BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, March 21, 2019, 7:00 p.m.
399 Ridout Street North, London, Ontario
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. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Mr. John Brennan
Mr. Michael Clarke
Ms. Aina DeViet
Ms. Kelly Elliott
Ms. Tino Kasi
Mr. Ian Peer
Ms. Elizabeth Peloza
Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: February 21, 2019 - Special Meeting of the Board of Health
Approve: February 21, 2019 - Board of Health meeting
Receive: November 15, 2018 - Governance Committee meeting
Receive: March 7, 2019 - Finance & Facilities Committee draft meeting minutes

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	**x**	**x**	**x**	March 7 Finance & Facilities Committee Meeting Update (Report No. 020-19)	March 7, 2019 – Agenda Minutes	To provide an update on reports reviewed at the March 7, 2019 Finance & Facilities Committee meeting. Lead: Matt Reid, Chair, Finance & Facilities Committee
2	**x**	**x**	**x**	Governance Committee (GC) Verbal Update	March 21, 2019 – GC Agenda	To provide an update on reports reviewed at the Governance Committee meeting. Lead: Chair, Governance Committee
3	**x**		**x**	Program update: Privacy, Risk and Governance	Privacy, Risk and Governance Program Template	Lead: Nicole Gauthier, Manager, Privacy, Risk & Governance
4	**x**		**x**	Program update: Human Resources	Human Resources Program Template	Lead: Cynthia Bos, Manager, Human Resources
5	**x**		**x**	Program update: Strategic Projects	Strategic Projects Program Template	Lead: Kendra Ramer, Manager, Strategic Projects
6	**x**		**x**	London Community Dental Alliance Update (Report No. 021-19)	Oral Health ProgramTemplate (Appendix A)	To provide an update on the London Community Dental Alliance (LCDA). Lead: Misty Golding, Manager, Oral Health
7		**x**		Board of Health Representation on the Food Policy Council (Report No. 022-19)	Appendix A	To provide an update on the activities of the Middlesex-London Food Policy Council and request the appointment of a Board of Health member to the Council Lead: Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control, and Ellen Lakusiak, Dietitian
8		**x**		Association of Local Public Health Agencies (alPHa) Resolution: Preventing Mental Illness Through Early Childhood Development Programming (Report No. 023-19)	Appendix A Appendix B	To consider co-sponsoring the resolution "*Preventing Mental Illness Through Early Childhood Development Programming*," for the 2019 alPHa Annual General Meeting. Lead: Heather Lokko, Director, Healthy Start
9			**x**	Summary Information Report for March (Report No. 024-19)		To provide an update on Health Unit programs and services for March.

10			**x**	Medical Officer of Health/ CEO Activity Report for March (Report No. 025-19)		To provide an update on the activities of the MOH/CEO for March. Lead: Dr. Christopher Mackie
11		**x**		Health Canada Seeking Feedback on Measures to Limit Vaping Product Advertising (Report No. 026-19)	Appendix A Appendix B	To support sending letters and propose recommendations for consideration by Health Canada as they endeavor to strengthen measures to limit vapour product advertising. Lead: Donna Kosmack, Manager, Southwest Tobacco Control Area Network
Correspondence						
12			**x**	March 2019 Correspondence		To receive correspondence items a) though o) and endorse item p) Re: Undetectable=Untransmittable

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, April 4, 2019 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, April 18, 2019 @ 7:00 p.m.
- Next Governance Committee Meeting is scheduled for Thursday, June 20, 2019 @ 6:00 p.m.

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding identifiable individuals and approve Confidential minutes from its November 15, 2018 Governance Committee meeting and February 21, 2019 Board of Health meeting**.**

ADJOURNMENT

PUBLIC SESSION - MINUTES
SPECIAL MEETING
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, February 21, 2019 5:00 p.m.

MEMBERS PRESENT:	Ms. Trish Fulton **(Chair)** Mr. Ian Peer Ms. Aina DeViet Mr. Matt Reid Mr. John Brennan Ms. Kelly Elliott
REGRETS:	Mr. Michael Clarke Ms. Tino Kasi Ms. Elizabeth Peloza Ms. Maureen Cassidy
OTHERS PRESENT:	Dr. Christopher Mackie, Medical Officer of Health/CEO Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder) Ms. Margaret Szilassy, Partner, Hicks Morley

Chair Fulton called the meeting to order at 5:01 p.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

It was moved by Mr. Peer, seconded by Mr. Reid, *that the **AGENDA** for the February 21, 2019 Special Meeting of the Board of Health be approved.*

Carried

At 5:02 p.m. it was moved by Ms. Elliott, seconded by Mr. Brennan, *that the Board of Health move in-camera to consider matters regarding employee negotiations, potential litigation, and identifiable individuals.*

Carried

At 7:10 p.m., it was moved by Mr. Reid seconded by Ms. Elliott *that the Board of Health rise and return to public session.*

Carried

At 7:10 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 7:11 p.m., it was moved by Ms. DeViet, seconded by Mr. Peer, *that the meeting be adjourned.*

Carried

_____
TRISH FULTON
Chair

_____
IAN PEER
Board Member

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, February 21, 2019 7:00 p.m.

MEMBERS PRESENT:
Ms. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Ms. Aina DeViet
Mr. Ian Peer
Ms. Elizabeth Peloza
Mr. Matt Reid
Mr. John Brennan
Ms. Kelly Elliott

REGRETS:
Mr. Michael Clarke
Ms. Tino Kasi

OTHERS PRESENT:
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Rhonda Brittan, Manager, Healthy Communities & Injury Prevention
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Jeff Cameron, Stronghold Services
Mr. Dan Flaherty, Communications Manager
Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network
Ms. Heather Lokko, Director, Healthy Start
Ms. Ronda Manning, Manager, Early Years
Mr. David Pavletic, Manager, Food Safety and Healthy Communities
Mr. Endri Poletti, Architect
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Dawn Rawsenburg, BES Construction Consultants
Ms. Maureen Rowlands, Director, Healthy Living
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Mr. Alex Tyml, Online Communications Coordinator
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease

Chair Fulton called the meeting to order at 7:16 p.m.

Chair Fulton introduced and welcomed Ms. Aina DeViet to the Board of Health.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Reid, *that the **AGENDA** for the February 21, 2019 Board of Health meeting be approved.*

Carried

MINUTES

It was moved by Ms. Elliott, seconded by Mr. Reid, *that the **MINUTES** of the January 24, 2019 Board of Health meeting be approved.*

Carried

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the **MINUTES** of the February 5, 2019 Relocation Advisory Committee meeting be received.*

Carried

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the **MINUTES** of the February 7, 2019 Finance & Facilities Committee meeting be received.*

Carried

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the **MINUTES** of the February 14, 2019 Finance & Facilities Committee meeting be received.*

Carried

DELEGATIONS AND COMMITTEE REPORTS

Mr. Ian Peer, Chair, Relocation Advisory Committee, reviewed Report No. 009-19 summarizing the February 5, 2019 Relocation Advisory Committee meeting.

Floor Plan – Final Draft (Report No. 002-19RAC)
It was moved by Mr. Peer, seconded by Ms. DeViet, t*hat the Board of Health receive Report No. 002-19RAC re: "Floor Plan – Final Draft" for information.*

Carried

Mr. Peer advised that the consultation process with staff has been quite extensive.

Dr. Mackie noted that this report, the floor plans, and Report No. 011-19 re: "Location Project – Finance and Budget Update" would be discussed in public session in further detail after a confidential report is considered by the Board of Health.

Location Project – Demolition Update January 2019 (Report No. 001-19RAC)
It was moved by Mr. Brennan, seconded by Ms. Elliott, *that the Board of Health receive Report No. 001-19RAC re: "Location Project – Demolition Update January 2019" for information.*

Carried

Mr. Peer provided context for this report and reviewed some of the details of the demolition to date, including certain costs that the new landlord will cover and costs of some additional demolition projects.

Mr. Matt Reid, Chair, Finance & Facilities Committee (FFC), reviewed Reports Nos. 010-19 and 010A-19, from the February 7 and 14 FFC Meetings, as well as the reports included for the Board of Health's consideration:

Finance & Facilities Committee – Terms of Reference (Report No. 001-19FFC)
It was moved by Mr. Reid, seconded by Ms. DeViet, *that the Board of Health Receive Report No. 001-19FFC re: "Finance & Facilities Committee – Terms of Reference" for information.*

Carried

Finance & Facilities Committee – 2019 Reporting Calendar (Report No. 002-19FFC)
It was moved by Mr. Reid, seconded by Ms. DeViet, *that the Board of Health receive Report No. 002-19FFC re: "Finance & Facilities Committee – 2019 Reporting Calendar" for information.*

Carried

Health Unit General Insurance Policy Renewal (Report No. 003-19FFC)
It was moved by Mr. Reid, seconded by Ms. DeViet, *that the Board of Health approve the renewal of the Health Unit's insurance as outlined in Report No. 003-19FFC re: "Health Unit General Insurance Policy Renewal."*

Carried

Technology and Infrastructure Reserve Funds (Report No. 004-19FFC)
It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health approve the use of up to $1,500,000 in Technology and Infrastructure Reserve Fund monies to fund, in part, the cost of leasehold improvements in connection with the Health Unit's relocation of premises to Citi Plaza.*

Carried

IT Status Report – Q1 2019 (Report No. 005-19FFC)
It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health receive Report No. 005-19FFC re: "Information Technology Status Report – Q1 2019" for information.*

Carried

Verbal Update – PBMA Process: Overview, Results, and Considerations
It was moved by Mr. Reid, seconded by Ms. Elliott t*hat the Board of Health receive the verbal update re: PBMA Process: Overview, Results, and Considerations for information.*

Carried

Reports from the February 14 Board of Health meeting:

Funding Requests to Ministry of Health (Report No. 006-19FFC)

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

1) *Approve Appendix A, outlining Base Funding Requests totalling $328,469;*
2) *Approve Appendix B, outlining One-Time Funding Requests totalling $534,994; and*
3) *Direct staff to submit these funding requests in the 2019 Annual Service Plan to the Ministry.*

Carried

2019 Proposed Budget (Report No. 007-19FFC)

Discussion ensued on the following items:

- That this budget has a 0% increase in funding requests from both the City and the County.
- MLHU has not asked for a funding increase from the City or the County in over ten years.
- What the anticipated funding from the Province will be when they deliver their budget in March.
- How a change in funding from the Province might be handled.

It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health:*

1) *Approve the 2019 Proposed Budget in the gross amount of $34,601,981 as appended to Report No. 007-19FFC re: "2019 Proposed Budget";*
2) *Direct staff to bring forward for approval via the quarterly variance process priorities from the list of "2019 PBMA Proposals to be Considered for Variance Funding or Other Alternatives" in Appendix A;*
3) *Forward Report No. 007-19FFC to the City of London and the County of Middlesex for information; and*
4) *Direct staff to submit the 2019 Proposed Budget in the various formats required by the different funding agencies.*

Carried

Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor (Report No. 008-19FFC)

It was moved by Mr. Reid, seconded by Ms. DeViet, *that the Board of Health award a single-source vendor contract to Rescue: The Behavior Change Agency in an amount up to $127,003.53 as identified in Report No. 008-19FFC re: "Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor."*

Carried

Southwest Tobacco Control Area Network Contract Extension (Report No. 009-19FFC)

It was moved by Mr. Reid, seconded by Ms. DeViet**,** that the Board of Health *award a single-source vendor contract to Cinnamon Toast in an amount up to $29,800 as identified in Report No. 009-19FFC re: "Southwest Tobacco Control Area Network Contract Extension."*

Carried

DELEGATIONS AND INFORMATION REPORTS

Ms. Heather Lokko, Chief Nursing Officer, provided an update on the programs within the Office of the Chief Nursing Officer and reviewed the two reports before the Board from the Office of the Chief Nursing Officer.

Health Equity Indicator Assessment and Recommendation Report: 2018 Update and Looking Forward to 2019 (Report No. 013-19)

It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health receive Report No. 013-19 re: "Health Equity Indicator Assessment and Recommendation Report: 2018 Update and Looking Forward to 2019" for information.*

Carried

Report on Health Equity Staff Capacity Building Activities (Report No. 014-19)

It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health receive Report No. 014-19 re: "Report on Health Equity Staff Capacity Building Activities" for information.*

Carried

Mr. Jeff Cameron, Manager, Information Technology, and CEO, Stronghold Services, provided an update on the Information Technology Team, which included a review of all major projects, initiatives, and improvements Stronghold has made while working with MLHU; and the upcoming projects planned for 2019, including cyber insurance, telecommunications, electronic client records, IT service delivery, and issues tracking.

Ms. Cassidy and Ms. Peloza arrived at 7:48 p.m.

Discussion ensued on the following items:

- That Stronghold is also working with Southwest Public Health.
- That Board members recalled when the decision was made to contract IT services—a unique decision at the time, but one in which MLHU seems to be taking a leadership role. The Board recognized the great work that Stronghold has done at MLHU so far.

It was moved by Ms. Elliott, seconded by Ms. DeViet, *that the Board of Health receive the Information Technology program update.*

Carried

Ms. Ronda Manning, Manager, Early Years Team, provided an overview of her team's activities, including its work in regard to growth and development, breastfeeding, and mental health promotion.

Update on Implementation of Breastfeeding Planning Recommendations (Report No. 012-19)

Discussion ensued on the topic of breastfeeding mothers who received calls 24 to 48 hours after leaving the hospital; the number of babies born in Middlesex London; and a clarification of the number of mothers that receive a phone call or other follow-up from the Early Years Team after giving birth.

It was moved by Ms. Elliott, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 012-19 re: "Update on Implementation of Breastfeeding Program Recommendations" for information.*

Carried

Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control introduced the variety of staff and programs within the Chronic Disease Prevention & Tobacco Control Team and summarized the work of the team with regard to policy development and work in the community to improve and promote healthy choices, behaviours, and health outcomes.

Discussion ensued on the increased uptake of vaping among young people and what the team has been seeing with regard to uptake and vaping rates in youth populations.

Ms. Rhonda Brittan, Manager, Healthy Communities & Injury Prevention (HCIP), provided a summary of the work undertaken by the HCIP Team, both together with MLHU teams and staff, and within the community.

Update on the Legalization of Cannabis in Canada (Report No. 015-19)

Ms. Stobo provided context for this report in order to ensure that Board members were apprised of information and ongoing activity in regard to the legalization of cannabis.

Discussion ensued on the topics of retail outlets and their locations throughout the City; applications that have been received so far; the timeline for the opening of retail outlets; the timeline of funding for preventive activities; and when such funding might come through to the health units.

It was moved by Ms. Elliott, seconded by Ms. Peloza, *that the Board of Health receive Report No. 015-19 re: "An Update on the Legalization of Cannabis in Canada" for information.*

Carried

Vulnerable Occupancy Inspection Work and Public Health Interventions (Report No. 016-19)

Mr. Turner introduced this report and provided context regarding the work currently being done to address concerns about vulnerable occupancies in London and Middlesex County. This work dovetails with some of the significant health inequities at play in vulnerable occupancies of the under-housed.

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health receive Report No. 016-19 re: "Vulnerable Occupancy Inspection Work and Public Health Interventions" for information.*

Carried

Summary Information Report for February (Report No. 017-19)

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 017-19 re: "Summary Information Report – February 2019" for information.*

Carried

Medical Officer of Health/Chief Executive Officer Activity Report for February (Report No. 018-19)

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Board of Health receive Report No. 018-19 re: "Medical Officer of Health Activity Report for February" for information.*

Carried

CORRESPONDENCE

It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health receive items a), through d).*
Carried

It was moved by Mr. Brennan, seconded by Ms. Cassidy, *that the Board of Health endorse item e).*
Carried

It was moved by Ms. Cassidy, seconded by Mr. Reid, *that the Board of Health endorse item f).*
Carried

OTHER BUSINESS

Chair Fulton reviewed the next meeting dates:

- Next Finance & Facilities Committee meeting: Thursday, March 7, 2019 @ 9:00 a.m.
- Next Board of Health meeting: Thursday, March 21, 2019 @ 7:00 p.m.
- Next Governance Committee meeting: March 21, 2019 @ 6:00 p.m.

CONFIDENTIAL

At 8:25 p.m., it was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Board of Health move in-camera to consider matters regarding employee negotiations, potential litigation, identifiable individuals, and information (technical, commercial, or financial) that belongs to the Board and has monetary value.*
Carried

At 8:54 p.m., it was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Board of Health rise and return to public session.*
Carried

RECOMMENDATION REPORTS

Location Project – Finance and Budget Update (Report No. 011-19)

Mr. Peer clarified the recommendation in the report.

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

1) *Receive Report No. 011-19 re: "Location Project – Finance and Budget Update" for information; and*
2) *Consider further staff recommendations that will come forward when build costing is available.*

Carried

ADJOURNMENT

At 8:57 p.m., it was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the meeting be adjourned.*
Carried

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, March 7, 2019 10:15 a.m.

MEMBERS PRESENT:	Mr. Matt Reid (Chair) Ms. Maureen Cassidy Ms. Kelly Elliott Ms**.** Tino Kasi
REGRETS:	Ms. Trish Fulton
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder) Mr. Brian Glasspoole, Manager, Finance Mr. Joe Belancic, Manager, Procurement and Operations Ms. Nicole Gauthier, Manager, Risk and Governance

At 10:17 a.m., Chair Reid called the meeting to order.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the **AGENDA** for the March 7, 2019 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the **MINUTES** of the February 7 and February 14, 2019 Finance & Facilities Committee meetings be approved.*

Carried

NEW BUSINESS

4.1 2018 Board of Health Remuneration (Report No. 010-19FFC)

Dr. Mackie provided the context for this annual report.

It was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 010-19FFC re: "2018 Board of Health Remuneration." for information.*

Carried

4.2 By-Law and Policy Review (Report No. 011-19FFC)

Dr. Mackie introduced the report, noting that while the Governance Committee approves these reports, it is important to get feedback from the Finance & Facilities Committee. Mr. Belancic provided an overview of both these policies in the report, noting that legal advice was sought to ensure that *Trade Act* legislation was being followed. At the Committee's request, Mr. Belancic will outline the changes that have been made to the documents for the Governance Committee's review.

It was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the Finance & Facilities Committee:*

1. *Receive Report No. 011-19FFC re; By-Law and Policy Review for information; and*
2. *Approve the governance by-laws and policies outlined within this report, which relate to the financial operations of the Middlesex-London Health Unit to go to Governance Committee for final review.*

Carried

4.3 Q4 Financial Update and Factual Certificate (Report No. 012-19FFC)

Dr. Mackie noted that there is additional information to add to this report, which had been received only after the report was finalized. He advised that an invoice from Middlesex County for parking costs showed an increase from approximately $9,000 to approximately $52,000. The Health Unit is currently investigating the increase and will provide an update to the FFC once more information is received. Dr. Mackie noted that the amount varies with each invoice due to seasonal variations such as snow removal. While it is not defined in the invoice, the Health Unit believes that the increased cost may be for the newly installed parking arm. There will be a budget deficit if the Health Unit has to pay this amount.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee review and recommend to the Board of Health to approve Report No. 012-19FFC re: Q4 Financial Update and Factual Certificate.*

Carried

4.4 2018 Vendor / Visa Payments (Report No. 013-19FFC)

Dr. Mackie noted that this report is an annual report that lists payments over $100,000 and provides a summary of Visa expenditures.

It was moved by Ms. Kasi, seconded by Ms. Elliott, *that the Finance & Facilities Committee receive Report No. 013-19FFC re: "2018 Vendor/Visa Payments" for information.*

Carried

4.5 Public Sector Salary Disclosure Act – 2018 Record of Employee's Salaries and Benefits (Report No. 014-19FFC)

Mr. Glasspoole advised that the report will be sent to the Ministry today.

It was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the Finance & Facilities Committee make recommendation to the Board of Health to receive Report No. 014-19FFC "Public Sector Salary Disclosure Act – 2018 Record of Employee's Salaries and Benefits" for information.*

Carried

OTHER BUSINESS

Next meeting: April 4, 2019.

Chair Reid gave his regrets in regard to the next FFC meeting.

ADJOURNMENT

At 10:38 a.m., it was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the meeting be adjourned.*

Carried

At 10:38 a.m., Chair Reid *adjourned the meeting*.

MATT REID
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, November 15, 2018, 6:00 p.m.

Committee Members Present:	Mr. Trevor Hunter (Chair) Ms. Trish Fulton Mr. Ian Peer
Regrets:	Mr. Kurtis Smith Ms. Joanne Vanderheyden
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) Mr. Jordan Banninga, Manager, Program, Planning and Evaluation Mr. Joe Belancic, Manager, Procurement and Operations Ms. Cynthia Bos, HR Manager Ms. Laura Di Cesare, Director, Healthy Organization Mr. Brian Glasspoole, Manager, Finance Ms. Kendra Ramer, Manager, Strategic Projects Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance

At 6:01 p.m., Chair Hunter called the meeting to order.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the **AGENDA** for the November 15, 2018 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the **MINUTES** of the September 20, 2018 Governance Committee meeting be approved as amended*

Carried

NEW BUSINESS

2018–20 Strategic Planning Update (Report No. 011-18GC)

Discussion ensued on the following items:

- The number of items on track to move forward.
- Connections between items encountered in the strategic planning implementation and what is brought forward to the Finance & Facilities Committee.
- Listing the project status number in the project status report the better to align with the Balanced Scorecard and link documents together cohesively.

- Risks outlined in the Balanced Scorecard, as well as contingency plans and mitigation strategies for each item.

It was moved by Ms. Fulton, seconded by Mr. Peer, *that Governance Committee receive Report No. 011-18GC re: "2018–20 Strategic Planning Update" for information.*

Carried

Dr. Mackie acknowledged the staff in attendance who worked to bring these reports forward this evening, namely Ms. Di Cesare, Mr. Banninga, Ms. Ramer, and Ms. Gauthier.

Accreditation and Continuous Quality Improvement (Report No. 012-18GC)

Committee members indicated their support for this report and its recommendations.

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

1) *Receive Report No. 012-18GC re: "Accreditation and Continuous Quality Improvement" for information;*
2) *Recommend that the Board of Health not pursue accreditation at this time; and*
3) *Recommend that the Board of Health request an additional report in 2020 to reconsider the costs and benefits of pursuing accreditation with an external body.*

Carried

Alignment of Programs with the Ontario Public Health Standards and MLHU Planning and Budgeting Processes (Report No. 013-18GC)

Committee members commended staff for undertaking the work required to complete this project.

Discussion ensued on why this report was brought forward to the Governance Committee instead of the Finance & Facilities Committee.

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Governance Committee receive Report No. 013-18GC re: "Alignment of Programs with the Ontario Public Health Standards and MLHU Planning and Budgeting Processes" for information.*

Carried

Governance Policy Review (Report No. 014-18GC)

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

1) *Receive Report No. 014-18GC re: "Governance Policy Review" for information;*
2) *Recommend that the Board of Health approve renewal of the governance policies outlined in this report; and*
3) *Recommend that the Board of Health approve the new governance policy on Occupational Health and Safety (see Appendix B).*

Carried

OTHER BUSINESS

Next meeting: March 21, 2019.

CONFIDENTIAL

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Governance Committee move in-camera to consider matters regarding identifiable individuals and the security of the property of the Middlesex-London Board of Health.*

Carried

At 6:47 p.m., it was moved by Ms. Peer, seconded by Ms. Fulton, *that the Governance Committee rise and return to public session.*

Carried

At 6:47 p.m., the Governance Committee returned to public session.

ADJOURNMENT

At 6:48 p.m., it was moved by Mr. Peer, seconded by Ms. Fulton, *that the meeting be adjourned.*

Carried

TREVOR HUNTER	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 020-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 March 21

FINANCE & FACILITIES COMMITTEE MEETING – MARCH 7, 2019

The Finance & Facilities Committee (FFC) met at 10:15 a.m. on Thursday, March 7, 2019. A summary of the discussion can be found in the draft minutes.

Reports	Recommendations for Information and the Board of Health's Consideration
2018 Board of Health Remuneration (Report No. 010-19FFC)	*That the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 010-19FFC re: "2018 Board of Health Remuneration" for information.* Carried
By-Law and Policy Review (Report No. 011-19FFC)	*That the Finance & Facilities Committee:* *1) Receive Report No. 011-19FFC re: "By-Law and Policy Review" for information; and* *2) Approve the governance by-laws and policies outlined within this report, which relate to the financial operations of the Middlesex-London Health Unit to go to Governance Committee for final review.* Carried
Q4 Financial Update and Factual Certificate (Report No. 012-19FFC)	*That the Finance & Facilities Committee review and recommend to the Board of Health to approve Report No. 012-19FFC re: "Q4 Financial Update and Factual Certificate".* Carried
2018 Vendor / Visa Payments (Report No. 013-19FFC)	*That the Finance & Facilities Committee receive Report No. 013-19FFC re: "2018 Vendor/Visa Payments" for information.* Carried
Public Sector Salary Disclosure Act – 2018 Record of Employee's Salaries and Benefits (Report No. 014-19FFC)	*That the Finance & Facilities Committee make recommendation to the Board of Health to receive Report No. 014-19FFC "Public Sector Salary Disclosure Act – 2018 Record of Employee's Salaries and Benefits" for information.* Carried

The FFC's next meeting will be on Thursday, April 4, at 9:00 a.m., at the Middlesex-London Health Unit, 50 King Street, Room 3A.

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

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

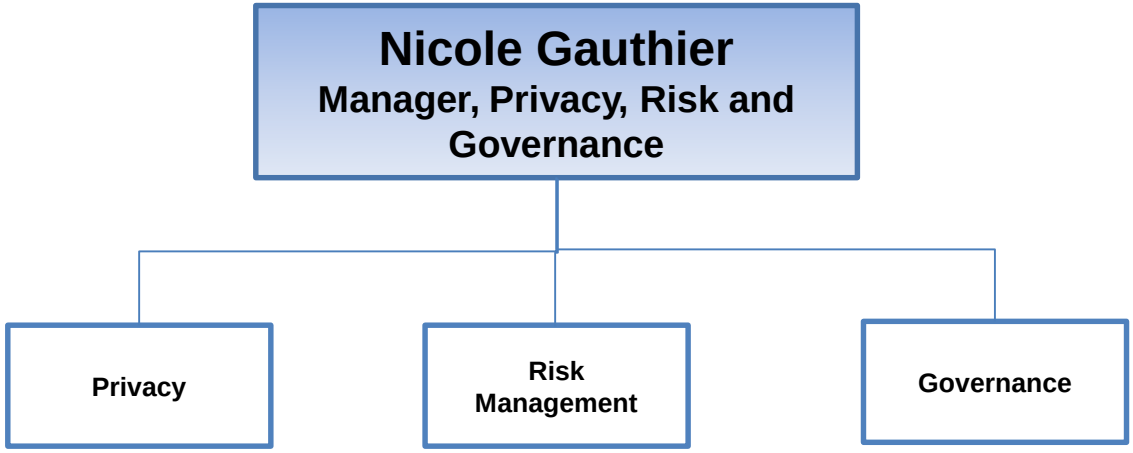
Healthy Organization
Privacy, Risk and Governance

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Total FTEs – 1.50 FTEs

Total Budget – $153,110

2019-03-21-BOH-Program-Update



Program Highlights:

- Further development of organizational privacy program, including employee education and policy development
- Privacy impact assessment/consultation for strategic projects (e.g. implementation of electronic client records “ECR”)
- Management of privacy and freedom of information requests
- Privacy breach investigation
- Oversight for organizational risk management strategy and reporting
- Management of Governance and Administrative Policy Manuals
    - Policy development and review
    - Implementation of a new policy management software system
- Review and updating of records management practices to support move to ECR and new location

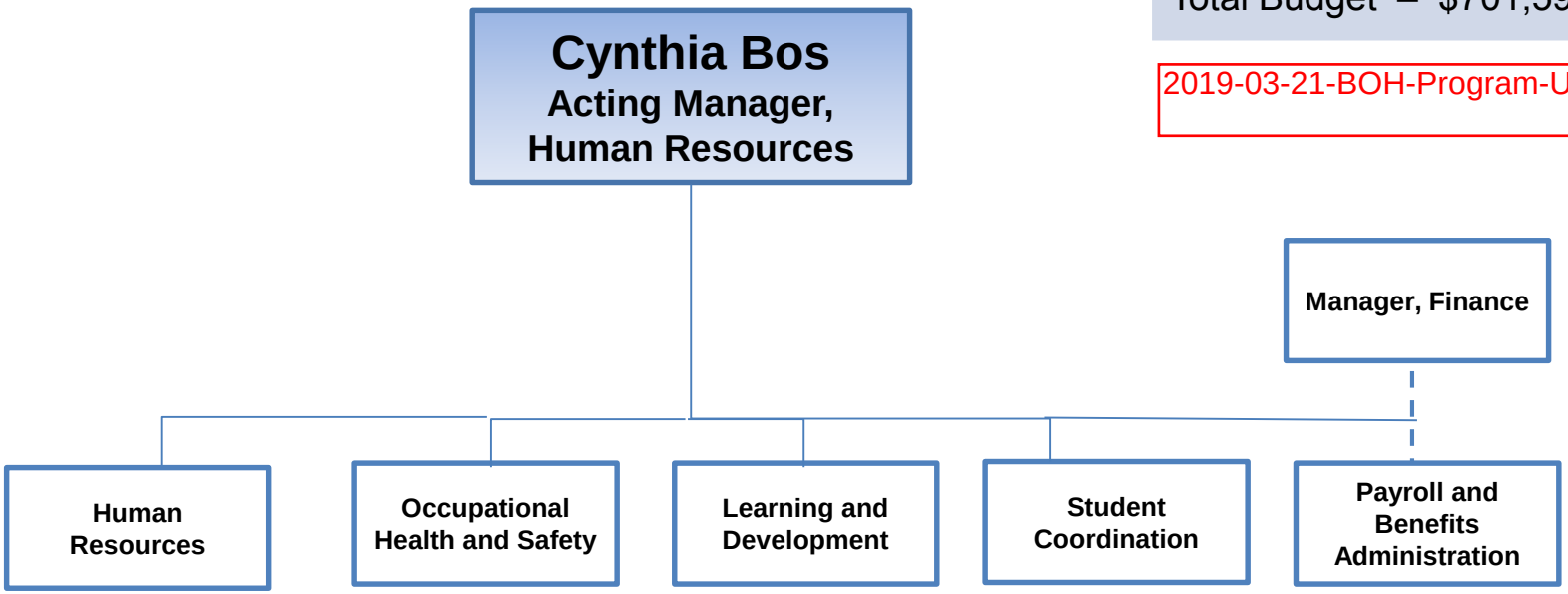
Healthy Organization
Human Resources

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Total FTEs – 7.50 FTEs

Total Budget – $701,599

2019-03-21-BOH-Program-Update



Program Highlights:

- Implementation of new Enterprise Resource Planning (ERP) tool (HRIS and outsourcing of payroll services) – complete technological conversion from manual processes
- Significant training of HR team, management and all employees on ERP tool
- Emphasis on Employee and Labour Relations
- Partner with OCNO to scope a Diversity and Inclusion initiative
- Support and deliver internally-led learning and development

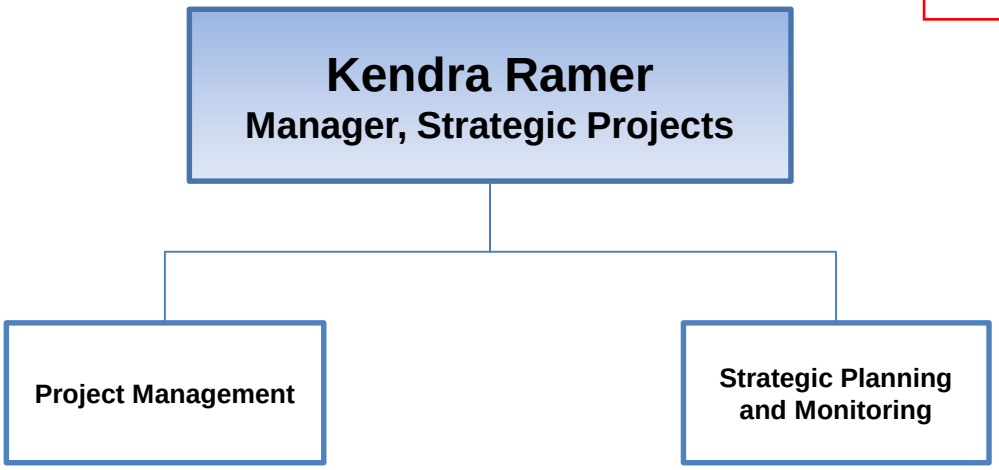
Healthy Organization
Strategic Projects

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Total FTEs – 2.50 FTEs

Total Budget – $263,202

2019-03-21-BOH-Program-Update



Program Highlights:

- Preparation of 2015-2020 Strategic Plan Balanced Scorecards to all MLHU teams
- 2015-2020 Strategic Plan Evaluation and 2021-2026 Strategic Plan Development
- Project Management Office (PMO) oversight to enhance efficiency, quality and delivery of projects at MLHU
- Accountability for monitoring and reporting of strategic projects and initiatives
- Oversight for 2018 – 2020 strategic projects including:
    - Relocation Project
    - Electronic Client Record (ECR) Project
    - Enterprise Resource Planning (ERP) Project
    - Administrative Policy Manual Project

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 021-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 March 21

LONDON COMMUNITY DENTAL ALLIANCE UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 021-19 re: "London Community Dental Alliance Update" for information.

Key Points

- The London Community Dental Alliance (LCDA) is a group of London agencies that have come together to increase access to dental treatment services for low-income adults in London. In total, the LCDA has secured $400,000 for this project. The LCDA is incorporated under the Canada Not-for-profit Corporations Act.
- MLHU is a general member of the LCDA and will continue to support the establishment of the dental clinic.

London Community Dental Alliance (LCDA) Update

The LCDA is a group of London agencies, including Western University, Fanshawe College, the London Intercommunity Health Centre, Glen Cairn Resource Centre, and others, that have come together to increase access to dental treatment services for low-income adults in London. This project was initiated by Dr. Kenneth Wright, founder of the Dental Outreach Community Service program at Western University. The LCDA was awarded $230,000 for operations by the London Community Foundation. In total, the LCDA has secured more than $400,000 via other grants and private donations. The LCDA is incorporated under the *Canada Not-for-profit Corporations Act* and has hired a lawyer to assist with a charitable status application (expected to take approximately six months to complete). The LCDA has structured its Board of Directors to include one member each from the London Intercommunity Health Centre, Fanshawe College, and Western University. MLHU is a general member of the LCDA and will continue to support the establishment of the dental clinic.

This report was prepared by the Oral Health Team, Healthy Living Division (Oral Health program template attached as Appendix A).

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

Healthy Living
Oral Health

Total FTEs – 11.95 FTEs

Total Budget – $1,116,045

Appendix A to Report No. 21-19

Misty Golding
Manager, Oral Health

- School Screening: Dental and Vision
- Monitoring, Reporting and Quality Improvement
- Oral Health Promotion
- Clinical Services
- Fluoride Varnish

Program Highlights:

- Provide dental screening for all JK, SK and Grade 2 students in all publically-funded elementary schools located in Middlesex-London
- Collaborate with stakeholders to expand pre-school and school-based fluoride varnish program
- Provide preventive dental services to children who are eligible for Healthy Smiles Ontario at the 50 King Street Dental Clinic
- Promote oral health to increase awareness and access to oral health services
- Collaboration with school boards and schools to implement the new Vision Screening program mandated by the MOHLTC

MIDDLESEX-LONDON HEALTH UNIT

REPORT No. 022-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2019 March 21

BOARD OF HEALTH REPRESENTATION ON THE FOOD POLICY COUNCIL

Recommendations

It is recommended that the Board of Health:

1) ***Receive Report No. 022-19 re: "Board of Health Representation on the Food Policy Council" for information; and***
2) ***Appoint a Board of Health representative to the Middlesex-London Food Policy Council as a voting member.***

Key Points

- The Middlesex-London Food Policy Council (MLFPC) has been operational since 2016 and has made steady progress toward providing food system leadership, as outlined in Report No. 037-18.
- A Health Unit Registered Dietitian, who is also an MLFPC Executive member, provides coordination and administrative support to the MLFPC as a non-voting member, and supports implementation of certain MLFPC activities where they align with the Health Unit's Healthy Eating Behaviour program.
- Per the MLFPC Terms of Reference (attached as Appendix A), Council membership includes a voting member position for a Board of Health representative. This position is currently vacant.
- The MLFPC is developing an on-line food directory to inform residents about where to buy local food and to serve as a repository of information about food literacy programs in the Middlesex-London area.

A Shared Vision for a Healthy and Sustainable Local Food System

The food system is a complex set of activities and relationships related to every aspect of the food cycle, including production, processing, distribution, retail, preparation, consumption, and disposal. A healthy, local food system is essential to a vibrant and healthy community. A food systems approach to healthy eating is required to address the inter-connected environmental, economic, social, and nutritional factors that are increasing the number of local food-related problems, including food insecurity, increased consumption of nutrient-poor foods, and rising rates of unhealthy weights and related chronic diseases.

Momentum for developing of a healthy, sustainable local food system in Middlesex-London has been growing since 2011, as outlined in Board of Health Report No. 052-15 and Report No. 043-16. On June 16, 2016, a collaborative team of the London Community Foundation, the City of London, Middlesex County, and the Health Unit proudly unveiled the Community Food Assessment and announced the formation of the Middlesex-London Food Policy Council, with an open call for applications. The inaugural meeting of the MLFPC took place on November 29, 2016. Since its formation, the MLFPC has made steady progress in providing food system leadership through its strategic partnerships and member expertise, the MLFPC website, communications and social media activities, and community engagement activities.

The MLFPC Strategic Plan for 2018–21 includes priorities to empower citizens to engage in local food system change and to enhance coordination between all food system sectors.

MLFPC Membership

In the fall of 2018, following a call for applications, the MLFPC selected a new group of volunteer Directors for 2018–22. As outlined in the Terms of Reference (attached as Appendix A), the MLFPC is comprised of a combination of elected and appointed members who represent diverse interests from across the entire food system. The Council's membership reflects Middlesex-London's diverse population. Members must endorse the mission, goals, and values of the Council.

Council membership includes a voting position for a Board of Health member, to be appointed by the Board of Health. Board of Health representation is critical for providing a public health lens to support the Council's policy, research, and action group activities. The Board of Health member can also provide insight and information related to local data, food insecurity considerations, food literacy initiatives, and food safety programs supported by the Health Unit in our community. The appointed Board of Health representative does not commit program resources or funding; however, the Board of Health member contributes an understanding of the mandate of public health and the Health Unit's values, important considerations for supporting MLFPC decision-making. The Health Unit Registered Dietitian, who provides coordination and administrative support to the MLFPC, provides briefings and tools to assist in the orientation of the Board of Health member who accepts the appointment.

Middlesex-London Food Policy Council Progress

As outlined in Report No. 037-18, the MLFPC Strategic Plan 2018–21 identifies four priorities:

1. Building Council strength;
2. Defining shared language and metrics;
3. Developing an information repository; and
4. Building pathways to affect food policy change.

These priorities align with the Health Unit's mission to promote and protect community health through values of collaboration, empowering citizens, excellence, and equity. Over the course of 2019, the MLFPC will be creating an on-line food directory, to be hosted on the MLFPC website, to strengthen local food system partnerships. This directory will inform Middlesex-London residents about where to buy and eat local food and how to learn about the importance of healthy eating and a strong local food economy. The directory will include information about farms, farmers' markets, food literacy programs, food recovery, food waste avoidance, and growing your own food. It will become a place where residents can find out where to access local, healthy foods, and an information sharing platform and local data collection opportunity enabling the local food system players to collaborate more efficiently. Having a Board of Health representative in place at the Council table will help to maintain the MLFPC as a community organization rooted in health with a commitment to food system sustainability.

This report was prepared by the Healthy Living Division.

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

Middlesex London Initial Food Policy Council

Terms of Reference

June 27, 2017

Vision

The Middlesex London community sustains a healthy, safe, equitable and ecologically responsible local food system, that nourishes all residents and is economically viable.

Mission

The Middlesex London Food Policy Council will:

- Be a forum for discussing local food issues.
- Empower citizens to be involved in food system decisions.
- Foster coordination between sectors in the food system.
- Create, evaluate and influence policy.
- Support programs and services that address local needs.

Goal

To facilitate and support a safe, healthy and accessible local food system that is socially, economically, and environmentally sustainable.

Activities

Advocate – Identify policy changes which support goals and advocate for their implementation.

Communicate – Engage with the community on relevant and timely issues through the sharing of information and involvement in action groups.

Coordinate – Identify and prioritize emerging issues, opportunities and needs in the Middlesex London food system and support the creation and implementation of initiatives.

Educate – Provide evidence-based research and the most current knowledge on local food systems issues.

Evaluate – Establish benchmarks and targets for achievement of mission/goals and monitor and report on progress of implementation.

Leverage – Align and seek community resources to support the mission and goals of the Food Policy Council.

Research - To facilitate, or conduct research on emerging local food system priorities where information gaps exist.

Network – Build new partnerships and facilitate networking between existing and emerging food system stakeholders in Middlesex London.

Values

Members of the Middlesex London Food Policy Council are committed to achieving the following in our community:

- *Accountability*- Accountable to citizens of Middlesex London.
- *Community and Partnership* – Inclusivity, sharing responsibility, and working together will improve the food system and benefit all.
- *Diversity* – Our communities celebrate the culture and diversity of food
- *Equity* – All people have equitable access to healthy, local and culturally appropriate food.
- *Health and Well Being* - All citizens have opportunities for optimal physical and mental health.
- *Respect* – The perspectives and contributions of everyone in the food system - including those farming, processing, distributing, cooking, and eating food are respected and valued.
- *Sustainability* – There is a reliable, secure, economically viable, ecologically and socially responsible food system and a sustained commitment to a local Food Policy Council.
- *Transparency* – People have a right to know what's in their food, where and how it is produced and what is being discussed within the Food Policy Council.

Membership

The Middlesex London Food Policy Council has a maximum of 20 members who represent both the county, city and partnering Indigenous Nations. Members must live or work in London or Middlesex County. Membership reflects diverse interests from across the entire food system, ideally with representation from each of the following sectors:

- Agriculture (2 positions- urban, rural; small and large farm)
- City of London Council*
- City of London Municipal Staff (e.g., Planning, Social Services)*
- Economic Development/Community Futures
- Education

- Food Distribution and Logistics
- Food Processing
- Food Retail
- Food Security
- Food Service/Institutional Food/Food Procurement
- General Community Member (2) one county, one city); (Priority given to populations not represented by other member positions e.g., older adults, youth, newcomers)
- Indigenous Communities
- Middlesex County Council*
- Middlesex County Municipal Staff (e.g., Planning, Social Services)*
- Middlesex-London Board of Health*
- OMAFRA (Provincial Agricultural Group)*
- Research
- Energy, Environment, Water and Waste

*Member to be appointed by representative organization

The Council's membership should reflect Middlesex London's diverse population, including, but not limited to, race, rural/urban residency, gender, and socioeconomic status.

Members must endorse the mission, goals, and values of the Council and have skills or experience in at least one area of food system issues. Members are expected to participate in a least one Action Group.

Governance Model

The Middlesex London Food Policy Council will operate using the model below, incorporating three levels of involvement.

Level 1: Food Policy Council Member

- Includes key community decision-makers

Roles and Responsibilities:

- Set direction on food system change,
- Take positions on food issues and advocate for change,
- Develop strategies for bringing about food system change,
- Writing and advising on policy,
- Provide leadership (i.e. attending events, speaking on behalf of the Council, etc.),
- Discuss food issues,
- Leverage relationships,

- Determine the process for the formation of the action groups and topics utilizing the results of the Community Food Assessment as a starting point,
- Oversees governance and structure overall (planning, Terms of Reference, accountability, adherence to regulations, etc.),
- Determine where to apply for funding as needed.

Level 2: Action Group Participant

- Includes individuals from the FPC and those identified by the members of the FPC as participants.
- Participants in Action Groups are those who want to "do" and "implement" food projects, Community Food Assessment priorities, grass root initiatives (community participation)

Roles and Responsibilities:

- Education
- Action
- Quick wins
- Facilitation
- Document & Report to Council

Level 3: General Public

- Includes individuals who want to stay informed

Roles and Responsibilities:

- Help to inform direction
- Attend public events and meetings

Executive Committee*

The executive committee will be composed of a Chair, Vice chair, Treasurer and Secretary and is responsible for presenting Governance recommendations to Council which will be voted upon prior to adoption.

Meetings will be scheduled as warranted and may be held in person, conference call or using electronic communication methods adopting the approved Decision Making standards.
*Refer to Appendix A for Executive Committee Role Descriptions.

Action Groups:

Topic specific Action Groups will be composed of participants and at least one Council member. Each Action Group will have one Food Policy Council member to liaise with the Council and report on progress the Action Group is making in key areas. Action Groups will correspond to identified priority areas of the Food Policy Council and will be struck as needed by the Council to implement planned activities in key areas.

Term

Members will be appointed for two-year terms, and the possibility of one term of renewal, with half of the members' term expiring in odd-numbered years, and the other half expiring in even-numbered years, to ensure consistency.

Executive Committee will be voted upon by Council members annually. Executive willing to stand for additional year may be considered.

Attendance

Missing two meetings a year without prior discussion with Chair is deemed equivalent to a resignation. The Executive will appoint new interim members during the term as needed.

Decision Making

Consensus is the preferred method of decision-making. When consensus is not reached, a vote will be taken, as long as quorum is met (50% + 1).

Quorum is defined as 50% of the current membership and 50+1 is required for day-to-day decisions.

Two /thirds agreement of Council members are required for major* decisions.

Major decisions may be deemed to be treated as such if motion receives 50 + 1; and will subsequently require 2/3 agreement.

*Major defined as public policy or advocacy positions or decisions deemed by Council vote to be treated as such.

Meeting Frequency

The Food Policy Council will meet up to 8 times per year. Dates and times to be agreed upon by Council members. Meetings will alternate between City and County locations. The Annual Meeting will be open to the public.

Staff Resources

Coordinator
A Middlesex-London Health Unit (MLHU) Registered Dietitian, knowledgeable in community food systems will provide coordination support to the Food Policy

Council. MLHU offers a 0.25 FTE for this position. The dietitian will attend all full Food Policy Council meetings, but will not have voting rights.
Coordinator responsibility includes:

- act as a consistent point of contact for MLFPC and Action groups to facilitate collaboration and dialogue with city and county staff, food system stakeholders and community members
- coordinate with Chair on meeting requirements and Annual Report
- provide evidence support for decisions upon Council request
- monitor emerging food system issues and the broad political and policy environment and how it impacts health
- share relevant information with MLFPC members and Action groups

Trustee
The London Food Bank, acting in the capacity of Trustee (e.g. financial manager) will also provide support to the Food Policy Council as an ex-officio member. They will attend and participate at meetings and assist in the administration of the council but will not have voting rights.

Resource allocation and responsibilities are to be re-visited within 1 year of FPC formation.

Review and Approval of Terms of Reference

The Terms of Reference shall be reviewed at a minimum annually and approved by the Food Policy Council.

DEFINITIONS/GLOSSARY

Council refers to all Food Policy Council members.

The Food System is an interconnected network of practices, processes and places that cover all aspects of food. The six components of the food system are: Food Production, Food Processing, Food Distribution, Food Access, Food Consumption, Food Education and Waste Management (Food Policy Council, City of Vancouver).

A sustainable food system is one that provides healthy food to meet current food needs while maintaining healthy ecosystems that can also provide food for generations to come with minimal negative impact to the environment. A sustainable food system is economically viable and also encourages local production and distribution infrastructures that makes nutritious food available, accessible, and affordable to all. Further, it is humane and just, protecting farmers and other workers, consumers, and communities (American Public Health Association).

Local food economy is the economic activity surrounding the activities of the local food system. The local food system includes all people, activities and resources needed to feed the people in a given area. This includes everything needed to grow, process, package, distribute, consume and dispose of food (Middlesex-London Community Food Assessment).

Community Food Assessment is a participatory and collaborative process engaged in by members of a community who are interested in exploring their community's food system strengths and issues (Middlesex-London Community Food Assessment).

Food Policy Councils connect diverse people from the food, farming and community sector to develop innovative policies and projects that support a health-focused food system. Food Policy Councils are a forum for action across the food system and serve as a coordinated approach to food policy issues (Food Policy Council, City of Toronto).

***Food Sovereignty** is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems (International Forum for Food Sovereignty, Declaration of the Forum for Food Sovereignty).

Approved by Middlesex-London Food Policy Council on the ____day of _____, 2017.

X

Paul van der Werf, Chair
Middlesex-London Food Policy Council

X

Silke Nebel, Vice Chair
Middlesex-London Food Policy Council

APPENDIX A - Middlesex London Food Policy Council

Committee Responsibilities

Executive

Chair

The Chair is a member of the Middlesex-London Food Policy Council (MLFPC) who has been elected by MLFPC by a vote of the members on the Council. The Chair has an in-depth knowledge of the Middlesex County and City of London food system, its related policies and has the communication skills to speak on behalf of MLFPC.

The duties of the Chair include:

- Attend and chair Executive meeting
- Attend and chair Nomination sub committee
- Preview and Review meeting agendas
- Liaise with MLFPC support staff and delegate responsibilities
- Guide goal setting and program planning amongst MLFPC members
- Facilitate communications among MLFPC members
- Act as the spokesperson for MLFPC

Vice Chair

MLFPC will elect the Vice Chair by a vote of the members on the Council. The Vice Chair will have an in-depth knowledge of the food system and related policy in Middlesex County and the City of London and have the communication skills to speak on behalf of the Council when necessary.

The duties of the Vice Chair include:

- Perform the duties of the Chair or Secretary in their absence
- Attend and chair Governance sub committee
- Assist the Chair or Secretary in their MLFPC duties whenever possible
- Act as spokesperson for MLFPC as required

Treasurer

The Treasurer will be elected to MLFPC by a vote of members on the Council. The Treasurer will have knowledge of the food system in Middlesex County and the City of London and will have skills and competencies in accounting and financial management.

The duties of the Treasurer include:

- Keep updated records on the accounts payable and receivable
- Present summary report on finances to the MLFPC at each meeting
- Regularly identify all financial risks
- Attend and chair Finance sub committee

Secretary
The Secretary will be elected to MLFPC by a vote of the members on the Council. The Secretary will have knowledge of the food system in Middlesex County and the City of London and will have administrative support skills and capacities.

The duties of the Secretary include:

- Taking meeting minutes and distributing these minutes to approved members of MLFPC in a timely fashion
- Attend and chair Communications sub committee
- Corresponding with MLFPC members
- Invite and liaise with guests and speakers as directed by MLFPC
- Assisting with general coordination and communications on behalf of MLFPC
- Providing support to both MLFPC and the executive committee as required

Sub Committees

The Executive Committee may request Council members participate on Communication, Governance, Finance and Nomination committees as warranted.

Council members will fill positions, with external parties only engaged through approval by Council. Meetings will be scheduled as warranted and may be held in person, conference call or using electronic communication methods adopting the approved Decision Making standards.

May 24, 2017

APPENDIX B - Middlesex London Food Policy Council

Operating Principles

Action Groups

- Standard reporting template(s) implemented to provide consistent documentation used for annual reporting
- Project Lead responsible for own meeting management and documentation of project charter via standard template
- Copies of reports to be shared with Staff Resource Coordinator for retention, communication and transparency purposes
- Group member(s) will provide updates at Council meetings
- Members of the community will be invited to participate

Annual Report

- will be presented to public at the Annual General Meeting and should include at a minimum:
- summary of policy changes impacted by the MLFPC
- summary of all Action Group results
- nomination report
- financial report (including funding resources)
- communications/outreach to community report

Membership

- Those seeking membership on the council will be vetted by the Executive Committee to ensure membership continues to reflect Middlesex London's diverse population, skills or experience as identified in the Membership section of the Terms of Reference
- Annual Appointments to Food Policy Council will be voted upon by current Council members prior to the Annual Meeting
- Members deemed to have resigned during the term will be appointed as new interim members as needed by the Executive Committee

Solicitation

- As a point of clarification, this will be referenced as people/organizations that are "soliciting" time/involvement on the MLFPC council or seeking time on meeting agendas
- All inquiries will be directed to Staff Resource Coordinator as first point of contact
- Executive Committee will review all requests and respond as deemed appropriate

May 24, 2017

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 023-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and Chief Executive Officer

DATE: 2019 March 21

ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa) RESOLUTION: PREVENTING MENTAL ILLNESS THROUGH EARLY CHILDHOOD DEVELOPMENT PROGRAMMING

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 023-19 re: "Association of Local Public Health Agencies (alPHa) Resolution: Preventing Mental Illness Through Early Childhood Development Programming" for information;***
2) ***Co-sponsor the proposed resolution for the 2019 alPHa Annual General Meeting.***

Key Points

- Mental illness and addiction affect one in five Canadians; adverse childhood experiences are an important cause of mental illness and addiction later in life, with 70% of mental illness and substance use problems beginning in childhood.
- Investment in early childhood programs, such as Healthy Babies Healthy Children (HBHC), provides a significant return on investment in terms of increasing protective factors and reducing risk factors for mental illness and addictions.
- Other than a minor enhancement in 2012, the HBHC program has not seen any increase in funding since 1997; a resolution to address this is proposed for the upcoming alPHa annual general meeting.

Background

Mental illness and addiction-related harms are costly to Ontarians, both financially and socially. Costs are incurred at every level, including education, healthcare, law enforcement, the judiciary system, social assistance, workplaces, and premature death. The burden of mental illness and addictions in Ontario is more than 1.5 times the burden of all cancers, and seven times the burden of all infectious diseases.

Mental health and addictions are complex issues with multiple causes and contributing factors across the lifespan. A comprehensive strategy includes mental health promotion, treatment and harm reduction, healthy public policy, and addressing social factors.

Mental Health Promotion involves increasing protective factors and reducing risk factors for mental illness and addictions. Improvements in these factors promote positive mental health, reduce the likelihood of mental illness and addictions and may support recovery and treatment from mental illness and addictions. Many of broad range of protective and risk factors apply to the prenatal and early childhood period.

The prenatal and early childhood period is a critical time for neurological development with broad reaching, lifelong consequences. Early childhood programming has proven benefits to IQ and income, and reduces incarceration and need for social services. Every $1 invested in early childhood development can save $9 in spending on health, social and justice services. Improving a child's mental health from moderate to high leads to average savings of $140,000 across the lifetime of the child.

The proposed Association of Local Public Health Agencies (alPHa) resolution focuses on the Healthy Babies Healthy Children (HBHC) program. The HBHC program was created to improve outcomes for families experiencing challenges to help children to get a healthy start in life and achieve their full potential. HBHC was introduced in 1998 as a mandatory program under the Health Protection and Promotion Act and Ontario Public Health Standards. The home visiting component of the HBHC program uses a strength-based approach to support pregnant women and their families, and families with children from birth to their transition to school. Evidence-based tools are used to assess the needs and strengths of families.

Home visiting provides protective therapeutic relationship opportunities by role modeling regulated, attentive, and attuned interactions with both parents and children which counteract the effects of early childhood adversities consistent with neglect, maltreatment and otherwise impoverished environments. Without foundational nurturing experiences during infancy and early childhood, children are at high risk for developmental, relational, and behavioral difficulties and are at an increased risk for mental illness.

In 1997, the province committed to funding the HBHC program at 100%. Although fixed costs for salaries, benefits and overall operational costs are ever-increasing, funding for the HBHC program has remained static. In October 2012, the Ministry announced the addition of base funding as part of the 36 new full time equivalents public health nursing positions for HBHC (as part of the 9,000 Nurses Commitment). This funding supported salaries, benefits and operational costs associated with the HBHC Screening Liaison role only. With the exception of this new funding, Ministry base funding for HBHC has not increased.

Proposed alPHa Resolution

Leaders from several health units have drafted a background paper (Appendix A) and resolution (Appendix B) for the upcoming alPHa Annual General Meeting in June 2019. Recommendations include the following:

1. That the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long Term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions

2. That alPHa engages with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long Term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario.

Next Steps

Should the Board of Health approve co-sponsorship of the draft proposed background paper (Appendix A) and resolution (Appendix B) for the Association of Local Public Health Agencies (alPHa) Annual General Meeting, MLHU will continue to partner with other co-sponsoring health unit leaders to finalize the materials and submit to alPHa by the resolution deadline.

This report was prepared by the Healthy Start Division.

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

The Issue

The Mental Health Commission of Canada (MHCC) states that 1 in 5 Canadians is affected by a mental illness or addiction issue every year. Seventy percent of mental health and substance use problems begin in childhood. [i]

The Cost

Mental illness and addiction-related harms are costly to Ontarians, both financially and socially. Costs are incurred at every level, including healthcare, law enforcement, our judiciary system, our social system, the workforce, and premature deaths.

- The burden of mental illness and addictions in Ontario is more than 1.5 times the burden of all cancers, and 7 times the burden of all infectious diseases. [ii]
- Suicide is a major cause of premature and preventable death, mental illness is the most important risk factor for suicide, and suicide occurs across all ages, incomes, ethnicities, and social factors (Navaneelan, 2017)
- There is a national opioid overdose crisis with more than 9,000 deaths in Canada between January 2016 and June 2018 related to opioids; [iii] In 2017, more than 1,250 Ontarians died from opioid-related causes. [iv]
- The annual economic burden of mental illness (costs of health care utilization, absenteeism form work, and declined quality of life) is about $51 billion in Canada. [v]
- 72% rise in emergency department visits and a 79% spike in hospitalizations for children and youth seeking help for mental health and substance use problems in 2016/2017.[vi]

What Can Be Done

Mental health and addictions are complex issues with multiple causes and contributing factors across the lifespan. A comprehensive strategy includes:

- **Mental Health Promotion**: there is strong evidence that promotion, prevention and early intervention, especially among children and youth, can produce significant net cost benefits, i.e. home visitation is an evidence-informed primary prevention strategy provided to prevent disorders and promote protective factors [vii]
- **Treatment and harm reduction**: comprehensive interventions can require a combination of centre-based care (high-quality day care), home visitation and participation in effective parenting groups [viii], specific attention should be given to connecting to adult services when those services are key to child well-being, for instance mental health services, employment services, housing and addictions
- **Healthy public policy**: policies that create a social and physical environment that promotes mental health and reduces the risk of substance use should be place-based (cross-sectoral public policies at the community level) and support skill-building for parents, while reducing time pressures [ix]
- **Addressing social factors**: children living in conditions with multiple and cumulative risks (poverty, child welfare involvement, single parent homes, caregivers with addictions, subsidized housing) require complex, collaborative supports form multiple systems including child mental health, child welfare, early education, and adult mental health and addictions [x]

Mental Health Promotion includes increasing protective factors and reducing risk factors for mental illness and addictions. Improvements in these factors promote positive mental health, reduces the likelihood of mental illness and addictions, and may support recovery and treatment from mental illness and addictions. There are a broad range of protective and risk factors, many of which apply to the prenatal and early childhood period: maternal education, parental employment status, parental mental illness, parental substance misuse, physical health in infancy, single parent household, parent-child attachment and relationship, parenting style, family relationships and harmony, child abuse or neglect, self-esteem and resiliency, childhood poverty, food insecurity, adequate housing, sense of safety in the neighbourhood and social support or exclusion for the family. [xi]

Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked to risk for mental illness and addiction later in life. [xii] Substance use and substance use disorders during pregnancy are becoming more common and can lead to multiple social and health problems for both mother and child. [xiii]

The importance of early childhood experiences

The prenatal and early childhood period is a critical time for neurological development with broad reaching consequences for the rest of the child's life. Brain development starts soon after conception and during early childhood, neurological development is rapid and greatly influenced and affected by the social environment such as interactions with caregivers, nurturing engagement or neglect, and stressors created by the socioeconomic circumstances of the family. The extent to which the early childhood experience is supported by the social and family setting has a well-established effect on physical health, cognition, language, behavior, emotional and social development, and mental health. This subsequently impacts readiness to start school, school success and achievement, post-secondary educational attainment and likelihood of employment in adulthood. [xiv]

Return on Investment

Programming that focuses on supporting children and families during early childhood and enhancing the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system, and reduced utilization of the social services. Every $1 invested in early childhood development can save $9 in future spending on health, social and justice services. [xv] Investing in the early years can save the system nearly 25% in publicly funded services per person[xvi] Improving a child's mental health from moderate to high can lead to lifetime savings of $140,000. [xvii]

HBHC

While there are a variety of programs that focus on the early childhood experience, this background paper focuses on a prominent program currently implemented provincially: Healthy Babies Healthy Children.

Healthy Babies Healthy Children (HBHC) is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are

at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. HBHC is a free, voluntary program funded by the Ministry of Children, Community and Social Services (MCCSS) (formerly the Ministry of Children and Youth Services (MCYS)) and is delivered through Public Health Units across Ontario. HBHC was introduced in 1998 as a mandatory program under the Health Protection and Promotion Act (HPPA) and Ontario Public Health Standards (OPHS).

The HBHC program was created to improve outcomes for families experiencing challenges, to help children to get a healthy start in life and be supported to achieve their full potential. Program components of the HBHC program are:

- Screening and assessment to identify strengths and risks
- Home visiting and support services to families identified with risk
- Planning and coordination of services to families
- Referrals to community programs and resources to address key issues and support families
- Integration of service within a larger system of supports
- Evaluation and research of activities of the HBHC program

The home visiting component of the HBHC program uses a strength-based approach to support pregnant women and their families, and families with children from birth to their transition to school. Evidence-based tools are used to assess the needs and strengths of families in areas such as:

- Continued education/employment
- Independent life skills
- Effective settlement and cultural adaptation
- Financial stability
- Healthy nutrition and food security
- Safe environment
- Housing stability
- Effective breastfeeding maintenance
- Positive support network
- Optimal growth and development
- Optimal prenatal health
- Optimal parental health
- Healthy relationships
- Healthy attachment
- Effective management of addiction/dependency

Interventions are designed to improve outcomes in many areas including social and emotional development, parent child interaction, helping parents learn about and respond to baby's cues, fostering infant attachment, increasing parenting confidence and skills, and supporting and having a positive effect on maternal health outcomes. [xviii]

The HBHC program has a unique opportunity to provide services in the home environment where typical parent-child interactions take place in order to observe for the emergence of parent-infant dyadic challenges. The HBHC program is a relationship-based program which increases parent relational competence by teaching families about the importance of serve and return type interactions that are supportive of creating a safe base and secure haven for infants

and children. Home visiting provides protective therapeutic relationship opportunities by role modeling regulated, attentive, and attuned interactions with both parents and children which counteract the effects of early childhood adversities consistent with neglect, maltreatment and otherwise impoverished environments. Without foundational nurturing experiences during infancy and early childhood, children are at high risk for developmental, relational, and behavioral difficulties and are at an increased risk for mental illness. [xix]

HBHC staff provide direct care for women with perinatal mood disorder (PMD) and addictions which consists of screening, assessment, education and referrals to primary care, counselling and community supports. Supporting women suffering with mental health disorders or addictions provides protective interventions aimed at diminishing the impact of adversity on children by decreasing vulnerability to stress and creating supportive environments for families.

The period between conception and transition to school is the most critical period of a child's growth and development. Experiences during these early years can have health and social effects that last a lifetime. The HBHC program provides important and necessary services and supports to children and families at a critical period in time to supports healthy child development, effective parenting and to help children to achieve their full potential.

BUDGETARY IMPACT

In 1997, the province committed to funding the Healthy Babies Healthy Children program at 100%. Although fixed costs for salaries, benefits and overall operational costs are ever-increasing, funding for the HBHC program has remained static. In October 2012, MCYS announced the addition of base funding as part of the 36 new full time equivalents (FTE) public health nursing positions for Healthy Babies Healthy Children program (as part of the 9,000 Nurses Commitment). This funding supported salaries, benefits and operational costs associated with the HBHC Screening Liaison role only. With the exception of this new funding, MCCSS base funding for HBHC has not increased.

Costs associated with operating the HBHC program continue to increase with no consideration of and increase base funding to offset this pressure. Currently, deficits are being offset by cost-shared programs. The capacity for public health units to continue to offer high quality home visiting in a frequency and intensity of support that will have greatest impact is compromised by the budgetary conditions. Operating the HBHC program with the existing funding shortfall has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

CONCLUSION

Poor mental health, mental illness and addictions have a substantial burden of illness in Ontario and Nationally with subsequent costs to the health care system and social services. Addressing this problem must include strategic investments in mental health promotion particularly as it applies to early childhood experiences. Healthy Babies Healthy Children is a prominent program that targets high risk families and enhances protective factors and tackles risk factors to prevent mental illness and addictions. This program has been chronically underfunded for the past decade which threatens its ability to sustain service and meet the needs of families and young children.

RECOMMENDATIONS

1. That the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions

2. that alPHa engages with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario.

PREVIOUS ALPHA RESOLUTIONS

There are two previous alPHa resolutions related to funding for Healthy Babies Healthy Children and Early Childhood development:

- 2011: Public Health Supporting Early Learning and Care
- 2016: Healthy Babies Healthy Children 100% Funding

This resolution differs from previous resolutions as it positions early child development programs and Healthy Babies Healthy Children as an effective, cost-saving strategic direction for programming and services to address the pervasive health problem of mental illness and addictions.

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Title: Preventing mental illness through Early Childhood Development programming

Sponsor: Northwestern Health Unit (NWHU), Middlesex-London Health Unit.

WHEREAS one in five Canadians are affected by mental illness or an addiction issue every year, and the burden of illness is more than 1.5 times the burden of all cancers and 7 times the burden of all infectious diseases; and

WHEREAS suicide is a major cause of premature and preventable death, mental illness is the most important risk factor for suicide, and suicide occurs across all ages, incomes, ethnicities, and social factors; and

WHEREAS there were more than 9,000 deaths in Canada from 2016 to 2018 and more than 1,250 deaths in Ontario in 2017 related to opioids; and

WHEREAS the annual economic burden of mental illness is approximately 51 billion in Canada with a substantial impact on emergency room departments and hospitals; and

WHEREAS 70% of mental health and substance use problems begin in childhood; and adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict and neglect, have been clearly linked to risk for mental illness and addiction later in life; and

WHEREAS programming that enhances the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system and utilization of social services; and

WHEREAS every $1 invested in early childhood development can save $9 in future spending on health, social and justice services; and

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family relationships, and financial instability and addressing parental mental illness and substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008 with the exception of increased base funding in 2012 for an increase in public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment; and

WHEREAS fixed costs such as salaries and benefits, travel, supplies, equipment and other operational costs have increased the costs of operating the HBHC program, and

WHEREAS operating the HBHC program with the existing funding has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions

AND FURTHER that alPHa engage with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario.

AND FURTHER that the Chief Medical Officer of Health of Ontario, Ontario Public Health Association, Centre for Addictions and Mental Health and other relevant partner agencies be so advised.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 024-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 March 21

SUMMARY INFORMATION REPORT – MARCH 2019

Recommendation

It is recommended that the Board of Health receive Report No. 024-19 re: "Summary Information Report – March 2019" for information.

Key Points

- Following extensive public and stakeholder consultations and a comprehensive review of the latest evidence, Canada's new Food Guide, released this past January 22, promotes healthy eating and nutritional well-being, and supports improvements to the Canadian food environment.
- Health Unit staff prepared a submission for consideration by Health Canada (attached as Appendix A) to offer input on the draft regulations related to edible cannabis, cannabis extracts, and topicals.
- Phase One of the Client Experience Survey, with a focus on service-seeking clients, has been successfully launched with results and recommendations expected by the end of 2019.

Canada's New Food Guide

In late January, Health Canada released its new Food Guide and healthy eating recommendations following an extensive public and stakeholder consultation process. Canada's new Food Guide includes guidance on what to eat (e.g., vegetables and fruits, whole grains, protein foods) and how to eat (e.g., cooking more often and eating meals together with others). Health Canada released a suite of resources and interactive tools for individuals, health care professionals, and policy makers, including a Food Guide Snapshot, videos, recipes, and an evidence review.

In addition to dietary guidance for individuals and families to help prevent chronic disease, Canada's Dietary Guidelines for Health Professionals and Policy Makers address important public health issues, such as creating supportive environments for healthy eating, the food and beverages available in publicly funded facilities and workplaces, food marketing, environmental sustainability, food literacy, the importance of traditional foods for Indigenous Peoples, and collective action on the social determinants of health. Later in 2019, Health Canada will be releasing material for health professionals and policy makers on healthy eating patterns. These will provide more specific guidance on amounts and types of foods, as well as life stage guidance.

The Health Unit's Nutrition Practice Group (NPG), comprised of the Health Unit's Registered Dietitians and their Managers, are promoting the new Food Guide resources and key messages to Health Unit staff, community partners, and community members through various strategies, including a webinar for staff and a social media contest for the public during March Nutrition Month. The NPG is exploring the print resources required to meet the needs of specific programs and priority populations across the Health Unit, and updating Health Unit materials to reflect the new dietary guidelines.

Health Canada's Consultation on the Edible Cannabis Framework

Between December 20, 2018, and February 20, 2019, Health Canada conducted a public consultation on the draft regulations for edible cannabis, cannabis extracts, and cannabis topicals. These additional cannabis products will be permitted for legal sale under the federal government's *Cannabis Act* no later than October 17, 2019. Health Unit staff from the substance use, food safety, and nutrition program portfolios worked collaboratively to review the draft regulations and submitted responses to provide input regarding how to minimize the public health and public safety risks related to the sale of these products. The submission (attached as Appendix A) provided input on the draft regulations including information and evidence related to cannabis product rules, THC limits, packaging and labelling requirements, and guidelines related to quality control of cannabis products. In addition, in collaboration with the Ontario Public Health Collaboration on Cannabis, Health Unit staff contributed to the development of a multi-agency submission (attached as Appendix B). Health Unit staff will continue to monitor Health Canada's progress on the legalization of edible cannabis, cannabis extracts, and cannabis topicals, and will provide updates to the Board of Health as information becomes available.

Update on the Client Experience Survey

MLHU's organizational Balanced Scorecard includes the priority area "Client and Community Confidence" aimed at seeking and responding to community input, ensuring that clients and the community know and value our work, and delivering client-centred services. One of MLHU's key strategic initiatives related to this priority is the Client Experience Survey. Following identification of a reliable and validated tool, as well as implementation planning in 2018, Phase One of this project was launched in January 2019. This phase focuses on assessing how service-seeking clients experience MLHU staff. Obtaining and incorporating this feedback will support MLHU to live its organizational values, optimize interactions with clients, and enhance the confidence of service-seeking clients in the Health Unit. Eight teams are participating in Phase One; one has already met its survey quota, another will begin gathering data in April, and the remaining teams have data collection underway. A small incentive is being provided to service-seeking clients to encourage survey participation, which seems to be positively influencing client uptake. Planning for Phase Two of this strategic initiative will begin this month and will focus on the experience of mandated clients, with implementation expected early in 2020. An additional phase is planned for 2020, which will focus on understanding the experiences of clients that speak neither English nor French. This initiative will also enable us to meet Requirement #5 of the Public Health Practice Domain, within the Organizational Requirements outlined in the Public Health Accountability Framework in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Appendix A

February 20th, 2019

Health Canada Consultation – Strict regulation of edible cannabis, extracts and topicals

Health Canada is seeking feedback on draft regulations to minimize the public health and public safety risks posed by edible cannabis, cannabis extracts, and cannabis topicals. These products will be permitted for legal sale under the *Cannabis Act* no later than October 17, 2019.

The Middlesex-London Health Unit (MLHU) has prepared the following responses to offer its input on the draft regulations related to product rules, THC limits, packaging and labelling requirements, and guidelines related to quality control of cannabis products.

Consultation Question	Response
1. What do you think about the proposed THC limits for the new classes of cannabis products?	*Canada's Lower-Risk Cannabis Use Guidelines* recommend limiting the amount of THC content in cannabis products to help mitigate the risks of both acute and chronic problems associated with cannabis use. High THC content in cannabis is linked to mental health problems and dependence (1). **Recommendations:** **High Potency Products** • **Recognizing that there are risks associated with high potency products, MLHU agrees that limiting the amount of THC content in new classes of cannabis products is critical.** The Canadian Task Force on Cannabis Legalization and Regulation acknowledged that there is insufficient evidence to identify a "safe" potency limit (2). As such, future changes to legislation may be warranted as further research and evidence becomes apparent on what is best for the public's health and safety. **Availability of Lower Potency Products** • **MLHU recommends there should be a mandatory requirement that multiple lower potency options (e.g. under 5mg THC) are made available on the market.** Having lower potency options available will allow novice users to select a lower potency option and follow *Canada's Lower-Risk Cannabis Use Guidelines* (1). **Serving Size Exceeding 5mg THC** • **If the serving size exceeds 5mg THC per serving of edible cannabis, MLHU recommends that there should be a requirement to include a warning on the label, to advise first time/novice users that the THC quantity contained in one serving may be in excess of their individual tolerance.** **Variability Limit** • **MLHU recommends the variability should be no more than +/- 10%, applicable for *all* cannabis products.**

	The above mentioned limits are in alignment with Oregon's variability allowances (3), regardless of the dosage amount in one serving. This is also consistent with the current acceptable dosage for medicinal ingredients in Canada's *Food and Drug Regulations* (C.01.062 [1]) which is not less than 90% or more than 110% of the amount of the medicinal ingredient shown on the label (4). **THC allowed in Cannabis Extract and Topical Class** • **MLHU recommends that Health Canada place greater restriction on the maximum total THC allowed in a container of cannabis extracts or topicals, to prevent overconsumption and reduce the risk to children and others who unintentionally ingest these products.** In Colorado, the total amount of THC allowed in a container with multiple servings as a tincture, capsule, pill or oral consumption concentrate is 100mg (5). Setting a maximum container size of 100mg THC would offer a significant improvement for consumer safety as compared to the proposed 1000mg THC per multi-serve container.
2. Do you think the proposed new rules addressing the types of ingredients and additives that could be used in edible cannabis, cannabis extracts, and cannabis topicals appropriately address public health and safety risks while enabling sufficient product diversity?	**Recommendations:** **Flavouring** • **MLHU recommends a prohibition on the addition of flavours to all cannabis extracts as outlined in Schedule 3 of the *Tobacco and Vaping Products Act* (6).** While MLHU supports the proposed prohibition to display that a cannabis extract or cannabis accessory has a flavour set out in Column 1 of Schedule 3 of the *Tobacco and Vaping Products Act,* we are concerned that flavours themselves are still permitted, and could still be appealing to youth. Research has shown that flavoured tobacco products are more appealing to young people (7) and that e-cigarette use is often initiated through flavoured products (8). Observations from the current cannabis product market demonstrate that cannabis extracts and concentrates may resemble food (9) and can be marketed based on containing food-like flavours (10). These products pose a risk for unintentional ingestion (11). **Adding Tobacco and Nicotine** • **MLHU supports the proposed regulations that tobacco and nicotine cannot be added as an ingredient to any class of cannabis.** • **MLHU recommends that tobacco flavouring agents be prohibited by regulation.** Tobacco-flavoured cannabis could normalize tobacco and tobacco products within the youth and young adult populations, and could create potential legislative loopholes counter-productive to existing tobacco control efforts to restrict tobacco product marketing (12). **Alcohol** • **For edible products, MLHU supports the proposed regulations to cap the concentration of ethyl alcohol in edible cannabis (that does not exceed 0.5% w/w) and prohibit the addition or mixing of alcohol to any edible product.**

	• **For cannabis extracts intended to be ingested, such as tinctures, the current proposed regulations state that the use of ethyl alcohol would be permitted, with a maximum container size of 7.5g. While MLHU supports a maximum container size, we would recommend a disclosure of alcohol content and a cap on the concentration of ethyl alcohol within the cannabis extract to provide the consumer with product information.** **Fat, Sugar, Salt** • **MLHU recommends Health Canada consider restricting the daily values (DV) of fat, sugar, and salt contained in a single cannabis edible package to under 5%.** These types of restrictions are in line with the World Health Organization (13), the Heart and Stroke Foundation (14), and Diabetes Canada (15), all of which recommend restricting total free sugar intake to less than 10% of an individual's daily calories, and ideally less than 5%. It is further in line with the Dietitians of Canada's interpretation of under 5% DV as "a little" of the nutrient value (16). **Commercially manufactured food products** • **MLHU recommends that commercially manufactured food products not be allowed as ingredients unless they are unrecognizable in the final product, and are in no way to be advertised containing a commercially manufactured product.** Numerous organizations in the United States have required that commercially manufactured food products should not be used as ingredients unless they are unrecognizable in the final product, and are in no way to be advertised containing a commercially manufactured product. For example, in Colorado, a cannabis edible manufacturer cannot partner with an existing commercial food brand (e.g., Oreo) to produce an Oreo edible, the only exception being that the cookie is no longer recognizable in the final product and is not used for any promotional purposes (5).
3. Do you think that the proposed rules for other classes of cannabis will accommodate a variety of oil-based products for various intended uses, even though cannabis oil would no longer be a distinct class of cannabis?	There are ample options for products, dispensing methods and concentrations. Since cannabis oil will be subsumed by the Cannabis Extract class, they will still be available.
4. What do you think about the proposed six-month transition period for cannabis oil? Is a	**Recommendations:** • **MLHU recommends a stop should be put on the manufacture of new stock and labels for the 'cannabis oil' class on the date that these regulations come into effect.**

six-month transition period sufficient?	• **MLHU recommends that a protocol be established whereby any cannabis oil product remaining available for purchase six-months following regulation date of effect be pulled from market.** • **MLHU recommends a thorough investigation and enforcement of non-complying companies at the six-month cut-off to ensure those products are no longer available.** • **MLHU agrees that a transition period is needed to allow producers of currently manufactured oil-based products (such as oil drops, capsules, and sprays) to incorporate new regulations, and it limits the time that these lesser regulated products can proliferate the market.** As these products could pose harms intended to be mitigated by current regulations related to overconsumption in particular (i.e. due to lack of regulation currently on dosage labelling and metering of dosing), providing a reasonable but conservative timeline for transition is warranted.
5. What do you think about the proposed new rules for the packaging and labelling of the new classes of cannabis products?	**Recommendations:** **Child-Resistant Packaging** • **MLHU recommends child-resistant packaging, as set out in C.01.001[2] of Canada's Food and Drug Regulations (4), as it is an imperative step in protecting children from accessing cannabis products, and is in alignment with the *Task Force on Cannabis Legalization and Regulation* (2).** **Original Packaging** • **MLHU recommends that a product should only be sold in its original packaging and that it should also be prohibited to remove it or repackage it from the original packaging prior to reaching the consumer.** • **Samples of edible cannabis should *NOT* be permitted under this regulation.** • **MLHU recommends that packaging for edible cannabis products be "food-grade".** **Opaque Packaging** • **MLHU recommends only opaque packaging for the immediate container as opposed to the current "opaque or translucent" option as set out in the *Cannabis Regulations* 108(a).** Opaque packaging would help to eliminate any visual appeal to a young person and is in alignment with the final report from the Task Force on Cannabis Legalization and regulation (2). **Colouring of Cannabis Extract Capsules** • **MLHU recommends that coloured capsules not be allowed in the manufacturing of cannabis products.** During the most recent webinar hosted by Health Canada discussing the proposed cannabis regulation amendments, it was noted that although the colour of a cannabis extract itself in a capsule form could not be coloured, that the capsule itself could be

coloured. Any type of coloured product could be attractive to children and youth, and therefore, no part of the product (including capsules) should be coloured.

Discrete Unit Packaging/Labelling

- **MLHU recommends that the full serving size of the cannabis product should be equal to the total package size to avoid confusion and overconsumption. For example, for a single packaged cannabis edible cookie product, the whole cookie should be the full serving size, rather than a quarter or half of the cookie.**

The rationale for full serving sizes per edible cannabis package is that some individuals may not understand that they need to portion the product, and instead may consume a larger amount of the product (17).

- **If Health Canada does allow multi-serving products, MLHU strongly recommends requiring clear labelling on the package to describe how to divide the product into accurate serving sizes.**
- **If the decision is to have multiple discrete units, then MLHU recommends an individual serving size packaging requirement (see below).**

Individual Serving Size Packaging

- **If a package contains more than one serving (multiple discrete units), MLHU recommends that each serving be separated with it's own individual package with appropriate labelling. For example, if one package of cannabis edible cookies contains two 5mg cookies, each 5mg cookie should be individually packaged (within the larger product package).**

Individual serving size packaging will help to minimize confusion around what constitutes a single serving and reduce unintended overconsumption.

- **With respect to cannabis extract packaging, MLHU agrees that the immediate container must be designed in such a way that the extract cannot easily be poured or consumed directly from the container in which it is packaged to reduce the risk of accidental consumption or overconsumption.**

Imprinting/Stamping of Standardized Cannabis Symbol

- **MLHU recommends each edible unit to be individually marked, stamped, or imprinted with the standardized cannabis symbol.**

Having each edible unit individually marked, stamped, or imprinted with the universal cannabis symbol will help to minimize Canadians (both children and adults) from accidentally ingesting a cannabis product that has been removed from it's original packaging. Colorado has recently updated their regulations to require this type of imprinting to be distinguishable and easily recognizable (5). Categories of edible products including chocolate, soft confections, hard confections or lozenges, consolidated baked goods (e.g. cookie, brownie, cupcake, granola bar) and pressed pills and capsules have been deemed "practical" to have the imprinted universal symbol in Colorado (5). The referenced regulations also set out stipulations as it pertains to placement and size of the imprint/stamp.

Labelling - Health Warning Messaging

MLHU agrees with the proposed regulation that health warning messages be included on products as this will enhance public awareness of the health risks associated with cannabis use, regardless of its form.

- **MLHU recommends that Health Canada update cannabis health warning messages to include new messages as new evidence emerges.**

MLHU is in full agreement with the aim of helping Canadians "more effectively distinguish between lower THC-concentration and higher THC-concentration cannabis products, and thereby to promote informed consumer choices."

MLHU recommends additions to the list of current warning messages including:

- **Messages that clearly warn consumers about the delayed intoxicating effects of edible products, as well as clearly indicating to NOT consume additional cannabis during that time period,**
- **Messages that cannabis should not be combined with alcohol (18),**
- **Messages that cannabis may affect a parent or caregiver's ability to respond to a child's needs and react to emergencies (19),**
- **Messaging that encourages consumers to talk to their healthcare provider if they are concerned about their cannabis use,**
- **Messaging from Canada's Lower-Risk Cannabis Use Guidelines (1), and**
- **Messaging or warnings regarding consumption by pets/other animals.**

With a few additions, the proposed regulations for packaging and labelling could be strengthened:

- **MLHU recommends that information regarding the importance of keeping cannabis products out of sight and reach from children, as well as storing all cannabis products in a locked area to reduce the risk of unintentional ingestion by children be included on all cannabis product packaging and labels.**
- **MLHU recommends that the Government take a similar approach to cannabis product packaging and labelling that is proposed for tobacco products, including prominent health warnings and product information, dictated by product package size (20).**
- **MLHU recommends that mandatory information such as health warnings, THC and CBD content, and the cannabis symbol be on the immediate packaging (the actual product) as well as packaging that may be exterior to the immediate packaging. For example, this standard of practice is used in tobacco where cigarette cartons abide by the mandatory health warning label regulations.**
- **MLHU recommends prohibiting packaging which directly targets a specific consumer group, including, but not limited to, youth, expectant mothers, seniors, etc.**
- **MLHU recommends that packaging include information regarding safe disposal of unused product to reduce the risk of unintentional consumption.**
- **MLHU recommends including standardized packaging to the regulations to curb the marketing potential of products to certain consumer groups. MLHU recommends product packaging be standardized to consist of rectangular or square shape**

	cardboard with all sides meeting at 90 degree angles, while prohibiting specialty packaging that would target specific consumer groups. This would limit specialty targeting as well as limit environmentally unfriendly packaging. This recommendation applies to immediate packaging when possible as well as external packaging to the immediate container when the product is packaged within another box; for example, a tube of cream may be packaged inside a box for display purposes. **Labelling – Important Product Information** • **MLHU recommends that all important product information of active ingredients and warnings should be easy to locate on each package, and follow a unified, consistent format which Canadian consumers can easily understand. Clear and standardized language is imperative.**
6. With respect to edible cannabis, what do you think about the requirement for all products to be labelled with a cannabis-specific nutrition facts table?	**Recommendations:** • **MLHU recommends mandatory information for edible cannabis to include: a list of ingredients; common name of product; indication of source of allergen, gluten, or sulphites that have been added; durable life date only on *ALL* products that deteriorate in 90 days or less; and, a cannabis-specific nutrition facts table. There should be *NO* nutrient and/or health claims on these labels.** • **MLHU agrees that it should be prohibited to represent edible cannabis as being suitable for people with specific physical or physiological conditions (e.g., part of a low-calorie diets, for weight loss).** • **With respect to the cannabis-specific Nutrition Facts Table (NFT), MLHU strongly recommends the font size, font type, leading, and spacing of the NFT be completely consistent with the existing labelling requirements specified in the Canadian Food and Drug Act for pre-packaged foods (i.e., as per changes to the NFT specified in 2016).** Edible cannabis is a type of food and as such, the NFT should be a standardized label on all edible cannabis foods. It will be confusing to the consumer if there are different types of labels for different food products. This product information of active ingredients and warnings must be easy to locate on each package, and follow a unified, consistent format that Canadian consumers are familiar with and can understand. • **MLHU recommends that caffeine, alcohol, and THC/CBD content be displayed as part of the core list of declarations such that the consumer can make an informed decision with ease.** • **MLHU recommends that cannabis-specific NFTs be required for cannabis extracts as well, and that nutrient content claims also be prohibited for cannabis extract products. It may be that flavouring agents, carrier substances, and substances that maintain the quality and/or stability of a product may contain nutrients that could lend itself to a nutrient content claim.**

7. What do you think about the proposal for the labelling of small containers and the option to display certain information on a peel-back or accordion panel?	**Recommendations:** • **MLHU is in support of labelling small containers with the option to display certain information on a peel-back or accordion panel, provided that the cannabis health warning messages, standardized cannabis symbol and information pertaining to the THC and CBD content of the product are visible on the exterior display surface, regardless of the size of the container, as the current proposal states.** • **MLHU recommends that the serving size should be displayed on the exterior to reduce the risk of overconsumption.**
8. What do you think about the proposal that the standardized cannabis symbol would be required on vaping devices, vaping cartridges, and wrappers?	**Recommendations:** • **MLHU supports the proposal of the standardized cannabis symbol requirement on all vaping devices, products, accessories, packaging and wrappings.** • **MLHU recommends that the proposed regulation be strengthened to include health warnings, and THC and CBD concentration on all vaping devices, products, accessories, packaging and wrappings.** • **MLHU recommends that the standardized cannabis symbol should be visible on all products that contain cannabis even if the amount of THC in the product is below 10 mcg/gram.**
9. Do you think that the proposed new good production practices, such as the requirement to have a Preventive Control Plan, appropriately address the risks associated with the production of cannabis, including the risk of product contamination and cross-contamination?	Overall, the proposed good production practices requirements are in line with the Safe Food for Canadians Act (SFCA) and we feel they are sufficient to proactively reduce the risks of foodborne illness, cross-contamination, and unintentional consumption. **Recommendations:** • **MLHU recommends additional inspections, mandatory and standardized preventative education, and progressive measures for non-compliance, over and above the regular enforcement process, be implemented for the first six-months that the regulations come into effect in an effort to proactively mitigate risk.** These additional proactive actions are very important given that the legal production of many of these new classes of cannabis products is new to both the licenced processing facilities and whomever is deemed to enforce Health Canada's national compliance and enforcement approach. • **MLHU recommends that the enforcement agency that is responsible for ensuring compliance with the regulations have sufficient staff, from the onset, to support the licenced processors before and after implementation.** **Request for Further Information:** • **MLHU recommends that clarity be provided as it pertains to protocols in the event of a recall. After the two-year record retention period presented in Section 88.94[3], and following the one-year retention of sample after last batch sold outlined in Section 92[2], there is a concern that affected recalled products may no longer have a means of tracking.**

10. What do you think about the requirement that the production of edible cannabis could not occur in a building where conventional food is produced?	**Recommendations:** • **MLHU recommends that all processes and equipment, including producing, packaging, labelling, storing and shipping, be completely separate from conventional food processes.** The proposed requirements for the separation of buildings producing edible cannabis and conventional food appear to be aligned with Health Canada's aim to reduce the risk of cross-contamination leading to unintentional cannabis consumption.
11. What do you think about the overall regulatory proposal?	MLHU would like to commend Health Canada for creating draft regulations that seem focused on preventing harm and mitigating potential health risks. **Recommendations**: • **To monitor regulatory impact, MLHU recommends that Health Canada employ a federal cannabis legalization monitoring strategy, with appropriate, population-level indicators focused on both health and societal impacts.** • **MLHU recommends engagement with local public health agencies, provincial health organizations, and health agencies that operate at a national level to ensure cooperation and system-level coordination.**
12. Are there any additional comments you would like to share on the proposed regulations for the new classes of cannabis?	**Recommendations:** **Reducing Product Appeal to Young Persons** Under the *Cannabis Act*, "it is prohibited to sell cannabis or a cannabis accessory that has an appearance, shape or other sensory attribute or a function that there are reasonable grounds to believe could be appealing to young persons." MLHU supports the proposed regulation amendments for edibles, extracts, and topicals which state that products cannot be appealing to young persons. • **MLHU recommends that the Federal Government provide explicit definitions in the regulations for manufacturers which clearly identify prohibited elements of products which may be appealing to youth to avoid any misinterpretation.** • **To make the regulations easy to follow for manufacturers, MLHU recommends that Health Canada provide a list of examples to cannabis manufacturers with regards to prohibitions on the appearance, shape, or other attribute or function that could be appealing to young persons.** Providing a list of examples regarding prohibited items and attributes can help to reduce misinterpretation of what is prohibited. For example, as of April 2019, Washington State will be explicitly prohibiting certain cannabis edible products, including hard candies, tarts, fruit chews, colourful chocolates, jellies, cotton candy, and other products that are especially appealing to young children (21). Other examples include stipulations that cookies cannot contain any sprinkles or frosting, and mints must not be coloured anything other than white (21).

Other key factors that influence children's food choices include (22, 23):

- Colour - children prefer foods that are red, orange, yellow or green.
- Shapes - children are more attracted to novel shapes such as animals, stars, etc., over plain shapes such as circles or squares. Colorado has banned edibles in the shape of fruit, animals or humans.
- Odours – children are more attracted to sweet, fruity and candy-like odours.

Flexibility and Monitoring Activities

- **MLHU recommends that Health Canada monitor and report on the breadth of health impacts, consumption patterns, unintended consequences, impact on the illicit market and enforcement/compliance activities.**

Monitoring cannabis activities was indicted in the 2016 Final Report of the Task Force on Cannabis Legalization and is essential to create a flexible legislative framework that can adapt to new evidence on specific product types, on the use of additives or sweeteners, or on specifying limits of THC or other components (2).

Restrictions on Marketing of Non-Cannabis Food

- **MLHU recommends additional regulations to prohibit conventional food products from being marketed in reference to cannabis use.**
- **In accordance with current tobacco and cannabis advertising regulations, MLHU recommends that all "lifestyle" advertising in reference to cannabis should be prohibited, regardless of what the advertised product is.**

To further protect Canadians from the harms of increased normalization of cannabis use and marketing practices which would encourage consumption, there should be a prohibition on conventional food product cannabis marketing. For example, Hershey's introduced the "Oh Henry 4:25 chocolate bar" across Canada in 2018. This product was marketing itself as the perfect snack to have at 4:25 pm, in reference to directly eating after cannabis use. This marketing approach can have cannabis normalization effects.

Vape Cartridges Containing THC

- **MLHU recommends that inhaled cannabis products should contain an integrated dispensing mechanism that dispenses no more than 10 mg of THC per unit, taking into account the potential to convert THCA into THC just like other cannabis extract items under the proposed regulation amendments under Section 122.15.**

Integrated dispensing mechanisms for inhaled cannabis products could reduce overconsumption of THC through vaping. This would also align with the proposed regulation for extracts to limit each discrete unit of 10mg THC and maximum container size proposed of 1000mg THC (or MLHU recommended 100mg THC per Question #1 of this consultation). As with other cannabis labelling, clear, simple language must be used on the cannabis e-liquid container or cartridge itself to effectively communicate what consists of one unit to the consumer.

13. Are there any additional comments you would like to share regarding the legalization and strict regulation of cannabis in Canada? For example, are there measures the Government could take to support individuals to be in compliance with the public possession limits for cannabis (i.e. 30 grams of dried cannabis "or equivalent")? Do you have views on how to minimize environmental concerns associated with packaging, while maintaining key aspects, such as child resistant packaging, that help to prevent accidental consumption?	**Recommendations:** **Public Education** • **MLHU strongly recommends that the Federal Government continue to educate Canadians and enhance awareness of the health risks associated with cannabis, especially among priority populations such as pregnant and breastfeeding women, young adults aged 18-25, and individuals at risk of or living with a substance use disorder or mental illness.** • **MLHU recommends that the Federal Government educate Canadians about the unique risks associated with the delayed onset of effects of edibles, extracts, and topicals which may cause overconsumption.** Individuals need to be warned that the use of such products may cause stronger and longer-lasting effects than comparable doses of smoked cannabis (24). • **MLHU recommends that Federal public education initiatives focus on key cannabis legislation *and Canada's Lower-Risk Cannabis Use Guidelines* (1).** In a focus group study in Colorado and Washington state, participants suggested that education in a variety of formats, such as web and video-based education, would be useful in informing consumers about the possible risks of edibles (25). **Additional Research Regarding "Standard Cannabis Serving Size"** • **MLHU recommends that Health Canada prioritize research to help establish limits or "standard serving size" information for cannabis consumption and associated intoxication similar to what has been done for alcohol in *Canada's Low-Risk Alcohol Drinking Guidelines.*** "Lower-risk" amounts or standard serving sizes for cannabis have not been established, however, it is known that consumption of high-potency cannabis products increases the risks of negative health outcomes, both acute and long-term (1). **Advertising and Promotion** • **MLHU recommends that all "lifestyle" advertising in reference to cannabis be prohibited.** • **MLHU recommends strict regulations related to advertising and promotion of any cannabis product, including but not limited to, prohibition of advertising on television, radio, social media, the internet, and other media sources.** **Places of Use** • **MLHU recommends that the Federal Government consider a ban on the sampling and ingesting of cannabis edible products in a retail storefront or specialty consumption cafes or lounges, to reduce public health risks of consumption of edibles.** Banning cafes/lounges will encourage individuals to use these products in the home if they choose to use edible cannabis. This will help to reduce the risk of impaired driving,

public intoxication, the co-use of cannabis edibles in public with other substances such as alcohol, as well as the normalization of cannabis use.

Retail Spaces

- **As it will be the provincial and territorial responsibility for distribution and retail sale of cannabis, MLHU recommends that Health Canada advocate to restrict the sale of all cannabis products to standalone, specialty stores. Furthermore, sale of cannabis products should not be co-located in a premise with, nor sold alongside, other substances or non-cannabis products (i.e. non-cannabis food products, alcohol, tobacco, etc.).**

Having a restriction on selling cannabis alongside other products will reduce the risk of co-use of alcohol and cannabis for instance, as well as reduce the risk of consumers unintentionally purchasing or consuming products that contain cannabis. Maintaining that cannabis products be sold only in standalone specialty stores will also make it easier to restrict access and exposure to minors.

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Cannabis Regulations (New Classes of Cannabis) and the Proposed Order amending Schedule 3 and 4 to the Cannabis Act

Ontario Public Health Collaboration on Cannabis (OPHCOC)
The Ontario Public Health Collaboration on Cannabis is a group of professionals from 35 health units who have joined together to promote a comprehensive public health approach to cannabis legalization.

This paper was developed by a sub-group of the OPHCOC and endorsed by the following Public Health Units:

Durham Region Health Department, Eastern Ontario Health Unit, Grey Bruce Health Unit, Haldimand-Norfolk Health Unit, Hastings Prince Edward Public Health, Huron County Health Unit, Lambton Public Health, Middlesex London Health Unit, Niagara Region, Northwestern Health Unit, Perth District Health Unit, Peterborough Public Health, Public Health Sudbury & Districts', Southwestern Public Health, Thunder Bay District Health Unit, Wellington-Dufferin-Guelph Public Health, Windsor-Essex County Health Unit, York Region Public Health

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Consultation questions on the proposed regulations for edible cannabis, cannabis extracts, and cannabis topicals

1. **What do you think about the proposed THC limits for the new classes of cannabis products?**

   Canada's Lower-Risk Cannabis Use Guidelines recommend limiting the amount of THC-content in cannabis products to help mitigate the risks of both acute and chronic problems associated with cannabis use. High THC content in cannabis is linked to mental health problems and dependence (Fischer, et al. 2017). Recognizing that there are risks associated with high potency products, we agree that limiting the amount of THC-content in new classes of cannabis products is critical. The Canadian Task Force on Cannabis Legalization and Regulation acknowledged that there is insufficient evidence to identify a "safe" potency limit. As such, future changes to legislation may be warranted as further research and evidence becomes apparent on what is best for the public's health and safety.

   The proposed limit for edible cannabis products (i.e. 10 mg THC per discrete unit and per package) is reasonable and aligns with edible cannabis products currently available for sale in Colorado and Washington (State of Colorado, 2018; Orenstein & Glantz, 2018). We are in support of Health Canada's proposed total package size limit of 10mg THC for cannabis edibles as it is a more conservative limit than Colorado places at 100mg per package, or Alaska at 50 mg per package (State of Colorado, 2018; State of Alaska, 2018); however, too further prevent potential overconsumption and encourage Canadians to consume cannabis responsibly by design, we recommend a mandatory requirement that multiple lower potency options (e.g. under 5mg THC) are made available on the market. This would allow novice users to select a lower potency option and follow Canada's Lower Risk Cannabis Use Guidelines. Other jurisdictions such as Alaska and Oregon have individual serving size, discreet unit and package size starting at 5mg THC (State of Alaska, 2018; Oregon Liquor Control Commission, 2016). If the serving size exceeds 5mg THC per serving of edible cannabis, we recommend that there should be a requirement to include a warning on the label, to advise first time/novice users that the THC quantity contained in one serving may be in excess of their individual tolerance.

   The rationale for the 1000 mg limit of THC for cannabis extracts and cannabis topicals was not made apparent in the background document. To prevent overconsumption and reduce the risk to children and others who unintentionally ingest these products, Canada should place greater restriction on the maximum total THC allowed in a container of cannabis extracts or topicals than the currently proposed 1000mg. While California limits non-edible cannabis products such as topicals and concentrates to 1000mg THC per package, Washington State has restricted capsules, tablets, tinctures, transdermal patches, and suppositories to a maximum of 500 mg THC per package (Orenstein & Glantz, 2018). In Colorado, the total amount of THC allowed in a container with multiple servings as a tincture, capsule, or other ingestible product is 100mg (State of Colorado Department of Revenue, 2018). Similarly, Oregon has set a maximum container or package size of 100mg THC for capsules (Oregon Liquor Control Commission, 2016), and

Alaska has set a maximum package content for THC of 50mg for cannabis products which are to be eaten or swallowed (State of Alaska, 2018). Setting a maximum container size of 50-100mg THC for extracts and topicals would offer a significant improvement for consumer safety as compared to the proposed 1000mg THC per multi-serve container.

In terms of the potential variability for the doses of THC in edible cannabis, we recommend the variability should be no more than +/- 10%, applicable for edible cannabis and cannabis extracts, regardless of the dosage amount in one serving. This is in alignment with the current acceptable dosage for medicinal ingredients in Canada's Food and Drug Regulations (C.01.062 (1)) which is not less than 90% or more than 110% of the amount of the medicinal ingredient shown on the label.

2. **Do you think the proposed new rules addressing the types of ingredients and additives that could be used in edible cannabis, cannabis extracts, and cannabis topicals appropriately address public health and safety risks while enabling sufficient product diversity?**

Cannabis Edibles (Solid and Beverage)

Consumption of edible cannabis products has become a popular route of administration in states that have legalized cannabis. From a health perspective, eating or drinking cannabis products may be preferred to smoking cannabis given that ingestion has, to-date, not been associated with the same negative health impacts on lung function or cancer risk. However, cannabis-infused edibles pose their own set of risks, including unintended consumption, inconsistency in potency and effect, and delayed onset of intoxication (Barrus, 2016). Studies from California further suggest that cannabis-infused edibles may be particularly popular among young users (Orenstein & Glantz, 2018), a group who has been shown to be especially vulnerable to the social and psychological harms associated with cannabis use (Fischer et al., 2011). In this context, and given the limited scope of evidence currently available, it is important that a precautionary approach be taken to the regulation of these products.

We support Health Canada's proposal to prohibit added alcohol in cannabis edibles and believe that it is crucial for this restriction to remain in place. We also support the proposed prohibition on added vitamin and minerals for these products to ensure consistent public health messaging regarding the risks and harms of cannabis products. This will also limit opportunities for conflating the health benefits of vitamins and minerals with the consumption of cannabis edibles.

In order to strengthen these regulations we would recommend that both nicotine and caffeine be prohibited as additives to cannabis edibles, allowing for a restricted amount of caffeine if it is naturally occurring in some ingredients such as chocolate and tea. The current proposed limit of 30mg of naturally occurring caffeine per serving is conservative and in line with a public health approach. The recommendations to prohibit nicotine as an additive in all forms of manufactured cannabis products, and prohibiting caffeine as an additive, are in line with those put forward by Orenstein and Glantz. in their summary review of cannabis regulation in California (2018).

In order to further protect youth from accessing and/or unintentionally ingesting edible cannabis products, and as it will be the provincial and territorial responsibility for distribution and retail sale of cannabis, we recommend that Health Canada advocate for provinces to restrict the sale of edibles to federally or provincially licenced and regulated premises (in Ontario this would be the Ontario Cannabis Store and future AGCO licensed retail stores), and not in local retail food premises including restaurants and convenience stores.

Additionally, we recommend Health Canada consider restricting the daily values (DV) of fat, sugar, and salt contained in a single cannabis edible package to under 5%. This is in line with the World Health Organization (2015), the Heart and Stroke Foundation (n.d.), and Diabetes Canada (2016), all of which recommend restricting total free sugar intake to less than 10% of an individual's daily calories, and ideally less than 5%. It is further in line with the Dietitians of Canada's interpretation of under 5% DV as 'a little' of the nutrient (unlockfood.ca, 2019).

Cannabis Extracts (Ingested, Inhaled, Concentrated THC)

Research has shown that flavoured tobacco products are more appealing to young people (Carpenter et al., 2005) and that e-cigarette use is often initiated through flavoured products (Ambrose et al. 2015). Observations from the current cannabis product market demonstrate that cannabis extracts and concentrates may resemble food (Abda-Santos, 2013) or market a food-like flavour (Goncus, 2016) which may pose a risk for unintentional ingestion (Orenstein & Glantz, 2018).

We support Health Canada's proposal to prohibit the use of sugars, colours, or sweeteners, as well as nicotine or caffeine in cannabis extract products.

With respect to extracts, it is imperative that Health Canada clearly defines what is meant by "appealing to youth." We recommend that all considerations included in vaping and tobacco regulations be included in extract cannabis requirements with respect to ensuring these products and their flavourings are not considered "appealing to youth." We recommend they not contain any flavouring that might make the product more appealing to youth, for example, if the product is a fruit-, dessert- or candy-type product.

Given the possible appeal and risk of unintentional ingestion we would further recommend a prohibition on adding characterizing flavours (e.g. menthol) to these products. This recommendation is in line with those put forward by Orenstein and Glantz (2018) in their summary review of cannabis regulations in California.

3. **Do you think that proposed rules for other classes of cannabis will accommodate a variety of oil-based products for various intended uses, even though cannabis oil would no longer be a distinct class of cannabis?**

Based on the definition and intent for use, the proposed new class of cannabis, 'cannabis extracts', sufficiently captures and accommodates a variety of oil-based products for various intended uses.

In addition, based on public health best practices from tobacco control, we recommend that cannabis regulations also incorporate a comprehensive ban on flavours and addictive additives and place strict limits on the potency of all cannabis extracts and topicals (Orenstein & Glantz, 2018), just as potency regulations were proposed for cannabis edible food, beverage and ingestible extracts.

Further we commend the federal government for its proposed regulation to include:

- Plain, child-resistant packaging
- No cosmetic, health or dietary claims; and must not be appealing to kids
- Caffeine limits (naturally occurring, under a threshold) and restrictions; no added vitamins, minerals or alcohol in edible cannabis and ingested cannabis extract; and no nicotine, sugars, colours or sweeteners in cannabis extract

4. What do you think about the proposed six-month transition period for cannabis oil? Is a six-month transition period sufficient?

We feel the proposed six-month transition period for cannabis oil is sufficient. A stop should be put on the manufacture of new stock and labels for the 'cannabis oil' class on October 17, 2019, a notice of this stop approximately one to two months prior.

5. What do you think about the proposed new rules for the packing and labelling of the new classes of cannabis products?

Packaging is an important marketing element. Companies use packaging to advertise their products and target them to specific demographic groups (Moodie, C. et al, 2012). Research suggests that plain packs of tobacco are viewed as less attractive than branded packs and are perceived as lower quality products, and even influences the perception of taste (Hammond D, 2014; World Health Organization, 2014; Moodie, C. et al, 2012).

With a few additions, the proposed regulations for packaging and labelling could be strengthened.

- We recommend all classes of cannabis include a message from Canada's Lower-Risk Cannabis Use Guidelines in addition to Health Canada's cannabis health warning messages currently proposed.

- We recommend the mandatory addition of a warning on all dried cannabis, edibles, extracts and concentrates stating, "do not combine with alcohol or other drugs". Given the increased risk of harms when cannabis and alcohol are combined, it is critical the public is aware of this message.

- We would like to see the federal government commit to updating health labelling for cannabis products as new and effective practices are discovered. Regularly updating the content and style will help ensure health warnings are noticeable, memorable and engaging (Government of Canada, 2018); labels could be reviewed for relevancy every three to five years for example.

- We recommend that mandatory information such as health warnings, THC and CBD content, and the cannabis symbol be on the immediate packaging (the actual product) as well as packaging that may be exterior to the immediate packaging. For example, this standard of practice is used in tobacco where cigarette cartons abide by the mandatory health warning label regulations.

- We recommend the current approach of tobacco labeling be adopted in the cannabis regulations; that health warnings cover at least 75% of the two largest sides of the package or primary display areas (Government of Canada, 2018). This does not have to be limited to just the health warning, but could include all mandatory information in the style, size and format which is outlined in the proposed regulations.

- We recommend including standard packaging to the regulations to curb the marketing potential of products to certain demographics. We recommend product packaging be standardized to consist of rectangular or square shape cardboard with all sides meeting at 90^0 angles, while prohibiting specialty packaging that would target specific demographics (World Health Organization, 2016). This would limit specialty targeting as well as limit environmentally unfriendly packaging. This recommendation applies to immediate packaging when possible as well as external packaging to the immediate container when the product is packaged within another box, for example, a tube of cream may be packaged inside a box for display purposes.

- We recommend prohibiting packaging which directly targets a specific demographic, including youth but not limited to youth, for example mothers and seniors.

- We recommend that packaging include information on the expected effects, how long that effect may last for, and safe disposal. For example, edibles should have an additional warning that states the delayed onset of psychoactive response, the estimated amount of time before effect may be felt, how long the effect is expected to last, and how to safely dispose of the product. This would help to reduce the risk of over consumption and accidental consumption.

6. With respect to edible cannabis, what do you think about the requirements for all products to be labelled with cannabis-specific nutrition facts table?

We recommend mandatory information for edible cannabis to include a list of ingredients, common name of product, indication of source of allergen, gluten, or sulphites that have been added, durable life date only on ALL products that deteriorate in 90 days or less, and a cannabis-specific nutrition facts table. There should be NO nutrient and/or health claims on these labels.

We also recommend the inclusion of the % Daily Value footnote, to improve ease to consumers when interpreting food labels. According to the newly published Canada's Dietary Guidelines, food labels help make the healthy choice the easier choice. The increased ability to interpret a % Daily Value, especially when it comes to ingredients that should be limited, is a necessary component of all food labels, including cannabis edible products. It is further recommended that mandatory front-of-package food labels for foods high in saturated fat, sugars, and/or sodium also be a requirement for all cannabis edible products. This is to ensure that Canadians can be quickly informed when making a purchasing decision.

With respect to the cannabis-specific Nutrition Facts Table (NFT), we are in agreement with the requirement of a cannabis-specific nutrition facts table (NFT) for all cannabis edible products, as Oregon continues to require. We strongly recommend the font size, font type, leading, and spacing of the NFT be completely consistent with the existing labelling requirements specified in the Canadian Food and Drug Act for pre-packaged foods (i.e., as per changes to the NFT specified in 2016). Edible cannabis is a type of food and as such, the NFT should be a standardized label on ***all*** edible cannabis foods. It will be confusing to the consumer if there are different types of labels for different food products. This product information of active ingredients and warnings must be easy to locate on each package, and follow a unified, consistent format that Canadian consumers are familiar with and can understand. It is also recommended that both caffeine content as well as THC content be displayed as part of the core list of declarations such that the consumer can make an informed decision with ease.

We are also in support of the proposal to prohibit any health claims to the consumer for all products (i.e. increases appetite, helps you sleep, increases energy) and nutrient claims (i.e. high fibre, low fat, low calorie, good source of calcium) which may entice the consumer and affect their decision-making.

7. **What do you think about the proposal for the labelling of small containers and the option to display certain information on a peel-back or accordion panel?**

   We support the proposal of labeling small containers with the option for extended panels. This proposed regulation should be strengthened with the addition of the mandatory information (THC and CBD content, cannabis symbol and health warning) on the extended panel as well as the container itself. This would increase visibility of the messaging, while the consumer is reviewing other product information.

8. **What do you think about the proposal that the standardized cannabis symbol would be required on vaping devices, vaping cartridges, and wrappers?**

   We support the proposal of the standardized cannabis symbol on all vaping devices, products, accessories, packaging and wrappings. The proposed regulation should be strengthened to include health warnings, and THC and CBD concentration on all vaping devices, products, accessories, packaging and wrappings. We also recommend that the standardized cannabis symbol should be visible on all products that contain cannabis even if the amount in the product is below 10 mg of THC.

9. **Do you think the proposed new good production practices, such as the requirement to have a Preventive Control Plan, appropriately address the risks associated with the production of cannabis, including the risk of product contamination and cross-contamination?**

   The proposed new regulations appear to be consistent with standard food production safety measures.

   The proposed amendment that the Quality Assurance Person (QAP) be required to proactively conduct an investigation any time they suspect that cannabis or an ingredient may present a risk

to human health or does not meet requirements will help enforce good production practices and prevent risk to human health.

The requirement that the production of edible cannabis be done in a building separate from conventional food products is an important requirement to prevent cross-contamination. As prevention of cross-contamination and assurance of consistent and appropriate potency is imperative, it is strongly recommended that edible cannabis products only be produced at federally or provincially licenced and regulated premises, and not in local retail food premises including restaurants.

Since the legal production of many of these new classes of cannabis products is brand new to both the licenced processing facilities and whomever is deemed to enforce Health Canada's national compliance and enforcement approach, we recommend additional inspections, mandatory and standardized preventative education, and progressive measures for non-compliance, over and above the regular enforcement process, be implemented for the first six months that the regulations come into effect in an effort to proactively mitigate risk. We also recommend that the enforcement agency that is responsible for ensuring compliance with the regulations have sufficient staff, from the onset, to support the licenced processors before and after implementation.

We request clarity as it pertains to protocols in the event of a recall. After the two-year record retention period presented in Section 88.94(3), and following the one-year retention of sample after last batch sold outlined in Section 92(2), there is a concern that affected recalled products may no longer have a means of tracking.

We believe the regulations would be strengthened by including robust testing of THC distribution throughout products. Colorado, found that following legalization there were concerns regarding consistency of products. This included testing for accurate THC levels as claimed on the package, as well as evenly distributed THC throughout the product. Consistent products will help prevent accidental overconsumption. Depending on the edible cannabis product and the manufactures practices, THC can be infused in the product in various ways, which can lead to inconsistency of THC throughout the product.

10. What do you think about the requirement that the production of edible cannabis could not occur in a building where conventional food is produced?

The proposed requirements for the separation of buildings producing edible cannabis and conventional food appear to be aligned with Health Canada's aim to reduce the risk of unintentional consumption. While production of edible cannabis in separate buildings from conventional food production may be effective in reducing the risk of cross-contamination and unintentional consumption, we recommend the following measures to further mitigate these risks:

- Completely separate cannabis-only sites (conventional food would not be permitted to be produced or packaged on or shipped from these sites), and
- Shipping procedures for edible cannabis that are completely separate from conventional foods.

Additionally, we feel the regulations should specify that all edible cannabis products can only be sold in its original package and not outside of its approved packaging in places where they are sold. We also recommend that cannabis is prohibited to be sold along-side non-cannabis food products and other substances, such as alcohol and tobacco products. This will help decrease the accidental sale or purchasing of cannabis products. The harms associated with cannabis greatly increase when used with other substances. It is our belief that prohibiting the sale of multiple substances together in one location will put the consumer at decreased risk of harms associated with co-use.

11. **What do you think about the overall regulatory proposal?**
    No comment.

12. **Are there any additional comments you would like to share on proposed regulations for the new classes of cannabis?**

    Reducing product appeal to young persons

    Under the *Cannabis Act*, "it is prohibited to sell cannabis or a cannabis accessory that has an appearance, shape or other sensory attribute or a function that there are reasonable grounds to believe could be appealing to young persons," (Government of Canada, 2018). We support the proposed regulations for edibles, extracts, and topicals which state that products cannot be appealing to young persons. We strongly recommend Health Canada to include strict regulations related to advertising on television, radio, social media, the internet, and other media sources.

    The Federal Government should provide explicit definitions in the regulations for manufacturers which clearly identify prohibited elements of products which may be appealing to youth. Prohibitions should follow the *Task Force on Cannabis Legalization and Regulation's recommendation* to "prohibit any product deemed to be appealing to children, including products that resemble or mimic familiar food items" (2016). For example, as of April 2019, Washington State will be explicitly prohibiting certain cannabis edible products, including hard candies, tarts, fruit chews, colourful chocolates, jellies, cotton candy, and other products that are especially appealing to young children. Cookies cannot contain any sprinkles or frosting and mints must not be coloured anything other than white. These recommendations are based in part on the research identified by Washington State Liquor and Cannabis Control Board (2018). In order to prevent unintentional ingestion of cannabis by children and adults alike, the Federal Government should also consider a ban on such products, as well as other confection and snack foods such as soft candies, brownies, chocolate bars, muffins, cakes and cookies. Alternatively, prohibiting characteristics of these edible products so that they are not appealing to children and youth, as Washington State has done, would be a positive step.

    In addition, the Federal Government needs to consider key factors that influence children's food choices. There is research to support that certain factors can influence children's decisions to consume food and beverages. These factors include:

    - **Colour** - children prefer foods that are red, orange, yellow or green.

- **Shapes -** children are more attracted to novel shapes such as animals, stars, etc., over plain shapes such as circles or squares. Colorado has banned edibles in the shape of fruit, animals or humans.
- **Odours** – children are more attracted to sweet, fruity and candy-like odours.

(University of Washington School of Law, 2016; (Colorado General Assembly, 2016).

To make the regulations easy to follow for manufacturers, it is recommended that Health Canada provide a list of examples to cannabis edible manufacturers with regards to prohibitions on the appearance, shape, or other attribute or function that could be appealing to young persons.

13. Are there any additional comments you would like to share regarding the legalization and strict regulation of cannabis in Canada?

Public Education

The Federal Government should continue to educate Canadians and enhance awareness of the health risks associated with cannabis, especially among priority populations such as pregnant and breastfeeding women, young adults aged 18-25, and individuals at risk of or living with a substance use disorder or mental illness. In addition to proper and safe storage of edible products, Canadians should be informed of the unique risks associated with the delayed onset of effects of edibles, extracts, and topicals which may cause overconsumption. Individuals need to be warned that the use of such products may cause stronger and longer-lasting effects than comparable doses of smoked cannabis (Barrus et al., 2017).

As well, public education initiatives should focus on key cannabis legislation, *and Canada's Lower-Risk Cannabis Use Guidelines*. In a focus group study in Colorado and Washington State, participants suggested that education in a variety of formats, such as web and video-based education, would be useful in informing consumers about the possible risks of edibles (Kosa, Giombi, Rains, & Cates, 2017).

Places of Use

To reduce public health risks of consumption of edibles, the Federal Government should consider a ban on the sampling and ingesting of cannabis edible products in a retail storefront or in specialty consumption cafes or lounges. This will encourage individuals to use these products in the home, reducing the risk of impaired driving, public intoxication, and the co-use of cannabis edibles in public with other substances such as alcohol.

Retail Spaces

As it will be the provincial and territorial responsibility for distribution and retail sale of cannabis, we recommend that Health Canada advocate for provinces to restrict the sale of edibles to federally or provincially licenced and regulated premises (in Ontario this would be the Ontario Cannabis Store and future AGCO licensed retail stores), and not in local retail food premises including restaurants and convenience stores. Furthermore, it is recommended that theses be standalone, specialty stores, and not co-located in a premise with other substances or non-cannabis products, nor sold alongside any other product or substance (i.e. edible products,

extracts and topicals that do NOT contain cannabis, alcohol, tobacco, etc). Having a restriction on selling cannabis alongside other products will reduce the risk of co-use of alcohol and cannabis for instance, as well as reduce the risk of consumers in unintentionally purchasing or consuming products that contain cannabis. Maintaining that cannabis products be sold only in standalone specialty stores will also make it easier to restrict access and exposure to minors.

Cannabis Production and Manufacturing Facilities
Discussion should occur with the Ministry of Labour for current health and safety practices of the growing, manufacturing and producing of cannabis products to assess and mitigate any risk to the health and safety of the worker. For example, UV exposure and indoor air quality issues should have to follow standard workplace health and safety regulations.

Research and Evaluation
We emphasize the need for investing in baseline surveillance systems and research, and the importance of a comprehensive policy monitoring and evaluation framework. Ensure mechanisms to share data across sectors and levels of government are established, and appropriate indicators are chosen to monitor the impacts on communities.

Thank you for the opportunity to provide our input on the proposed regulations of the new classes of cannabis. We look forward to the summary from Health Canada following this comprehensive review of the regulations.

Sincerely,

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 025-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 March 21

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR MARCH

Recommendation

It is recommended that the Board of Health receive Report No. 025-19 re: "Medical Officer of Health Activity Report for March" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of February 11, 2019, to March 8, 2019.

February 11	Met with medical students who were spending two weeks at the Health Unit Participated in teleconference with fellow presenters for The Ontario Public Health Conference (TOPHC) workshop
February 12	Attended candle-lighting ceremony at the Temporary Overdose Prevention Site (TOPS) marking the facility's first anniversary Phone meeting with Board of Health (BOH) Chair to discuss the agenda for the Board's upcoming meeting
February 13	Chaired meeting of the Council of Ontario Medical Officers of Health (COMOH) Executive Committee Phone meeting with Dr. Eileen Devilla in regard to COMOH
February 14	Attended Finance & Facilities Committee meeting Initial meeting with Mr. Mike McMahon, Executive Director, Thames Valley Family Health Team Teleconference with Dr. Peter Donnelly, President and CEO, Public Health Ontario
February 15	Conference call with the Thames Valley District School Board's Board of Trustees Search Committee to provide feedback regarding their search for a Director of Education Met with Arielle Kayabaga, City Councillor Interviewed by Jason MacDonald, X-FM, in regard to street parties and public health impacts
February 19	Participated in "Coaching Circles" training with Laura Cole, Partner, Your Latitude
February 20	Monthly one-on-one phone call with Ms. Peggy Doe, Coach
February 21	Attended the 2019 alPHa Winter Symposium in Toronto Attended public session and closed session Board of Health meetings
February 22	Teleconference with the alPHa Board of Director Meeting with Brian Lester, Executive Director, Regioanl HIV/AIDS Connection

February 26	Phone call with staff from the Office of Controlled Substances, Health Canada, in regard to Supervised Consumption Site applicants
February 27	Attended Pillar training session: "Leading From the Inside Out: Transforming Leadership" Teleconference with Dr. David Williams, Ministry of Health and Long-Term Care, and the Council of Medical Officers of Health (CMOH)
February 28	Attended the Youth Opportunities Unlimited (YOU) board meeting Presented media release at Innovation Works in regard to the opioid drug crisis Presented to the City of London Community Safety and Crime Prevention Advisory Committee on the drug crisis
March 1	Attended update meeting in regard to the London and Middlesex Local Immigration Partnership Strategic Plan 2019–22 and to explore opportunities for strengthening supports for immigrants' success and inclusion Phone call with COMOH partners in preparation for upcoming meeting with Ministry of Finance staff in regard to the retail sale of alcohol Interview with Craig Needles, AM980, in regard to opioid death statistics and next steps Lunch meeting with Teresa Armstrong, MPP, London-Fanshawe
March 4	Monthly one-on-one phone call with Dr. Brian Schwartz, Public Health Ontario
March 7	Attended Finance & Facilities Committee meeting Attended meeting on civic board succession planning at the London and Middlesex Housing Corporation (LMHC)
March 8	Attended the annual International Women's Day Breakfast Meeting with Ms. Tino Kasi, Board of Health member Attended MLHU Workplace Wellness and Fun curling event

This report was submitted 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. 026-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 March 21

HEALTH CANADA SEEKING FEEDBACK ON MEASURES TO LIMIT VAPING PRODUCT ADVERTISING

Recommendations

It is recommended that the Board of Health:

1) ***Receive Report No. 026-19, "Health Canada Seeking Feedback on Measures to Limit Vaping Product Advertising";***
2) ***Submit a letter to the Tobacco Control Directorate of Health Canada, attached as Appendix A, expressing its support and recommendations for strengthened measures to limit vapour product advertising; and,***
3) ***Endorse and submit the letter, attached as Appendix B, that was prepared by the Southwest Tobacco Control Area Network on behalf of the eight public health units in southwestern Ontario, for its submission to Tobacco Control Directorate of Health Canada.***

Key Points

- On February 5, 2019, Health Canada issued a Notice of Intent to allow stakeholders and members of the public an opportunity to provide comments on proposed regulatory measures, under the authority of the *Tobacco and Vaping Products Act*, to reduce the impact of vaping product advertising on youth and non-users of tobacco products. The deadline for submissions is March 22nd, 2019.
- Health Unit staff prepared a letter for Board of Health approval, attached as Appendix A, to express its support and propose recommendations for strengthened measures to limit vapour product advertising.
- Staff from the Southwest Tobacco Control Area Network, prepared a letter, attached as Appendix B, for endorsement and submission by the Middlesex-London Board of Health on behalf of the eight public health units in southwestern Ontario.

Health Canada Proposes Measures to Limit Vaping Product Advertisements

On February 5th 2019, Health Canada announced measures to address vaping by Canadian youth. A Notice of Intent (NOI) was issued in conjunction with an announcement about a public education campaign that is in market across the country. Health Canada opened a 45-day consultation period to obtain feedback on the proposed measures set out in the NOI to limit vaping product advertising. The deadline for submissions is March 22, 2019.

Youth Vaping: A Growing Public Health Concern

Emerging evidence suggests that adolescents are using vaping products at an alarming rate across Canada. The Canadian Student, Tobacco, Alcohol and Drugs Survey, 2017 (CTADS) shows a 64% increase in vaping among grades 10-12 students between 2014-2015 and 2016-2017. Additionally, included in the Notice of

Intent by Health Canada are preliminary unpublished results from the International Tobacco Control Youth Tobacco Vaping Survey that show a 78% increase in past 30-day vaping among 16-19 year olds in Canada.

Vaping devices available in the market have rapidly evolved since they were first introduced in the early 2000s. Initially, they closely resembled the traditional cigarette; however, now, they have become complex devices that come in different shapes and sizes, with features that allow for customization in device configuration. There are newer products on the market, such as JUUL, that use nicotine salts in a novel USB-powered format that is designed to appeal to youth. These products have a higher nicotine content, and have become immensely popular with youth, due to their small, discrete design and recharging capabilities using computers and phone chargers.

Opportunity for Strict Measures through Federal Regulation

It is commendable that the *Tobacco and Vaping Products Act* has restrictions on flavourings and prohibits lifestyle advertising, sponsorships, testimonials or endorsements, and other advertising that could be appealing to youth. However, further regulatory measures are needed to protect youth and non-tobacco users from initiating use of vaping products. Vaping products are safer than tobacco cigarettes; however, this does not mean that they are harmless. Vapour products that contain nicotine are addictive, and nicotine alters brain development in youth, including the areas of the brain that help people to focus and to learn. Nicotine also impacts the parts of the brain that control addiction pathways, making it harder to quit. The National Academies of Sciences, Engineering and Medicine determined that there is a substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults. Even without nicotine, e-cigarettes don't produce harmless water vapour. There is conclusive evidence that e-cigarette use increases airborne concentrations of particulate matter, heavy metals and other toxic chemicals.

Both the Chronic Disease Prevention and Tobacco Control and the Southwest Tobacco Control Area Network Teams at the Middlesex-London Health Unit prepared submissions to Health Canada, for Board of Health approval and submission, attached as Appendix A and B respectively. The letters express support and propose recommendations for consideration by Health Canada as they endeavor to strengthen measures to limit vapour product advertising.

This report was prepared by the Healthy Living Division.

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

Appendix A to Report No. 026-19
March 22nd, 2019

Tobacco Control Directorate
Health Canada
150 Tunney's Pasture Driveway
Ottawa, Ontario
K1A 0K9

RE: RESPONSE TO NOTICE OF INTENT (NOI) - POTENTIAL MEASURES TO REDUCE THE IMPACT OF VAPING PRODUCTS ADVERTISING ON YOUTH AND NON-USERS OF TOBACCO PRODUCTS

The Middlesex-London Health Unit (MLHU) strongly supports Health Canada's plan to introduce regulatory measures that are intended to reduce the impact of vaping product advertising on youth and non-users of tobacco products in Canada. These regulatory measures are an important step forward, and we are pleased to be able to provide what we believe are enhancements, to the proposed measures outlined in the NOI, for consideration.

Research suggests that adolescents are using vaping products at an alarming rate. According to the 2017 Canadian Student Tobacco, Alcohol and Drugs Survey, student usage of vaping products in Canada increased by 30% per year between 2015 and 2017.[i] When the *Tobacco and Vaping Products Act* was passed in 2018, innovative products that are appealing to youth began to show up in the Canadian market place. These vaping products deliver higher concentrations of nicotine per puff than older models of e-cigarettes and traditional tobacco cigarettes.[ii] Nicotine is a highly addictive substance that can have adverse effects on the developing brain.[iii] The US Food and Drug Administration has declared e-cigarette use an epidemic among young people after research showed a 78% increase in vaping among high school students between 2017 and 2018 in the United States.[ivv] Not only do vaping products put youth and non-tobacco users at risk of nicotine dependence, there is substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults. Increased usage of vaping products by youth, young adults, and non-tobacco users threatens to undermine the success of previous tobacco control measures in reducing tobacco use in Canada.[vi]

Under the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)*, smoking and the use of vaping products is prohibited on school grounds and within 20 metres of school property. The use of vaping products inside and outdoors on school property has become a substantial problem for elementary and secondary school staff. Between October 2018 and January 2019, the Health Unit's Tobacco Control Team received 37 complaints from school staff in the Middlesex-London region about young people vaping on school property. Vapour products are not just being used outside on school property, they are being used inside school washrooms, classrooms and on school buses.

It is commendable that the *Tobacco and Vaping Products Act* has restrictions on flavourings and prohibits lifestyle advertising, sponsorships, testimonials or endorsements, and other advertising that could be appealing to youth. However, further regulatory measures are needed to protect youth and non-tobacco users from initiating use of vaping products.

A. Placement of Advertisements

We recommend that vaping product advertising should be prohibited at premises where vape products are sold and youth are permitted access. In Ontario, the *SFOA, 2017* permits the promotion of vapour products both inside and outside retailers of vaping products that are accessible to young people, including gas stations, convenience stores and grocery stores. Advertising has become rampant in Middlesex County and the City of London, exposing kids to a constant stream of vapour product ads. The Health Unit's Tobacco Enforcement Officers have seen electronic screen ads, lit display cases, countertop displays, 3D models of vapour products, 7-foot tall stand up displays, posters, and signs affixed to gas pumps,

windows, and concrete bollards at gas stations, convenience stores and grocery stores across Middlesex-London. The promotional materials use slogans such as “Bold and Stylish”, “Genius”, “Experience the Breakthrough”, You’ve Got to Try it”, and “Hits the Spot” which are attractive and enticing to young people, perpetuating industry messaging that these products are safe to use. Many of the 304 tobacco and vapour product retailers in Middlesex-London are within walking distance of secondary schools, and are visited by students during school lunch breaks and after school. In Ontario, young people are being exposed to highly creative and enticing vapour product advertising at places where they routinely frequent, promoting the purchase of these vapour products while normalizing vaping culture among youth.

We recommend a full restriction on vaping product advertising on broadcast media to effectively protect Canadian children and youth. Additionally, we support a prohibition on advertising online where vaping products are sold and young people have access. It is our opinion that the current suggestion of a partial ban, which only targets children and youth-oriented programming, will be highly ineffective. Children and youth have access to programming that would be considered adult-oriented in many Canadian homes, thus rendering a partial restriction ineffective. Additionally, it is very subjective to classify certain programming as adult or youth-orientated, since many, if not all, programs watched by adults are also viewed by high-school aged youth. Similarly, banning vaping product advertising in publications that are intended for a child and youth audience will be ineffective since it is difficult to differentiate between adult, young adult and youth websites, online publications, and social media platforms.

Vapour products are safer than combustible tobacco products; however, this does not mean that they are harmless. More research and greater vapour product regulatory controls are required in Canada before claims can be made about their role as an effective cessation aid for individuals who want to quit using tobacco products; therefore, a precautionary approach is required. There is conclusive evidence that non-tobacco users should not start using vapour products due to the increase in exposure to nicotine, particulate matter, heavy metals and other toxic chemicals; this is especially true for young people because of the damage nicotine can have on the developing brain.[vi] [vii] Strict regulations on advertising are essential to ensure we circumvent the creation of a new generation of young people addicted to nicotine. Since all forms of advertising can make vaping products socially desirable and acceptable, we urge Health Canada to employ strict measures to limit vapour product promotion and advertising.

B. Content of Advertisements

According to the Ontario Scientific Advisory Committee, health warnings have proven to be effective in Canada.[viii] Studies on electronic cigarette health warnings have found that the exposure to the warning increases negative feelings regarding the use of an electronic cigarette. Moreover, these studies have found that exposure to the health warning also reduces positive attitudes about vapour products and intentions to purchase an electronic cigarette.[ix]

We support Health Canada’s proposal that all advertisements should include a warning about the health hazards of vaping products. Regarding the proposed health warnings provided in the NOI, the Health Unit recommends that these statements should be strengthened by providing additional information that may be more of a deterrent to young people. In 2019, the Ontario Tobacco Research Unit conducted focus groups in Ontario, a couple of which were held in London, ON. Multiple young people stated that they felt that if vaping was unsafe, the government would have stricter regulations. For example, one participant expressed the following opinion, "… I think that’s why the government is a bit more lax with [vaping] - because there's no demonstrable proof that it actually does have health implications. If there was, they would do something”.[x] Therefore, it is our recommendation that warnings should include clear scientific findings about the effects of nicotine on brain development. This is an indisputable health implication that we feel will add more weight to the proposed warnings.

C. Other Forms of Retail Promotion

In Ontario, the display of vaping products at point of sale is currently prohibited under the *SFOA, 2017*, with the exception of specialty vape stores where entry is restricted to individuals over 19 years of age. However, this legislation

does not prohibit the display of photos of the products and/or its packaging, nor does it prohibit models that look like vaping products. The manufacturers of Vype constructed extremely authentic paper models of vaping products that were on display in stores across the Middlesex-London region. The Middlesex-London Health Unit strongly supports the measures outlined in the NOI as a way to terminate the exposure of children and teens to highly creative vaping advertisements at point of sale. Recent studies have shown that young people who vape are 2 to 4 times more likely to go on to using combustible tobacco, compared with those who do not vape.[xi] We strongly encourage Health Canada to completely restrict the display of vaping products, as well as all images and models of these products.

The proposed regulatory measures outlined in the NOI could be an important first step to control youth vaping. We hope the suggestions outlined in this letter will be given consideration, so that children and youth in Canada will be better protected against the negative effects of vaping product advertising.

Sincerely,

Trish Fulton, Chair
Middlesex-London Board of Health

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[i] Canadian Student Tobacco, Alcohol and Drugs Survey (2017). Retrieved from https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/

[ii] American Cancer Society: https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/e-cigarettes.html

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[iv] U.S. Department of Health and Human Services. Retrieved from: https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm620185.htm

[v] Youth Tobacco Use: Results from the National Youth Tobacco Survey Retrieved from: https://www.fda.gov/TobaccoProducts/PublicHealthEducation/ProtectingKidsfromTobacco/ucm405173.htm

[vi] National Academies of Sciences, Engineering and Medicine. (2018). Public health consequences of e-cigarettes. Washinton, DC: The National Academies Press. doi: https://doi.org/10.17226/24952.

[vii] England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. American journal of preventive medicine, 49(2), pp.286-293.

[viii] Smoke-Free Ontario Scientific Advisory Committee. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2016). Evidence to guide action: comprehensive tobacco control in Ontario. Toronto, ON: Queen's Printer for Ontario.

[ix] Baig, S. B., Brewer, N. T., Hall, M. G., Jeong, M., Mendel, J. R. (2018). Placing health warnings on e-cigarettes: A standardized protocol. *International Journal of Environmental Research in Public Health*, 15(8). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6122039/

[x] Ontario Tobacco Research Unit (2019). Research on E-cigarettes and Waterpipe (RECIG-WP): Focus Group Findings. Unpublished data.

[xi] Berry K, et al. Association of Electronic Cigarette Use with Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Network Open*. 2019; 2(2):e187794

Appendix B to Report No. 026-19

March 22, 2019

Tobacco Control Directorate
Health Canada
150 Tunney's Pasture Driveway
Ottawa, Ontario
K1A 0K9

RE: RESPONSE TO NOTICE OF INTENT (NOI) - POTENTIAL MEASURES TO REDUCE THE IMPACT OF VAPING PRODUCTS ADVERTISING ON YOUTH AND NON-USERS OF TOBACCO PRODUCTS.

The Southwest Tobacco Control Area Network (SW TCAN) strongly supports Health Canada's plan to introduce regulatory measures that are intended to reduce the impact of vaping product advertising on youth and non-users of tobacco products in Canada. These regulatory measures are an important step forward. We are pleased to be able to have the opportunity to provide what we believe are enhancements to the proposals in the NOI.

Research suggests that adolescents are using vaping products at an alarming rate. According to the 2017 Canadian Student Tobacco, Alcohol and Drugs Survey, student usage of vaping products in Canada increased by 30% per year between 2015 and 2017.[i] When the *Tobacco and Vaping Products Act* was passed in 2018, innovative products that are appealing to youth began to show up in the Canadian market place, which increased concerns about youth vaping. Vaping products recently introduced into the market place are reported to deliver higher concentrations of nicotine per puff than older types of e-cigarettes and tobacco cigarettes.[ii] Nicotine is a highly addictive substance that can have adverse effects on the developing brain.[iii] The US Food and Drug Administration has declared e-cigarette use an epidemic among young people after research showed a 78% increase in vaping among high school students between 2017 and 2018 in the United States.[ivv] Not only do vaping products put youth and non-tobacco users at risk of nicotine dependence and using combustible cigarettes, their usage threatens to undermine previous successes tobacco control measures have had at reducing tobacco use in Canada.[vi]

It is commendable that the *Tobacco and Vaping Products Act* prohibits lifestyle and other advertising that could be appealing to youth as well as promotions such as sponsorship, testimonials, or endorsements. However, further regulatory measures are needed to protect youth and non-users from initiating use of vaping products.

A. Placement of Advertisements

We strongly support removing vaping product advertising at premises where vape products are sold and youth are permitted access. Additionally, we strongly support a prohibition on advertising online where products are sold and young people have access. In Ontario the *Smoke-Free Ontario Act,*

2017 (*SFOA, 2017*) allows advertising of vapour products both in and outside of premises where young people are permitted. Advertising has become rampant across our region, exposing kids to a

constant stream of vapour product ads. In Southwestern Ontario, we have seen many creative advertisements such as, electronic screen ads, lit display cases, counter top displays, 3D models of vapor products, 7-foot-tall stand up displays, posters, and signs in stores that are affixed to windows, on power walls, hung from ceilings, and attached to the pumps and concrete bollards at gas stations.

In regards to broadcast media, we believe a full restriction on vaping product advertising should be in place to effectively protect Canadian children and youth. It is our opinion that the current suggestion of a partial ban, which only targets children and youth-oriented programming, will be highly ineffective. Children and youth have access to programming that would be considered adult-oriented in many Canadian homes, thus rendering a partial restriction ineffective. Additionally, it is very subjective to classify certain programming as adult or youth orientated, since many, if not all, programs watched by adults are also viewed by teens. Similarly, banning vaping product advertising in publications that are for children and youth will be ineffective since it is difficult to differentiate between adult and youth websites, online publications, and social media platforms.

Vapour products can be considered a harm reduction alternative to traditional combustible tobacco products as well as a potential cessation aid for individuals who want to quit using tobacco products. Therefore, vaping products should be available to adult tobacco users. However, the evidence clearly states that non-tobacco users should not start using vapour products, and this is especially true for young people because of the damage nicotine can have on the developing brain.[vii] Strict regulations on advertising are essential to ensure we circumvent a new generation of nicotine addicted young people. Since all forms of advertising can make vaping products socially desirable and acceptable, we urge Health Canada to ban advertising in all public places and in all broadcast media and print and online publications.

B. Content of Advertisements

According to the Ontario Scientific Advisory Committee Report, health warnings have proven to be effective in Canada.[viii] Studies on electronic cigarette health warnings have found that the exposure to the warning increases negative feelings regarding the use of an electronic cigarette.[ix] Moreover, these studies have found that exposure to the health warning also reduces positive attitudes about vapour products and intentions to purchase an electronic cigarette.

We support Health Canada's proposal that all advertisements should include a warning about the health hazards of vaping products. Regarding the proposed health warnings provided in the NOI, we would like the see these statements strengthened with additional information that may be more of a deterrent to young people. The Ontario Tobacco Research Unit conducted focus groups in our TCAN region and multiple young people stated that they felt that if vaping was unsafe, the government would have stricter regulations. For example, one participant expressed the following opinion, "… I think that's why the government is a bit more lax with [vaping] - because there's no demonstrable proof that it actually does have health implications. If there was they would do something."[x] Therefore, it is our recommendation that warnings should include clear scientific findings about the effects of

nicotine on brain development. This is an indisputable health implication that we feel will add more weight to the proposed warnings.

C. Other Forms of Retail Promotion

In Ontario, the display of vaping products at point of sale is currently prohibited under the *SFOA, 2017,* with the exception of specialty vape stores where entry is restricted to individuals over 19 years of age. However, this legislation does not prohibit the display of photos of the products and/or its packaging, nor does it prohibit models that look like vaping products. The manufacturers of Vype constructed extremely realistic paper models of vaping products that were on display in stores across our region, as a way to circumvent the *SFOA, 2017*. The TCAN strongly supports the measures outlined in the NOI as a way to terminate the exposure of children and teens to highly creative vaping advertisements at point of sale. Recent studies have shown that young people who vape are 2 to 4 times more likely to go on to using combustible tobacco, compared with those who do not vape.[xi] We strongly encourage Health Canada to completely restrict the display of vaping products, as well as all images and models of these products.

The proposed regulatory measures outlined in the NOI could be an important first step to control youth vaping. We hope the suggestions outlined in this letter will be swiftly adopted so that children and youth in Canada will be better protected against the negative effects of vaping product advertising.

Sincerely,

Trish Fulton, Chair
Middlesex-London Board of Health

[i] Canadian Student Tobacco, Alcohol and Drugs Survey (2017). Retrieved from https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/
[ii] American Cancer Society: https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/e-cigarettes.html
[iii] Government of Canada. Retrieved from: https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html
[iv] U.S. Department of Health and Human Services. Retrieved from: https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm620185.htm
[v] Youth Tobacco Use: Results from the National Youth Tobacco Survey Retrieved from: https://www.fda.gov/TobaccoProducts/PublicHealthEducation/ProtectingKidsfromTobacco/ucm405173.htm
[vi] Public Health Consequences of E-cigarettes, U.S. National Academies of Sciences, Engineering and Medicine (2018)
[vii] England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. American journal of preventive medicine, 49(2), pp.286-293.
[viii] Smoke-Free Ontario Scientific Advisory Committee. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2016). Evidence to guide action: comprehensive tobacco control in Ontario. Toronto, ON: Queen's Printer for Ontario.
[ix] Baig, S. B., Brewer, N. T., Hall, M. G., Jeong, M., Mendel, J. R. (2018). Placing health warnings on e-cigarettes: A standardized protocol. *International Journal of Environmental Research in Public Health*, 15(8). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6122039/
[x] Ontario Tobacco Research Unit (2019). Research on E-cigarettes and Waterpipe (RECIG-WP): Focus Group Findings. Unpublished data.
[xi] Berry K, et al. Association of Electronic Cigarette Use with Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Network Open*. 2019;2(2):e187794

CORRESPONDENCE – MARCH 2019

a) Date: 2019 February 6
Topic: Provincial oral health program for seniors
From: Simcoe Muskoka District Health Unit
To: The Honourable Doug Ford

Background:

During the 2018 campaign, the Ontario Progressive Conservative Party pledged to implement a publicly funded dental care program for low-income seniors. This included a commitment to increase dental services through Public Health Units, Community Health Centres, and Aboriginal Health Access Centres, as well as to increase funding for service delivery in underserviced areas. On February 6, 2019, the Board of Health for the Simcoe Muskoka District Health Unit wrote to Premier Ford in support of a Provincial Oral Health Program for low-income seniors.

Recommendation: Receive.

b) Date: 2019 February 14
Topic: Provincial oral health program for low-income adults and seniors
From: Haliburton, Kawartha, Pine Ridge District Health Unit
To: The Honourable Doug Ford

Background:

On February 14, 2019, the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit wrote to Premier Ford expressing support for the Ontario government's commitment to build a provincial dental program for low-income seniors. In addition, it was requested that the government consider how this program could eventually expand into a dental care program that also serves low-income non-senior adults.

Recommendation: Receive.

c) Date: 2019 January 31 (received February 7)
Topic: Cannabis use in public spaces
From: Council of the Region of Durham
To: The Honourable Doug Ford

Background:

At its January 30, 2019 meeting, the Council of the Region of Durham adopted recommendations related to cannabis use in public spaces. These recommendations will prohibit the use of cannabis in public spaces as well as in enclosed public spaces and workplaces.

Recommendation: Receive.

d) Date: 2019 February 20

Topic: Public and environmental health implications of *Bill 66, Restoring Ontario's Competitiveness Act, 2018*
From: Simcoe Muskoka District Health Unit
To: The Honourable Doug Ford

Background:

On February 20, 2019, the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) wrote to Premier Ford expressing concern about the Ontario government's decision to enact *Bill 66, Restoring Ontario's Competitiveness Act, 2018*. The legislation was assessed by SMDHU staff regarding its implications for public and environmental health; staff were apprehensive over unintended negative consequences that could arise, including: negative impacts to Ontario's natural and built environment, degradation of important water sources, decreased preservation of green spaces, decreased opportunities for physical activities, impacts on child safety, and increased spread of infectious diseases.

Recommendation: Receive.

e) Date: 2019 February 11
Topic: The *Smoke-Free Ontario Act 2017* and cannabis legislation
From: Windsor-Essex County Health Unit
To: The Honourable Caroline Mulroney

Background:

On February 11, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Caroline Mulroney in support of Peterborough Public Health's call to action and over shared concern regarding funding associated with cannabis legislation and the introduction of the *Smoke-Free Ontario Act 2017*. Refer to correspondence items b) and i) in the December 12, 2018 Board of Health agenda.

Recommendation: Receive.

f) Date: 2019 February 11
Topic: Mandatory food literacy curricula in Ontario schools
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott, The Honourable Lisa Thompson

Background:

On February 11, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Ministers Elliott and Thompson in support of the KFL&A Public Health Board of Health's call to examine existing school curricula on food literacy and introduce food literacy and food skills as mandatory components of school curricula. Refer to correspondence item e) from the September 20, 2018 Board of Health agenda.

Recommendation: Receive.

g) Date: 2019 February 11
Topic: Ontario's Basic Income Pilot
From: Windsor-Essex County Health Unit
To: The Honourable Doug Ford, The Honourable Lisa MacLeod

Background:

On February 11, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Premier Ford and Minister MacLeod in support of the Thunder Bay District Health Unit's concerns and call to action regarding reconsidering the termination of the Ontario Basic Income Pilot. Refer to correspondence item e) in the January 24, 2019 Board of Health agenda.

Recommendation: Receive.

h) Date: 2019 February 11
Topic: Petition for an adequately funded national, cost-shared, universal healthy school food program
From: Windsor-Essex County Health Unit
To: The Honourable Ginette Petitpas Taylor

Background:

On February 11, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister Ginette Petitpas Taylor in support for the Toronto Board of Health and Senator Art Eggleton's call for a federal, universal healthy school food program. School food programs are increasingly seen as vital contributors to students' physical and mental health, and academic achievement. Research demonstrates that school food programs have the potential to improve food choices, prevent disease, and support academic success for all students. The Windsor-Essex County Health Unit urges the federal government to support an adequately funded national, cost-shared, universal healthy school food program to address the existing funding shortfalls.

Recommendation: Receive.

i) Date: 2019 February 11
Topic: Funding for Healthy Babies, Healthy Children (HBHC) program
From: Windsor-Essex County Health Unit
To: The Honourable Lisa MacLeod

Background:

On February 11, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister MacLeod in support of the Thunder Bay District Health Unit's call to action and concern regarding program funding for the Healthy Babies, Healthy Children (HBHC) program. Refer to correspondence item b) in the January 24, 2019 Board of Health agenda and Report No. 023-19 (March 21, 2019 Board of Health agenda).

Recommendation: Receive.

j) Date: 2019 February 26
Topic: Connecting care in Ontario
From: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
To: Medical Officers of Health, all Health Units

Background:

On February 26, 2019, Deputy Minister Helen Angus issued a letter regarding Minister Christine Elliott's announcement of the Government of Ontario's long-term plan to fix and strengthen the public health care system by focusing directly on the needs of Ontario's patients and families. This focus is intended to improve patient experience and enable better-connected public health care by establishing local Ontario Health Teams, which will integrate multiple existing provincial agencies into a single agency, Ontario Health. This agency would act as a central point for accountability and oversight of the province's public health care system. The structure of local public health will not be affected by these changes, although further changes are expected.

Recommendation: Receive.

k) Date: 2019 February 27
Topic: Support for provincial oral health program for low-income adults and seniors
From: Peterborough Public Health
To: The Honourable Doug Ford

Background:

On February 27, 2019, the Board of Health for Peterborough Public Health wrote to Premier Ford in support of correspondence from Public Health Sudbury & Districts regarding support for provincial oral health programs for low-income adults and seniors. Refer to correspondence item a) in the January 24, 2019 Board of Health agenda.

Recommendation: Receive.

l) Date: 2019 February 27
Topic: Social Assistance Research Commission
From: North Bay Parry Sound District Health Unit
To: The Honourable Doug Ford, The Honourable Christine Elliott, The Honourable Lisa MacLeod

Background:

At its February 27, 2019 meeting, the Board of Health for the North Bay Parry Sound District Health Unit passed resolutions in support of *Bill 60, Ministry of Community and Social Services Amendment Act (Social Assistance Research Commission), 2018*. The Commission will make recommendations on social assistance policy, including social assistance rates that are based on the real costs of living in regions across Ontario and that take into account the cost of healthy eating. The North Bay Parry Sound District Health Unit continues to raise awareness about the importance of income security for low-income Ontarians in an effort to reduce food insecurity rates.

Recommendation: Receive.

m) Date: 2019 March 1
Topic: alPHa information update for Board of Health members
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health

Background:

On March 1, 2019, the Association of Local Public Health Agencies (alPHa) issued an update for Board of Health members that included: highlights from the 2019 alPHa Winter Symposium; an overview of the Board of Health orientation; information on health system restructuring; and a summary of alPHa responses and communications. Upcoming events include Minding Public Health, alPHa's 2019 annual general meeting and conference, to be held June 9–11, 2019, in Kingston, Ontario.

Recommendation: Receive.

n) Date: 2019 March 4
Topic: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping
From: Renfrew County and District Health Unit
To: The Honourable Christine Elliott, Minister of Health

Background:

On March 4, 2019, the Board of Health for Renfrew County and District Health Unit wrote to Minister Elliott in support of Peterborough Public Health's urging of the Ontario government to strengthen the *Smoke-Free Ontario Act, 2017* to prohibit, through regulation, the promotion of vaping products. Refer to correspondence item b) in the December 12, 2019 Board of Health agenda.

Recommendation: Receive.

o) Date: 2019 March 4
Topic: Support for provincial oral health program for low-income adults and seniors
From: Renfrew County and District Health Unit
To: The Honourable Doug Ford

Background:

On March 4, 2019, the Board of Health for Renfrew County and District Health Unit wrote to Premier Ford in support of correspondence from Public Health Sudbury & Districts regarding provincial government support for an oral health program for low-income seniors and encouraging the government to expand the program to include low-income adults. Refer to correspondence item a) in the January 24, 2019 Board of Health agenda.

Recommendation: Receive.

p) Date: 2019 March 5
Topic: Council of Ontario Medical Officers of Health (COMOH) resolution on HIV case management
From: Association of Local Public Health Agencies (alPHa)
To: All Boards of Health

Background:

On February 21, 2019, the Council of Ontario Medical Officers of Health (COMOH) affirmed the understanding that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health. COMOH further acknowledges the importance of communicating the Undetectable = Untransmittable (U = U) message as part of a comprehensive public health approach to sexual health.

Recommendation: Endorse.

simcoe muskoka
DISTRICT HEALTH UNIT

February 6, 2019

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

Dear Premier Ford:

Re: Support of a Provincial Oral Health Program for Seniors

The Board of Health for the Simcoe Muskoka District Health Unit (Board) is encouraged by the new provincial government's support for a provincial oral health program for low-income seniors. The financial, health and social impacts of poor oral health in seniors has been a long standing area of concern for our Board.

In 2016, our Board sent a letter to the Minister of Health calling on the Provincial Government to expand access to publically funded dental care for all low income adults, including low income seniors and all institutionalized seniors. The letter cited how access to prevention and dental treatment would reduce oral health inequities in Ontario that profoundly impact some of the most vulnerable people in our local jurisdiction and the Province as a whole.

As an indication of this need, in 2017 there were 4,069 visits to emergency departments within hospitals in Simcoe and Muskoka for oral health reasons. This figure remains highly troubling. It shows that a large number of our residents lack access to preventive and restorative oral health care, and therefore, need to resort to emergency departments for their dental needs. Unfortunately, these visits further burden an already overwhelmed hospital system and ultimately fail to address the underlying oral health problems causing pain and infection.

The Ontario Progressive Conservative Party has pledged to implement a publically funded dental care program for low income seniors. As well, they have committed to increase dental services through Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and to increase funding to provide investment for service delivery in underserviced areas. Our Board sees firsthand the positive impact that our Healthy Smiles Dental Clinics have on the clients and communities we serve. In 2018, we completed approximately 4,300 appointments for eligible clients in our clinics and over 900 preventive appointments for

Healthy Smiles Ontario children in schools. We support increasing clinical capacity, including in Public Health Units, in order to address the severe need among low income seniors.
We await further news concerning public health's role in reducing barriers to oral health, increasing service delivery for low income seniors and improving health system efficiency.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:HM:cm

Cc. Honorable Christine Elliot, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Members of Provincial Parliament for Simcoe and Muskoka
Ontario Boards of Health
Ms. Loretta Ryan, Association of Local Public Health Agencies
Ms. Jacquie Maund and Ms. Anna Rusak, Ontario Oral Health Alliance
Mayors and Councils in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

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

February 14, 2019

Dear Premier Ford

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

I am writing to you on behalf of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (Health Unit) to express our support for the Government of Ontario's commitment to build a provincial dental program for low-income seniors by increasing the funding for dental services in Public Health Units (PHUs), Community Health Centres (CHCs), and Aboriginal Health Access Centres and by investing in new dental services in underserviced areas including increasing the capacity in PHUs and investing in mobile dental buses. The Health Unit's Oral Health staff take pride in being able to assist parents of children and youth 17 and under in our communities to access the Healthy Smiles Ontario program to look after their children's oral health needs and look forward to being able to help local seniors access dental care.

In our Health Unit area, we are fortunate to have two CHCs, one in Northumberland County and one in the City of Kawartha Lakes that offer low-cost dental programs, and there is a volunteer dental clinic in Haliburton County, run by dental professionals who provide treatment at no cost to residents with serious dental care needs. Our local social service agencies are able to offer some limited discretionary dental assistance to recipients of Ontario Works. Northumberland County Community & Social Services also has a Community Outreach program that may be able to provide minimal funding to some low-income adults and seniors to assist with health issues like dental care.

Despite the existence of these programs, our Health Unit's Oral Health staff regularly hear from adults and seniors who fail to qualify for these programs because discretionary funding has run out, they are not financially or clinically eligible for the program and/or they simply cannot afford to pay the reduced rate offered. This leaves many residents no choice but to visit their local Emergency Room (ER). Hospital data from the Ministry of Health and Long-Term Care tell us that in 2015, 1,208 adults living in our Health Unit area visited the ER for dental-related issues. At an estimated $513 per dental-related ER visit, this cost the system $619,700, for patients to access a painkiller or an antibiotic but no dental treatment. We also know from these data that over 75% of those visiting the ER are adults between the ages of 20 and 64. We therefore ask that while developing the proposed dental program for low-income seniors, that your government consider how this program could eventually expand into a dental care program that also serves low- income adults.

…/2

We look forward to receiving more information about how Ontario public health units can facilitate and support the implementation of a new public dental program for low-income seniors, with the potential for this program to also serve low-income adults in the future.

Thank you again for your commitment to improving the oral health and overall health of Ontarians.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Cammie Jaquays
Chair, Board of Health

AR/ALN:ed

cc (via email) : Honourable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health, Minister of Health and Long-Term Care
Mr. David Piccini, MPP, Northumberland Peterborough South
Ms. Laurie Scott, MPP, Haliburton Kawartha Brock
Municipalities within the Haliburton, Kawartha, Pine Ridge District Health Unit area
All Ontario Boards of Health
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Municipalities of Ontario

January 31, 2019

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

The Regional Municipality of Durham

Corporate Services Department
Legislative Services

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

Dear Minister Ford:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ralph Walton,
Regional Clerk/Director of Legislative Services

RW/np

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

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

simcoe muskoka
DISTRICT HEALTH UNIT

February 20, 2019

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

Dear Premier Ford:

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

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

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

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

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

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

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:BA:cm

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

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

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

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

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

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

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

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

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

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

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

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

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

---

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

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

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

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

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

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
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February 11, 2019

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

Dear Minister Mulroney:

Smoke-Free Ontario Act, 2017 and Cannabis legislation

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

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

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

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

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

Sincerely,

Gary McNamara
Chair, Board of Health

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

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

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

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
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Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

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

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

Dear Ministers Elliott and Thompson:

Mandatory Food Literacy Curricula in Ontario Schools

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

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

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

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

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

Sincerely,

Gary McNamara
Chair, WECHU Board of Health

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

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

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

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
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February 11, 2019

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

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

Dear Premier Ford and Minster Macleod:

Ontario's Basic Income Pilot

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

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

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

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

Sincerely,

Gary McNamara
Chair, Board of Health

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

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

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

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TBDHU.COM

November 21, 2018

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

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

Dear Premier Ford and Minister Macleod,

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

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

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

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

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

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

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

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

Yours Sincerely,

Original Signed by

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

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

References:

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

3. Public Health Agency of Canada. (2016) The direct economic burden of socioeconomic health inequalities in Canada: an analysis of health care costs by income level. Accessed at: http://vibrantcanada.ca/files/the_direct_economic_burden_-_feb_2016_16_0.pdf.
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Appendix 1 - Comparison of Household Income and Expenses for *Families* (2018)

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

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

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

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

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

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

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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 11, 2019

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

Ginette.petitpastaylor@parl.gc.ca

Dear Minister Petitpas Taylor:

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

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

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

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

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

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

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

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

Sincerely,

Gary McNamara
Chair, Board of Health

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

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

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

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
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February 11, 2019

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

Dear Minister MacLeod:

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

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

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

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

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

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

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

Sincerely,

Gary McNamara
Chair, Board of Health

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

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

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

Thunder Bay District
Health Unit

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TBDHU.COM

November 21, 2018

SENT VIA EMAIL

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

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

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

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

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

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

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

…/2

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

Sincerely,

Original Signed by

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

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

Ministry of Health and Long-Term Care

Office of the Deputy Minister

Hepburn Block, 10th Floor
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Ministère de la Santé et des Soins de longue durée

Bureau du sous-ministre

Édifice Hepburn, 10e étage
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Ontario

February 26, 2019

FROM: **Helen Angus**
Deputy Minister
Ministry of Health and Long-Term Care

RE: Letter from Deputy Minister, Helen Angus, Regarding Connecting Care in Ontario

Today, Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, delivered the Government of Ontario's long-term plan to fix and strengthen the public health care system by focusing directly on the needs of Ontario's patients and families.

The key focus of Ontario's transformative plan is improving the patient experience and enabling better connected public health care.

The government intends to introduce legislation that would, if passed, support the establishment of local Ontario Health Teams that connect health care providers and services around patients and families, and integrate existing multiple provincial agencies into a single health agency – Ontario Health.

Under the new Ontario Health Teams delivery model, health care providers will work as one coordinated team – focusing on the needs of patients at a local level, so people can more easily navigate the system and experience simple transitions from one service provider to another.

When Ontario Health Teams are established, people's choice of providers would remain but they would also have more available care options through technology. As well, with safeguards in place to protect personal health information, patients would have an option to securely access digital health services, such as having access to their electronic health records and virtual care options for patients.

I have seen many projects across the province that have started integration processes and I am confident that many of you, as dedicated care providers and planners, would see a role in better connecting health care for your local communities.

To help achieve an improved experience for both patients and health care providers and planners, the government would integrate multiple provincial agencies and specialized provincial programs into a single agency – Ontario Health. This agency would act as a central point of accountability and oversight of the province's public health care system.

The continuity of patient care remains the top priority. This is why this transition would be done carefully and roll out in phases.

We will continue to work as we are currently doing and you can continue to reach out to your ministry representative and/or key contact.

We will make sure to provide regular communication during this transformation through the ontario.ca/connectedcare page and through emails. I invite you to sign up to receive regular email updates at Connected Care Updates

I am inviting you to a webcast later today, where ministry leaders and I will discuss this health care system announcement.

Date:	**Tuesday, February 26, 2019**
Time:	**1:45 – 2:30 p.m.**
Webcast Link:	**vvcnetwork.ca/MOHLTCstakeholderwebcast/**

The video of this webcast will be posted online if you are not able to attend.

The changes ahead of us are significant but necessary to build a modern, sustainable system that is organized around people's needs and outcomes. I would like to take this opportunity to acknowledge and thank you for your ongoing professionalism and the excellent work you have been doing, which we truly rely on.

I look forward to working together to improve our health care system and to give each and every Ontarian the high quality care they deserve.

Helen Angus

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

February 27, 2019

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

Dear Premier Ford:

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

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

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

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

We appreciate your attention to this important public health issue.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

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

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Santé publique
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phsd.ca

December 7, 2018

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

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

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

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

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

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

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

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

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

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

Sincerely,

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

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

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay Parry Sound
Your lifetime partner in healthy living.
345 Oak Street West, North Bay, ON P1B 2T2 TEL 705-474-1400 FAX 705-474-8252 | myhealthunit.ca
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February 27, 2019

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

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

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

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

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

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

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

.../2

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

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

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

Sincerely,

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

Don Brisbane
Vice-Chairperson, Board of Health

Enclosures (2)

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

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Appendix A

NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH

RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

1 in 7

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

This can mean:

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

Be informed **myhealthunit.ca/foodinsecurity**

North Bay Parry Sound District Health Unit

alPHa
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Providing leadership in public health management

Update to Board of Health Members
March 1, 2019

2019 alPHa Winter Symposium

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

BOH Orientation

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

Health System Restructuring

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

alPHa Responses & Communications

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

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

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

alPHa Correspondence

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

Upcoming Events and Meetings for All Board of Health Members

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

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

This update was brought to you by the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on the Association's various committees. Learn more about us at www.alphaweb.org

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

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

Dear Minister Elliott,

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

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

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

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

Carried

Sincerely,

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

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

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

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Peterborough Public Health

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peterboroughpublichealth.ca

November 5, 2018

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

Dear Minister Elliott,

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

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

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

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

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

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

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

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

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

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

Dear Premier Ford,

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

At the February 26, 2019 regular meeting of the Board of Health for the Renfrew County and District Health Unit (RCDHU) the Board considered the attached correspondence from Sudbury & Districts Public Health regarding support for the oral health program for low income seniors and encouraging the government to expand access to include low income adults.

The following motion, recommended to the RCDHU Board of Health by the Stakeholder Relations Committee, was accepted by the Board on February 26, 2019:

Resolution: # 3 SRC 2019-Feb-08
A motion by J. Dumas; seconded by M. A. Aikens; be it resolved that the Stakeholder Relations Committee recommends that the Board endorse correspondence from Sudbury and Districts Public Health regarding support for a provincial oral health program for low income adults and seniors and further that it be cc'd as per the Sudbury Board of Health letter with the addition to alPHa and the Honourable MPP John Yakabuski.

Carried

Sincerely,

Carolyn Watt

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

cc (via email): The Honourable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health

The Honourable John Yakabuski, MPP, Renfrew-Nipissing-Pembroke
Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Municipalities of Ontario
Jacquie Maund, Alliance for Healthier Communities

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December 7, 2018

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

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

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

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

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

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

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

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

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

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

Sincerely,

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

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

coMOH
Council of Ontario
MEDICAL OFFICERS OF HEALTH

RESOLUTION 2019-02-21
TITLE: HIV Case Management

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

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

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

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

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

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

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

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

CARRIED February 21, 2019