018. The first confirmed influenza case was reported on October 4, 2017, with onset of symptoms on September 25, 2017 (Appendix A, Figure 1). Influenza activity continued until May 2018, with the last case reported on May 23, 2018. Of the 870 laboratory-confirmed cases in Middlesex-London, 50% (435/870) were influenza B, 49% (429/870) were influenza A, and 0.7% (6/870) were infected with both influenza A and B at once. This season was unique in that both influenza A and influenza B circulated at the same time; in previous seasons, influenza B has tended to circulate later in the season than influenza A. As well, the number of cases attributed to influenza A and influenza B was fairly evenly split, whereas in previous seasons only one strain tended to predominate.

Influenza Immunization

Distribution of influenza vaccine for the 2018–19 season has begun. New for this season is quadrivalent influenza vaccine, which offers protection against two strains of A and two strains of B, and is available to everyone aged 6 months and over. In previous seasons, quadrivalent vaccine was available only to those aged 6 months through 17 years. As well, high-dose trivalent vaccine, offering enhanced protection against two A strains and one B strain, is available for those aged 65 and over. The high-dose trivalent vaccine is being recommended for clients at high risk for influenza and associated complications. The Health Unit is promoting receipt of influenza vaccine at healthcare provider offices and pharmacies, and is offering influenza vaccine during its regularly scheduled Immunization Clinics.

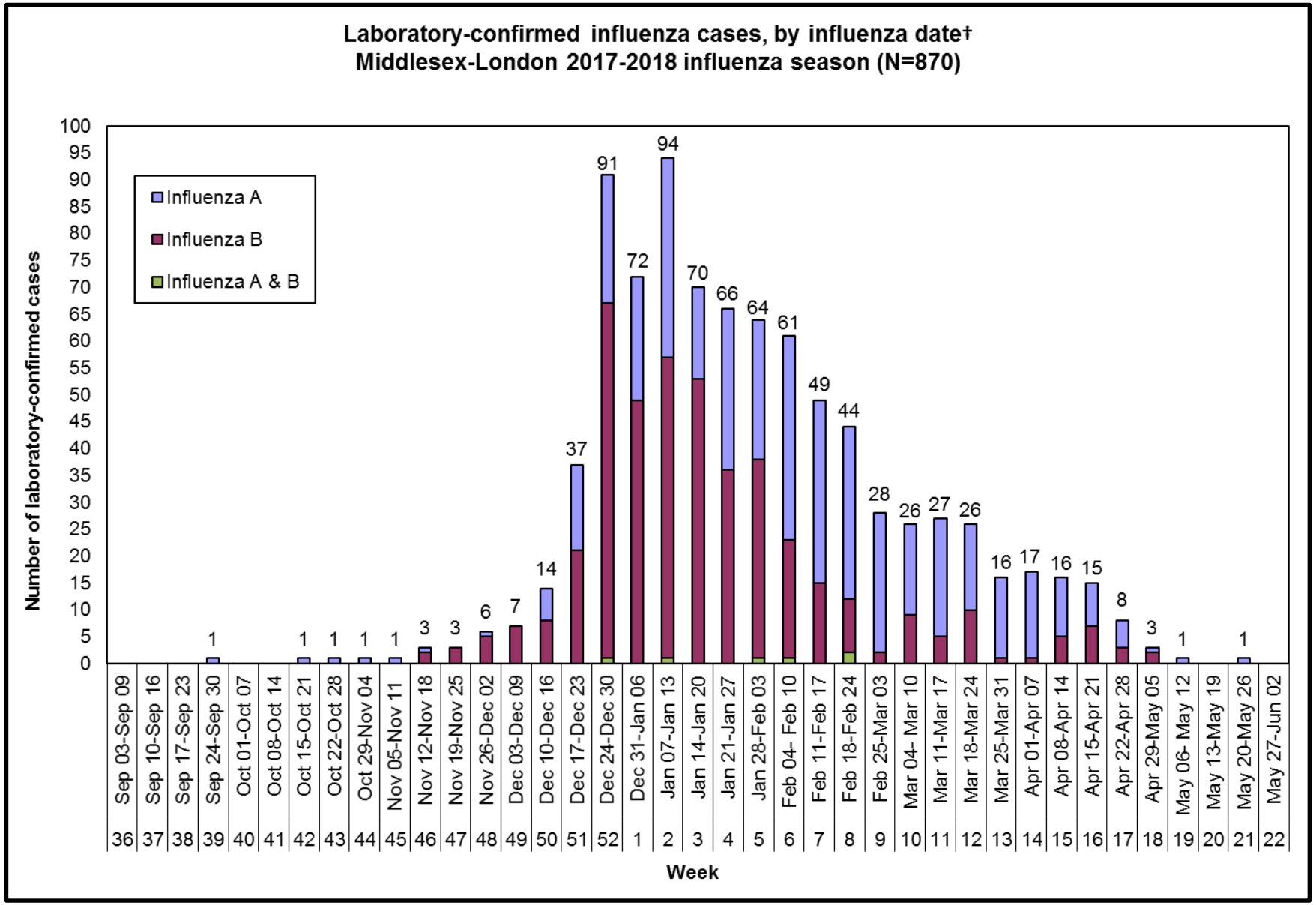
Conclusion

Confirmed cases, hospitalizations, and deaths reported during the 2017–18 influenza season were the highest numbers reported in recent years. Cases were reported from October 2017 to May 2017, with peak activity occurring in late December and January. Both influenza A and B circulated at the same time, and each accounted for approximately half of all cases. The Health Unit continues to encourage yearly influenza vaccination to reduce the risk of influenza infection in the community for the 2018–19 season.

This report was prepared by the Environmental Health and Infectious Disease Division and the Office of the Associate Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

Figure 1



† Influenza date is the earliest of onset date, specimen collection date or reported date.

Figure 2

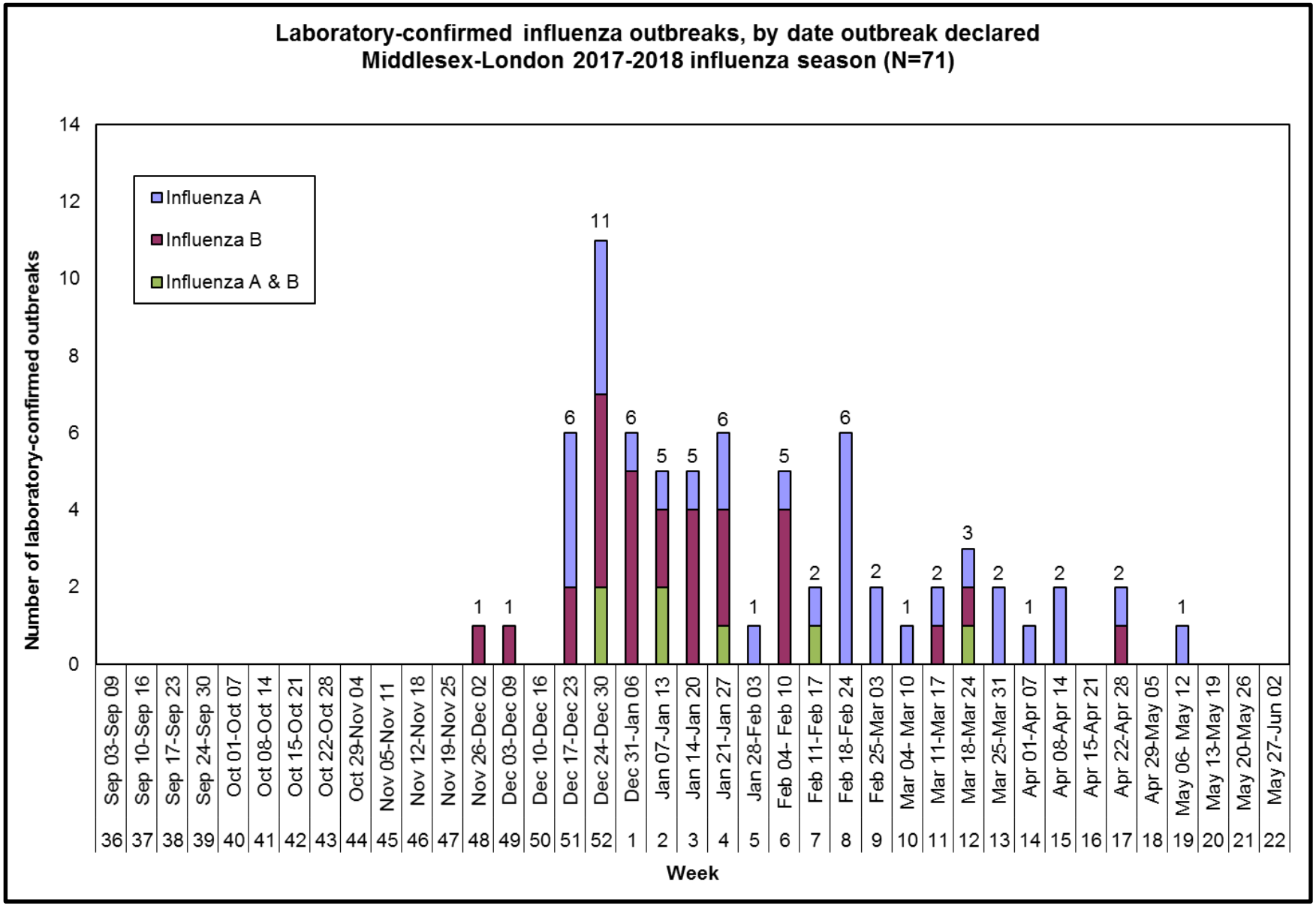
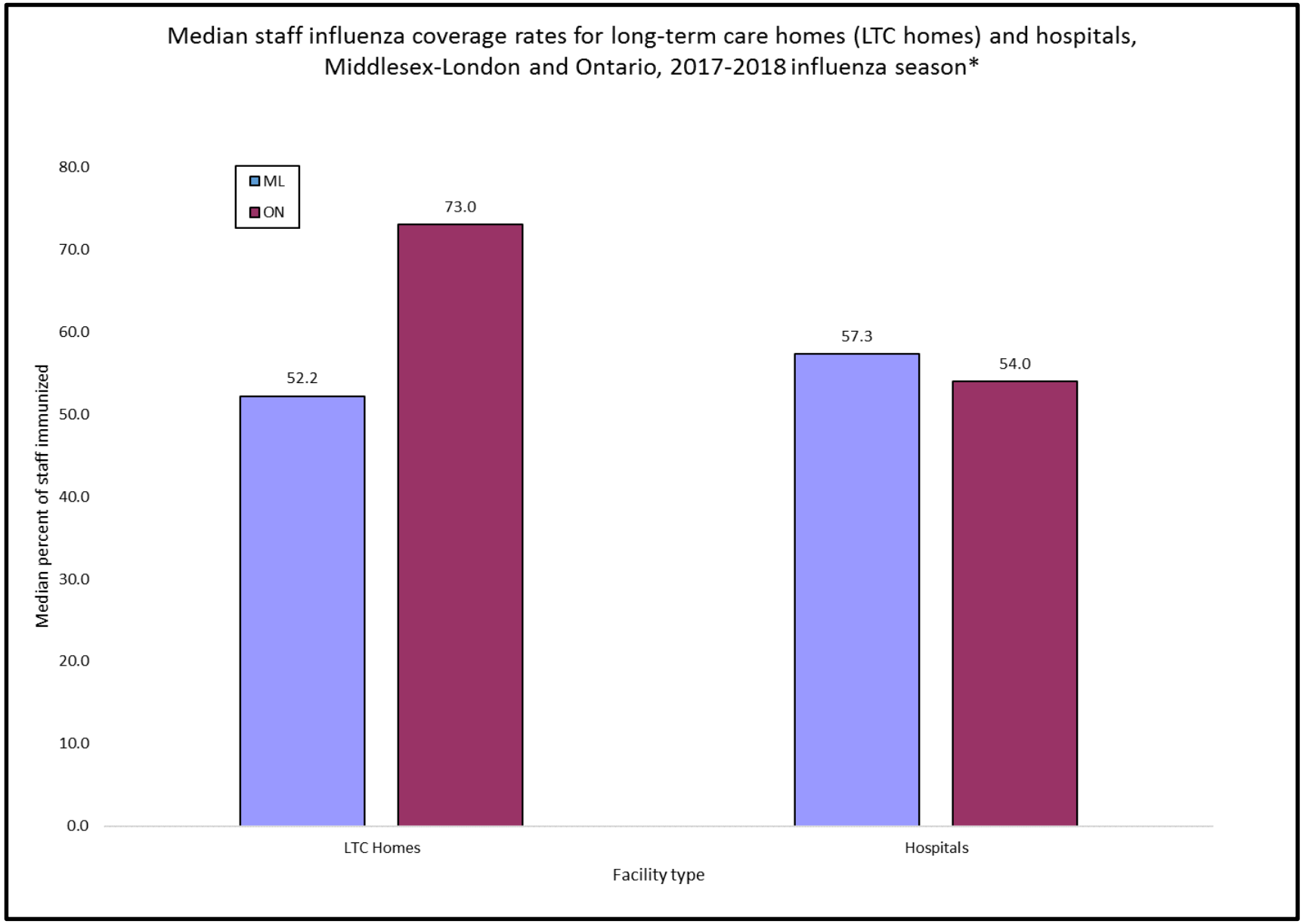

Laboratory-confirmed influenza outbreaks, by date outbreak declared
Middlesex-London 2017-2018 influenza season (N=71)
Number of laboratory-confirmed outbreaks
Influenza A
Influenza B
Influenza A & B
Week
Sep 03-Sep 09 36
Sep 10-Sep 16 37
Sep 17-Sep 23 38
Sep 24-Sep 30 39
Oct 01-Oct 07 40
Oct 08-Oct 14 41
Oct 15-Oct 21 42
Oct 22-Oct 28 43
Oct 29-Nov 04 44
Nov 05-Nov 11 45
Nov 12-Nov 18 46
Nov 19-Nov 25 47
Nov 26-Dec 02 48
Dec 03-Dec 09 49
Dec 10-Dec 16 50
Dec 17-Dec 23 51
Dec 24-Dec 30 52
Dec 31-Jan 06 1
Jan 07-Jan 13 2
Jan 14-Jan 20 3
Jan 21-Jan 27 4
Jan 28-Feb 03 5
Feb 04- Feb 10 6
Feb 11-Feb 17 7
Feb 18-Feb 24 8
Feb 25-Mar 03 9
Mar 04- Mar 10 10
Mar 11-Mar 17 11
Mar 18-Mar 24 12
Mar 25-Mar 31 13
Apr 01-Apr 07 14
Apr 08-Apr 14 15
Apr 15-Apr 21 16
Apr 22-Apr 28 17
Apr 29-May 05 18
May 06- May 12 19
May 13-May 19 20
May 20-May 26 21
May 27-Jun 02 22

Figure 3



*** As of December 15, 2017**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 070-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2018 November 15

SUMMARY INFORMATION REPORT – NOVEMBER 2018

Recommendation

It is recommended that the Board of Health receive Report No. 070-18 re: "Summary Information Report for November 2018" for information.

Key Points

- On September 19, 2018, Senate Public Bill S-228: *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)* passed third reading in the House of Commons.

Update – Federal Legislation Banning Unhealthy Food and Beverage Marketing to Kids

Restricting advertising of unhealthy food and beverages to children is a key element of Health Canada's Healthy Eating Strategy, which aims to address the rising burden of obesity and chronic disease. Other complementary initiatives include the introduction of front-of-package labelling for foods high in sugars, sodium, and/or saturated fats, and the revision of the *Canada Food Guide*. In February 2017, the Board of Health endorsed the Stop Marketing to Kids Coalition's (Stop M2K) Ottawa Principles to communicate its support for restricting food and beverage marketing to children and youth 16 years of age and younger (Report No. 006-17). Health Unit staff have been monitoring the progress of Bill S-228 and supporting advocacy efforts through social media and a submission to Health Canada during their consultation process in the summer of 2017 (attached as Appendix A). The House of Commons Standing Committee on Health (HESA) studied Bill S-228 in April 2018. During its study, HESA adopted a government amendment to the proposed legislation to define "children" as persons under 13 to ensure alignment between the proposed federal legislation and the *Quebec Consumer Protection Act*. In addition, HESA adopted a second amendment, requiring the government to review the legislation within five years of enactment to assess whether the new definition of "children" is increasing advertising geared to teenagers and putting them at increased risk. Stop M2K is making a difference in advancing this important policy measure. On September 19, 2018, Canadian Senate Public Bill S-228 passed third reading in the House of Commons. Next steps for this groundbreaking legislation include the reading of Public Bill S-228 and vote in the Senate, and the development of regulations to implement the proposed prohibition on the advertising of unhealthy food and beverages to children.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Appendix A to Report No. 070-18

Attention: Marketing to Kids Consultation
Health Canada - Health Products and Food Branch
Office of Nutrition Policy and Promotion
100 Eglantine Driveway
Ottawa, ON K1A 0K9
Email: Nutrition@hc-sc.gc.ca

Monday August 14th, 2017

MIDDLESEX-LONDON HEALTH UNIT'S SUBMISSION FOR THE MARKETING TO CHILDREN CONSULTATION

Question 1: Based on your knowledge of nutrients, should Health Canada's marketing restrictions focus on sodium (salt), sugars, and saturated fat?

No.

As an agency that endorses the Ottawa Principles, the Middlesex-London Health Unit (MLHU) supports restrictions on marketing of **all food and beverages** to children and adolescents.
The food and beverage industry utilizes **food or beverage** as a marketing opportunity to increase brand awareness and loyalty among children and adolescents. Children will show preferences for both healthy and unhealthy foods branded by a company with which they are familiar (Robinson, et al, 2007). Young children can recognize name brands and logos before they can read. In addition, the food industry uses "health washing" to make products and/or the food company seem healthy, building brand loyalty while misleading the consumer. A complete ban on the marketing of all food and beverages to children and adolescents would reduce any unintended health consequences from marketing.

MLHU is concerned that if marketing restrictions focus on specific nutrients and criteria, the food and beverage industry will seek out loopholes within the legal definitions, and continue to market items to children that are not nutritionally beneficial.

Although MLHU supports a full ban on marketing to children and adolescents, if Health Canada decides to move forward with its focus on marketing restrictions of "**unhealthy food and beverages**", then we recommend the restrictions should be broadened to include additional items, such as:

- Caffeinated products
- Food and beverages with added nutrients that create a health halo effect (e.g. water with added vitamins, soda pop with added fibre, orange juice with added calcium and/or vitamin D)
- Products containing non-sugar sweeteners

Reference:
Robinson, T. N., Borzekowski, D. L. G., Matheson, D. M., & Kraemer, H. C. (2007). Effects of fast food branding on young children's taste preferences. Archives of Pediatrics and Adolescent Medicine, 161(8), 792–797.

Question 2: In your estimation, which is more appropriate as the basis for restricting marketing to children: Option 1 (~5% DV) or Option 2 (15% DV) thresholds for sodium, sugar and saturated fats?

Neither.

The challenge of setting a threshold definition for 'unhealthy' foods could be avoided by restricting all marketing of food and beverages to children and adolescents. Such a ban removes any debate on the definition

of 'healthy' versus 'unhealthy' foods. It also ensures that the exploitation of "loopholes" through the improper categorization of foods and beverages by industry would be avoided. A complete ban on marketing of food and beverages to children and adolescents acknowledges that children and youth lack adequate cognition to understand and interpret the effects of advertising, and recognizes that any advertisement for the sake of profit is predatory.

However, if a threshold is to be selected, the more restrictive threshold (~5% of the DV of saturated fat, sugars or sodium) for defining unhealthy foods would be most appropriate. This reinforces existing federal policies for nutrient content claims and aligns with nutrition labelling policies where 5% DV represents 'a little' and 15% DV represents 'a lot'. It is also most consistent with Canada's Food Guide, especially whole foods, fruits, and vegetables. However, for %DV to be effective, serving sizes must be standardized to prevent the food and beverage industry from manipulating serving sizes to meet the criteria based on %DV (Health Canada, 2014).
In addition, a 5% DV threshold would allow better consistency with nutrition standards for foods sold in schools across the nation. In Ontario, this would support the School Food and Beverage Policy (MEDU, 2010) and the Ontario Student Nutrition Programs (MCYS, 2016).

References:

Health Canada (2014). Proposed Revisions to Reference Amounts https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/proposed-revisions-reference-amounts-schedule-food-drug-regulations-proposed-new-serving-size-guidelines/consultation.html?=undefined&.

Ministry of Education of Ontario (2010). School Food and Beverage Policy http://www.edu.gov.on.ca/extra/eng/ppm/150.html

Ministry of Children and Youth Services (2016). Student Nutrition Program Nutrition Guidelines http://www.children.gov.on.ca/htdocs/English/documents/studentnutrition/SNP-nutrition-guidelines-2016.pdf.

Question 3: Based on your understanding of non-sugar sweeteners (such as Aspartame and Sucralose), should Health Canada prohibit the marketing to children of all foods and beverages containing non-sugar sweeteners?

Yes.

Health Canada should restrict the marketing to children of all foods and beverages containing non-sugar sweeteners. Allowing brands to market their artificially-sweetened and/or healthier brand extensions to children and youth is problematic as children may not be able to distinguish between and choose the healthier options within a brand as a whole. These products may influence a child's preference for other sugar-sweetened beverages in the same brand.

Furthermore, the benefits and risks of artificial sweeteners in the child population remains unclear. Evidence from randomized control trials does not necessarily support the use of artificial sweeteners for weight control and observational studies suggest that regular use of artificial sweeteners may be associated with increased BMI and cardiometabolic risk (Azad, et al., 2017). More research is required regarding the benefits and/or long term risks regarding use of artificial sweeteners, especially as it relates to energy compensation, satiety, sweet craving, food intake, and weight control (Swithers, 2015; Azad, et al., 2017).

References:

Azad, MB., Abou-Setta, AM., Chauhan, BF., et al. Nonnutritive sweeteners and cardiometabolic health: a systematic review and meta-analysis of randomized controlled trials and prospective cohort studies. Canadian Medical Association Journal. 2017 Jul; 189(28). doi: 10.1503/cmaj.161390.

Swithers, SE. Artificial sweeteners are not the answer to childhood obesity. Appetite. 2015 Oct; 93:85-90. doi: 10.1016/j.appet.2015.03.027. Epub 2015 Mar 28.

Question 4: Would the definitions proposed adequately protect children from unhealthy food and beverage marketing?

No.

MLHU supports the choice of using time of day rather than audience thresholds. Restrictions on marketing of food and beverages based on time of the day rather than a threshold of the audience is going to provide more comprehensive protection. TV programming restricted time zones should be revised to run from 6 AM to 10 PM. Current proposed times do not take into account, exposure for pre-school age children or the non-school season. In addition, since youth under the age of 17 need to be protected as well, it is critical that the TV viewing hours extend to 10 PM.

In addition to restricting marketing of unhealthy foods and beverages at the specified times on television, restrictions should be made at all hours to channels offering children and youth targeted programming 24 hours per day, 7 days per week, including but not limited to Teletoon, MuchMusic, YTV and Disney Channel.

As part of the definition, MLHU would suggest referring to "child/youth-directed" instead of only "child-directed". Also, using the term "digital" instead of "internet". This definition would apply to a wider range of mediums including direct marketing through texting services, video games, websites, and future online media.

Question 5: Based on your experience, are there any other marketing techniques that influence children and should be considered as part of the marketing restrictions?

Yes.

The World Health Organization provides a comprehensive list of marketing techniques in the publication "*A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*" on pages 10 and 53. MLHU would recommend this list be considered as part of the marketing restrictions.

The legislation should include a statement of principle and intent that enables the regulations to be adaptive to address newer forms of marketing, such as digital and social media marketing and product placements. Health Canada's legislation should be sufficiently flexible to allow for the inclusion of new marketing methods as they evolve.

Question 6: Based on your experience, are there any other channels used for marketing to children that should be considered as part of the marketing restrictions?

Yes

See response in Question 5. MLHU would recommend the channels listed in the World Health Organization's publication "*A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*" to be taken under consideration and that the restrictions be sufficiently flexible for the inclusion of new marketing methods as they evolve.

Question 7: Are there certain situations where some marketing techniques should be exempted from broad marketing restrictions?

Yes.

As stated previously, MLHU supports a ban on marketing of all food and beverages to children and adolescents; however, restrictions should not apply to non-commercial marketing for valid public health education or public awareness campaigns. Exemptions for commercial or for profit marketing provides the opportunity for the food and beverage industry to continue to influence children and adolescents' food choices and purchases, as well as build brand awareness and loyalty.

Question 8. Do you have any other feedback?

MLHU commends Health Canada for taking the lead in protecting our most vulnerable populations through restrictions on marketing of unhealthy food and beverages to children.
As an endorser of the Ottawa Principles, MLHU is in agreement with the recommended age for children as 16 and under. Teens are particularly susceptible to digital marketing since it blurs the lines between marketing and entertainment. Moreover, teens are more susceptible to marketing because they generally have more disposable income than children, and thus are able to act upon marketing to which they have been exposed.

MLHU strongly suggests the restriction on marketing of **all food and beverages** to children and adolescents. If Health Canada only restricts marketing of unhealthy food and beverage it still enables companies to build brand loyalty and brand awareness. Throughout the Health Canada document, there is mention of how marketing drives brand loyalty. On page 15 of the Health Canada discussion paper for public consultation document, under Branding: *"Brand marketing connects and motivates consumers on an emotional level, affecting children's food preferences and choices. Children are particularly brand sensitive and show preferences for brands at a young age. Companies can use brand marketing to promote a company or they may brand just one "healthier" food or beverage within a product line. Thus, while avoiding direct promotion of unhealthy products, they promote them by association…"*

By restricting only "unhealthy food" this may push the food and beverage industry to exploit healthier products or products that are not restricted by definition under the marketing ban to build brand loyalty with children and youth. For example, we know that fast food restaurants have been offering healthier side dishes (e.g., apple slices) in children's meals while continuing to market meals that are high in fat, salt, and calories through this (proposed) loophole. Furthermore, popular sugar sweetened beverage brands have openly stated that they are now focusing on advertising their overall brand as opposed to their specific products, which may also be a loophole in the proposed restrictions on unhealthy food and beverages.

Finally, it is essential that the marketing restrictions adopted by the federal government be sufficiently resourced for ongoing compliance monitoring, evaluation, and enforcement. The legislative framework must be sufficiently flexible and adaptive to allow for future marketing techniques that will evolve over time.

For More Information:

Linda Stobo, MPH, BSc.
Program Manager, Chronic Disease Prevention and Tobacco Control
Tel: 519.663.5317 ext. 2388
Email: linda.stobo@mlhu.on.ca

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 071-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 November 15

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR NOVEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 071-18 re: "Medical Officer of Health Activity Report for November" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of October 5, 2018, to November 1, 2018.

October 5 Lectured at Western University on Developing Healthy Communities

October 9 Attended Middlesex County Council to provide an update on the Location Project

October 10 Conference call with the Council of Medical Officers of Health (COMOH) Executive

October 11 Attended the World Health Conference, a global healt event hosted by the World Health Organization, the President of France, and the Chancellor of Germany. The event was in Berlin; Dr. Mackie paid his own travel costs.

October 18 Introduced Fatih Sekercioglu's presentation at Museum London
Attended the Citi Plaza tour
Attended the Relocation Advisory Committee meeting
Attended the Board of Health meeting

October 19 Teleconference regarding a cannabis presentation at the upcoming Urban Public Health Network (UPHN) Conference
Met with Charles Yin and Amy Lewis to discuss student-led primary care clinics

October 22 Participated in co-consulting call with former class-mates
Attended the South West Local Health Integration Network (SW LHIN) Senior Leadership meeting to present on outcome and evaluation data from the Temporary Overdose Prevention Site (TOPS)
Interviewed by CTV London and *London Free Press* in regard to Minister Elliott's announcement supporting Supervised Consumption Sites (SCFs)
Phone meeting with staff from Minister Petitpas Taylor's office to discuss correspondence that was sent to their office

October 24 Attended the All Staff Town Hall meeting which piloted new trade show-style presentations

October 25 Attended South West Region MOH and CEO meeting in St. Thomas

October 26 Attended the Youth Opportunities Unlimited (YOU) Board meeting
Teleconference with alPHa Executive

October 29	Phone meeting with Brent Moloughney, Medical Director, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario (PHO), to discuss opioid response opportunites
October 30	Chaired the COMOH general meeting in Toronto
October 31	Conference call regarding The Ontario Public Health Convention (TOPHC) Conference
November 1	Attended the Urban Public Health Network (UPHN) Conference in Ottawa

This report was submitted by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO