



**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, November 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  
Mr. Matt Reid

**SECRETARY-TREASURER**

Dr. Christopher Mackie

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: October 17, 2019 - Board of Health meeting

Receive: October 31, 2019 – Finance & Facilities Committee meeting minutes  
October 17, 2019 – Relocation Advisory Committee meeting minutes

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1	x	x	x	October 31, 2019 Finance & Facilities Committee Meeting Update (Report No. 068-19)	October 31, 2019 – Agenda  Minutes	To provide an update on reports reviewed at the October 31, 2019 Finance & Facilities Committee meeting.  Lead: Mr. Matt Reid, Chair, Finance & Facilities Committee
2	x	x	x	November 21, 2019 Governance Committee Verbal Update	November 21, 2019 Agenda	To provide an update on reports reviewed at the November 21, 2019 Governance Committee meeting.  Lead: Ms. Aina DeViet, Chair, Governance Committee
3	x		x	Launch of Updated Community Health Status Resource (Report No. 069-19)		To provide an update on the Community Health Status Resource  Lead: Dr. Alex Summers, Associate Medical Officer of Health and Ms. Mai Pham, Epidemiologist
4		x		Monitoring Food Affordability and Implications for Government Public Policy Action (Report No. 070-19)	Appendix A Appendix B Appendix C Appendix D Appendix E	To provide results from the 2019 Nutritious Food Basket Survey and opportunities for government public policy and action.  Lead: Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control and Ms. Kim Loupos, Dietitian.
5			x	Summary Information Report for November 2019 (Report No. 071-19)	Appendix A Appendix B Appendix C Appendix D	To provide an update on Health Unit programs and services for November.  Lead: Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
6			x	Medical Officer of Health/ CEO Activity Report for November (Report No. 072-19)		To provide an update on the activities of the MOH/CEO for November.  Lead: Dr. Chris Mackie, Medical Officer of Health/CEO

Correspondence					
7			x	November 2019 Correspondence	To receive correspondence items a) through v) and x), and refer item w) to staff.

**OTHER BUSINESS**

- Next Finance and Facilities Committee Meeting December 5, 2019 @ 9:00 a.m.
- Next Governance Committee Meeting will be held in 2020.
- Next Board of Health Meeting: Thursday, December 12, 2019 @ 5:30 p.m.

**CONFIDENTIAL**

The Board of Health will move in-camera to consider matters regarding identifiable individuals, the security of the property of the Board of Health, financial information that belongs to the local board and has monetary or potential monetary value, and to approve Confidential minutes from its October 17, 2019 Relocation Advisory Committee and Board of Health meetings.

**ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, October 17, 2019, 7:00 p.m.  
399 Ridout Street North, London, Ontario  
Side Entrance (recessed door)  
MLHU Boardroom

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**MEMBERS PRESENT:**

Ms. Trish Fulton (Chair)  
Ms. Aina DeViet  
Mr. Ian Peer  
Mr. Matt Reid  
Mr. John Brennan  
Ms. Kelly Elliott

**REGRETS:**

Ms. Elizabeth Peloza  
Ms. Tino Kasi  
Mr. Michael Clarke  
Ms. Maureen Cassidy

**OTHERS PRESENT:**

Dr. Christopher Mackie, Secretary-Treasurer  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Ms. Mary Lou Albanese, Manager, Infectious Disease Control  
Ms. Laura Di Cesare, Director, Healthy Organization  
Mr. Joe Belancic, Manager, Procurement and Operations  
Ms. Rhonda Brittan, Manager, Healthy Communities & Injury Prevention  
Mr. Jeff Cameron, Manager, IT  
Mr. Brian Glasspoole, Manager, Finance  
Ms. Heather Lokko, Director, Healthy Start  
Ms. Tara MacDaniel, Public Health Nurse  
Ms. Jody Paget, Manager, Vaccine Preventable Diseases  
Ms. Kendra Ramer, Manager, Strategic Projects  
Ms. Maureen Rowlands, Director, Healthy Living  
Dr. Alex Summers, Associate Medical Officer of Health  
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control  
Mr. Stephen Turner, Director, Environment Health & Infectious Diseases  
Mr. Alex Tysl, Online Communications Coordinator  
Ms. Tanya Verhaeghe, Health Promoter  
Dr. Jason Gilliland, Human Environments Analysis Laboratory Youth Advisory Committee (HEALYAC)  
Ms. Drew Bowman, HEALYAC Staff Co-Facilitator  
Ms. Eleanor Park, HEALYAC Student Co-Facilitator  
Ms. Aliana Manji, HEALYAC Student Co-Facilitator  
Mr. Ahmed Mahmood, HEALYAC Former Co-Facilitator  
Ms. Krishna Arunkumar, HEALYAC Former Co-Facilitator

Chair Fulton called the meeting to order at 7:02 p.m.

**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 Ms. Elliott, seconded by Mr. Reid, *that the **AGENDA** for the October 17, 2019 Board of Health meeting be approved.*

Carried

## **MINUTES**

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the **MINUTES** of the September 19, 2019 Board of Health meeting be approved.*

Carried

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the Board of Health receive the September 19, 2019 Governance Committee meeting minutes.*

Carried

## **DELEGATIONS AND REPORTS**

### **October 17, 2019 Relocation Advisory Committee Meeting (Verbal Update)**

Mr. Peer provided an update on the October 17, 2019 Relocation Advisory Committee meeting and reviewed the following reports for the Board's consideration:

#### **Relocation Project Plan Update (Report No. 007-19RAC)**

Mr. Peer noted that the project is proceeding on schedule and according to plan, and directed the Board's attention to the timeline appended to this report.

It was moved by Mr. Peer, seconded by Ms. DeViet, *that the Board of Health receive Report No. 007-19RAC re: "Relocation Project Plan" for information.*

Carried

#### **Relocation Move Plan (Report No. 008-19RAC)**

Mr. Peer summarized the comprehensive move plan and the timelines associated with moving each team and clinic services. Mr. Peer also outlined contingency plans and timeline buffers should there be any delays near the end of the project.

It was moved by Mr. Peer, seconded by Mr. Brennan, *that the Board of Health receive Report No. 008-19RAC re: "Relocation Move Plan" for information.*

Carried

#### **Audio Visual Tender (Report No. 009-19RAC)**

Mr. Peer summarized the report and explained how meeting rooms in the new location will be equipped with updated audio-visual equipment to bring the Health Unit up to speed with current technology. Mr. Peer noted that the bid being awarded to Best Buy for Business is 30% lower than what was budgeted for.

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the Board of Health award Best Buy for Business the audio-visual contract for Citi Plaza.*

Carried

Mr. Peer noted that the next meeting of the Relocation Advisory Committee has yet to be set, and, depending on reappointments, the committee's composition may have to be updated to ensure quorum.

#### **Collaborative Action to Address Vaping Concerns (Report No. 059-19)**

Dr. Mackie welcomed Prof. Jason Gilliland and the Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC) team to the meeting. He noted that the HEALYAC will be providing a presentation on policy recommendations and a position statement in regard to youth and vaping.

HEALYAC youth representatives Ms. Park, Ms. Manji, Ms. Arunkumar, and Mr. Mahmood provided a presentation and introduction to HEALYAC's mission, purpose, and statement on vaping.

Discussion ensued on the following items:

- How underage students access vaping products
- Resources and supports available to students at school to prevent the sale of vaping products to underage youth and to stop students from vaping
- The attraction to vaping – why youth start and how they might be deterred from it
- Peer pressures associated with vaping
- The percentage of youth that are vaping

Ms. Stobo provided further context and thanked the HEALYAC team for their presentation and for answering questions.

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

- 1) *Receive Report No. 059-19 re: “Collaborative Action to Address Vaping Concerns”;*
- 2) *Endorse the HEAL Youth Advisory Council’s (HEALYAC) position statement “Vaping in Schools and Student Health,” attached as [Appendix A](#), expressing its support of youth advocacy on vaping;*
- 3) *Submit a letter, attached as [Appendix B](#), along with the HEALYAC’s position statement, to the Tobacco Control Directorate of Health Canada and the federal Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products;*
- 4) *Submit a letter, attached as [Appendix C](#), along with the HEALYAC’s position statement, to the Ontario Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products; and*
- 5) *Send a copy of this report and its appendices to local members of the provincial and federal parliaments, and to the Association of Local Public Health Agencies for dissemination to all Ontario boards of health.*

Carried

Mr. Reid noted that, given the federal election on Monday, staff should wait to send this letter until the results of the election are determined.

### **Grant Funding to Support Cannabis Programming ([Report No. 060-19](#))**

Ms. Stobo introduced the report and provided context. She also outlined some of the changes that have occurred since the last time this report was brought forward to the Board of Health.

Discussion ensued on to what the City’s portion of the funding will be allocated (i.e., retail sales and cultivation of cannabis) and the fact that funds will not only support public health but also policing.

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

- 1) *Receive Report No. 060-19 re: “Grant Funding to Support Cannabis Programming” for information;*
- 2) *Receive the Health Unit’s 2019 funding allocation from the City of London’s share of the Ontario Cannabis Legalization Implementation Fund and endorse recruitment of 2.0 FTE temporary Enforcement Officers; and*

- 3) *Direct staff to continue their work with the City of London's interagency Cannabis Implementation Working Group and to submit a proposal for the 2020 installment of funding.*

Carried

### **2018–19 Influenza Season in Middlesex-London Final Report (Report No. 061-19)**

Dr. Summers introduced the report and provided context. He acknowledged the teams involved in responding to the influenza season and providing influenza reporting throughout the year.

Discussion ensued on the following items:

- Comparing the 2017–18 flu season with last year's cases
- The poor vaccine match in 2017–18, which caused a high number of cases
- The match of vaccine to strain circulating from year to year, and the efficacy of the match in this year's flu shot
- The potential for the Health Unit to track whether or not confirmed influenza cases had received the flu shot
- How many people receive the flu shot each year
- Ages and statistics around influenza deaths
- Outbreaks and influenza deaths in long-term care facilities
- The difference between quadrivalent and trivalent vaccines, requirements for the high-dose flu vaccine, and which strains each type of flu vaccine covers

It was moved by Ms. Elliott, seconded by Mr. Reid, *that the Board of Health receive Report No. 061-19 re: "2018–19 Influenza Season in Middlesex-London – Final Report" for information.*

Carried

### **Estimated Immunization Coverage in Middlesex-London Schools (Report No. 062-19)**

Dr. Summers introduced the report and provided context, thanking Ms. Jody Paget, Manager, Vaccine Preventable Diseases, for her ongoing work on this portfolio. Dr. Summers noted that vaccine hesitancy remains an ongoing area of work for MLHU and highlighted yesterday's media release, issued in partnership with the Ontario Medical Association, and the fact that current vaccination rates in Middlesex-London are high enough to protect the local population.

Discussion ensued on the following times:

- The difference in vaccination rates between schools and possible reasons for it
- Variables involved in screening students in all schools

Dr. Mackie thanked Mr. Reid for his comments and invited further conversation on the topic given Mr. Reid's experience with the Thames Valley District School Board.

It was moved by Mr. Brennan, seconded by Ms. Elliott, *that the Board of Health receive Report No. 062-19 re: "Estimated Immunization Coverage in Middlesex-London Schools" for information.*

Carried

### **Change in Fees for Paid Vaccinations (Report No. 063-19)**

It was moved by Ms. Elliott, seconded by Ms. DeViet, *that the Board of Health receive Report No. 063-19 re: "Change in Fees for Paid Vaccinations" for information.*

Carried

### **Hepatitis A Outbreak Declared Over (Report No. 064-19)**

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the Board of Health receive Report No. 064-19 re: "Hepatitis A Outbreak Declared Over" for information.*

Carried

**Summary Information Report for October (Report No. 065-19)**

It was moved by Mr. Peer, seconded by Ms. DeViet, *that the Board of Health receive Report No. 065-19 re: "Summary Information Report for October" for information.*

Carried

**Medical Officer of Health/CEO Activity Report for October (Report No. 066-19)**

It was moved by Mr. Reid, seconded by Ms. Elliott, *that the Board of Health receive Report No. 066-19 re: "Medical Officer of Health/CEO Activity Report for October" for information.*

Carried

**CORRESPONDENCE**

It was moved by Ms. DeViet, seconded by Ms. Elliott, *that the Board of Health receive correspondence items a) through l).*

Carried

**OTHER BUSINESS**

- Next Finance & Facilities Committee meeting: October 31, 2019 @ 9:00 a.m.
- Next Governance Committee meeting: Thursday, November 21, 2019 @ 6:00 p.m.
- Next Board of Health meeting: Thursday, November 21, 2019 @ 7:00 p.m.

Dr. Mackie noted that a video of the Health Unit's new office space at Citi Plaza will be screened at the conclusion of the Board of Health meeting.

**CONFIDENTIAL**

At 8:03 p.m., it was moved by Ms. DeViet, seconded by Ms. Elliott, *that the Board of Health move in-camera to consider matters regarding security of the property of the Board, a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, a trade secret or financial information that belongs to the Board and has monetary value, and to approve confidential minutes from the September 19, 2019 Board of Health meeting and restricted minutes from the July 18, 2019 Board of Health meeting.*

Carried

At 8:29 p.m., it was moved by Mr. Peer, seconded by Ms. Elliott, *that the Board of Health rise and return to public session.*

Carried

At 8:29 p.m., the Board of Health returned to public session.

**ADJOURNMENT**

At 8:30 p.m., it was moved by Mr. Reid, seconded by Ms. Elliott, *that the meeting be adjourned.*

Carried

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**TRISH FULTON**  
Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer



**PUBLIC MINUTES  
FINANCE & FACILITIES COMMITTEE**  
50 King Street, London  
Middlesex-London Health Unit  
Thursday, October 31, 2019 9:00 a.m.

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**MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott  
Ms. Trish Fulton  
Ms. Tino Kasi

**REGRETS:** Ms. Maureen Cassidy

**OTHERS PRESENT:** Dr. Christopher Mackie, Secretary-Treasurer  
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)  
Ms. Laura Di Cesare, Director, Healthy Organization Division  
Mr. Brian Glasspoole, Manager, Finance  
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance  
Dr. Alexander Summers, Associate Medical Officer of Health  
Mr. Joe Belancic, Manager, Procurement and Operations

At 9:06 a.m., Chair Reid called the meeting to order.

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

Ms. Di Cesare asked the Committee to consider adding policy G-230 and its appendix to Report No. 035-19FFC.

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the amended AGENDA for the October 31, 2019 Finance & Facilities Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the MINUTES of the September 5, 2019 Finance & Facilities Committee meeting be approved.*

Carried

**NEW BUSINESS**

**4.1 2020 Budget – Program Budgeting and Marginal Analysis (PBMA) Disinvestments (Report No. 033-19FFC)**

The 2020 budget process focused on identifying enough disinvestments to sufficiently support inflationary pressures. Once approved, the fourteen disinvestments, totalling \$493,388.00, will be incorporated into the 2020 budget proposal.

Dr. Mackie provided an update regarding the three positions to be eliminated. He noted that the positions have been vacant for some time and that arrangements have been made to ensure there will be no further burden on the teams affected.

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the Finance & Facilities Committee approve PBMA Disinvestments totalling \$493,388 as outlined in Appendix A to Report No. 033-19FFC.*

Carried

#### **4.2 Proposal to Draw Down Reserve Funds (Report No. 034-19FFC)**

The Committee discussed using all of the funds in the Funding Stabilization Reserve. Mr. Glasspoole noted that significant costs that are short-term and primarily related to the move to Citi Plaza could be funded through this reserve. This would delay the need to draw upon the bank loan.

The Dental Treatment Reserve was originally established to address any clinic-related costs. With funding for the Ontario Seniors Dental Care Program (OSDCP), a new dental clinic will open at the Citi Plaza location. The funds in this reserve will be used to offset build costs for the new clinic. Mr. Glasspoole advised that the funds in the reserve will be used for preventative as well as treatment costs.

The Accumulated Sick Leave Reserve can be closed, as all employees who were eligible to be paid out for their accumulated sick days have left the organization. This Reserve was funded from OMERS holiday funding, and the remaining \$29,462 will be used to defray OMERS contributions for 2019.

The last time that funds were drawn from the Environmental – Septic Tank Reserve was in 1994. Originally a grant from the Ontario Ministry of Environment, the remaining \$6,044 will be returned to the appropriate branch of the Ministry if possible.

It was moved by Ms. Kasi, seconded by Ms. Fulton, *that the Finance & Facilities Committee recommend that the Board of Health approve:*

- 1) *Using up to \$818,258 from the Funding Stabilization Reserve to fund, in part, the cost of leasehold improvements in connection with the Health Unit's relocation of premises to Citi Plaza;*
- 2) *Using up to \$123,771 from the Dental Treatment Reserve to fund, in part, the cost of leasehold improvements related to dental treatment facilities in the new location;*
- 3) *Using up to \$29,462 from the Accumulated Sick Leave Reserve to defray OMERS costs for 2019;*
- 4) *Returning \$6,044 from the Environmental – Septic Tank Reserve to the Ministry of the Environment if that Ministry accepts the funds, and, if not accepted, then applying these funds to leasehold improvements related to Environmental Health in the new location; and*
- 5) *Closing the Dental Treatment Reserve, the Accumulated Sick Leave Reserve and the Environmental – Septic Tank Reserve.*

Carried

#### **4.3 Policy Review (Report No. 035-19FFC and Walk-on Report No. 036-19FFC)**

G-200 Approval and Signing Authority Policy was updated to simplify the financial signing authorities and to delineate what is and is not a financial signing authority. Signing authority limits are recommended for managers, directors, and the Medical Officer of Health. Non-financial signing authority information had been located in Policy G-220 but was moved to this policy, where it's a better fit.

G-220 Contractual Services – Changes to this policy were primarily editorial in nature.

G-230 Procurement – This policy was added to the agenda as a walk-on. Appendix A was revised to change the forty-day posting period to limit tenders to twenty-five days, provided the process takes place electronically. While the FFC agreed to this change, it will now require Board approval.

G-250 Reserve and Reserve Funds – Minor formatting changes were made. In anticipation of the FFC approving the closure of the Accumulated Sick Leave Reserve, the Environmental – Septic Tank Reserve, and the Dental Treatment Reserve, these reserves were removed from the policy. The three reserves remaining open are Funding Stabilization, Technology and Infrastructure, and Employment Costs.

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

- 1) *Receive Report No. 035-19FFC re: "Policy Review" for information; and*
- 2) *Endorse the governance policies outlined in this report, including the procurement guideline policy update, which relate to the financial operations of the Middlesex-London Health Unit, and refer them to the Governance Committee for final review.*

Carried

#### **4.4 Q3 Variance Report and Factual Certificate (Report No. 032-19FFC)**

Mr. Glasspoole noted that the projected end-of-year surplus is approximately \$8,000. He added that construction costs are not part of the operating budget this year, as the Health Unit will be capitalizing those costs.

The Factual Certificate can be signed as all financial criteria is being met.

It was moved by Ms. Kasi, seconded by Ms. Fulton, *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 032-19FFC re: "Q3 Financial Update and Factual Certificate" for information.*

Carried

#### **OTHER BUSINESS**

Next meeting: December 5, 2019.

#### **ADJOURNMENT**

At 9:36 a.m., it was moved by Ms. Kasi, seconded by Ms. Elliott, *that the meeting be adjourned.*

Carried

At 9:37 a.m., Chair Reid *adjourned the meeting.*

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**MATTHEW REID**  
Committee Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer



**PUBLIC MINUTES  
RELOCATION ADVISORY COMMITTEE**  
Middlesex-London Board of Health  
Thursday, October 17, 2019 6:00 p.m.  
MLHU Boardroom  
399 Ridout Street North  
Middlesex County Building

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**Committee Members Present:**

Mr. Ian Peer (Chair)  
Mr. John Brennan  
Ms. Trish Fulton  
Mr. Matt Reid

**Regrets:**

Mr. Michael Clarke

**Others Present:**

Dr. Christopher Mackie, Secretary-Treasurer  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health  
and Communication Coordinator (Recorder)  
Ms. Laura Di Cesare, Director, Healthy Organization  
Mr. Joe Belancic, Manager, Procurement and Operations  
Ms. Kendra Ramer, Manager, Strategic Projects  
Mr. Brian Glasspoole, Manager, Finance  
Mr. Jeff Cameron, Manager, IT

At 6:00 p.m., Chair Peer called the meeting to order.

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the **AGENDA** for the October 17, 2019 Relocation Advisory Committee meeting be approved, with the added walk-on report item no. 4.3.*

Carried

**APPROVAL OF MINUTES**

It was moved by Mr. Reid, seconded by Ms. Fulton, *that the **MINUTES** of the June 26, 2019 Relocation Advisory Committee meeting be approved.*

Carried

**NEW BUSINESS**

**Relocation Project Plan Update (**Report No. 007-19RAC**)**

Ms. Ramer introduced the report and advised that the move-in plan is currently on schedule. She also reviewed the timeline for the move-in plan into 2020.

Discussion ensued on the relocation plan, which is currently on budget and proceeding according to targets.

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the Relocation Advisory Committee receive Report No. 007-19RAC re: "Relocation Project Plan" for information.*

Carried



**Relocation Move Plan (Report No. 008-19RAC)**

Ms. Ramer introduced the report, outlining the move's various phases, when each specific program area is scheduled to move to the new location, and when those service areas will be open to the public. Ms. Ramer noted that all interactions with the public will continue to take place at 50 King Street until April 1, 2020, when Citi Plaza opens to the public.

Discussion ensued on the following items:

- That HST rebates would be backdated to apply to the full period of the project budget and that prices outlined in the reports are currently all pre-HST-rebated prices
- Contingency plans in case of a delay in the move schedule that in turn causes a delay in service to the public
- An update regarding ongoing negotiations with Citi Plaza about parking for MLHU staff, and that staff will continue to park in their current spots until April 1, 2020

It was moved by Ms. Fulton, seconded by Mr. Brennan, *that the Relocation Advisory Committee receive Report No. 008-19RAC re: "Relocation Move Plan" for information.*

Carried

**Audio-Visual Tender (Walk-On Report No. 009-19RAC)**

Mr. Belancic introduced the report and provided context. He outlined certain updates that will be made to the boardroom in the new Citi Plaza location.

Discussion ensued on the following items:

- What the additional cost-savings could be used for, given that the audio-visual quote came in 30% lower than what was budgeted for
- Whether the boardroom in the new location will be used for other purposes than monthly Board meetings
- The updated technologies that will be available in meeting spaces at the new location

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the Relocation Advisory Committee:*

- 1) *Receive Report No. 009-19RAC re: "Location Project – Audio-Visual Contractor Selection and Contract Award" for information; and*
- 2) *Recommend that the Board of Health award Best Buy for Business the audio-visual contract at Citi Plaza.*

Carried

**OTHER BUSINESS**

Chair Peer advised that the next meeting of the Relocation Advisory Committee will be called when required.

**CONFIDENTIAL**

At 6:21 p.m., it was moved by Ms. Fulton, seconded by Mr. Reid, *that the Relocation Advisory Committee move in-camera to approve confidential minutes from its June 26, 2019 meeting, and to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.*

Carried

At 6:45 p.m., it was moved by Mr. Brennan, seconded by Mr. Reid, *that the Relocation Advisory Committee return to public session.*

At 6:45 p.m., the Board of Health returned to public session.

The Committee viewed a video of the Citi Plaza floor plan and the recent October 4 tour.

**ADJOURNMENT**

At 6:50 p.m., it was moved by Ms. Fulton, seconded by Mr. Brennan, *that the meeting be adjourned.*

Carried

At 6:50 p.m., Chair Peer *adjourned the meeting.*

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**IAN PEER**  
Committee Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 068-19

TO: Chair and Members of the Board of Health  
 FROM: Christopher Mackie, Medical Officer of Health / CEO  
 DATE: 2019 November 21

**FINANCE & FACILITIES COMMITTEE MEETING – October 31, 2019**

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on October 31, 2019. A summary of the discussion can be found in the [draft minutes](#).

Reports	Recommendations for Information and the Board of Health’s Consideration
<b>Q3 Financial Update and Factual Certificate</b>  <a href="#">(Report No. 032-19FFC)</a>	<i>That the Finance &amp; Facilities Committee review and recommend to the Board of Health to receive Report No. 032-19FFC re: “Q3 Financial Update and Factual Certificate” for information.</i>
<b>2020 Budget – Program Budgeting and Marginal Analysis (PBMA) Disinvestment Proposals</b>  <a href="#">(Report No. 033-19FFC)</a>	<i>That the Finance &amp; Facilities Committee approve PBMA Disinvestments totalling \$493,388 as outlined in <a href="#">Appendix A</a> to Report No. 033-19FFC.</i>
<b>Proposal to Draw Down Reserve Funds</b>  <a href="#">(Report No. 034-19FFC)</a>	<i>That the Finance &amp; Facilities Committee recommend that the Board of Health approve:</i> <ol style="list-style-type: none"> <li>1) <i>Using up to \$818,258 from the Funding Stabilization Reserve to fund, in part, the cost of leasehold improvements in connection with the Health Unit’s relocation of premises to Citi Plaza;</i></li> <li>2) <i>Using up to \$123,771 from the Dental Treatment Reserve to fund, in part, the cost of leasehold improvements related to dental treatment facilities in the new location;</i></li> <li>3) <i>Using up to \$29,462 from the Accumulated Sick Leave Reserve to defray OMERS costs for 2019;</i></li> <li>4) <i>Returning \$6,044 from the Environmental – Septic Tank Reserve to the Ministry of the Environment if that Ministry accepts the funds, and, if not accepted, then applying these funds to leasehold improvements related to Environmental Health in the new location; and</i></li> <li>5) <i>Closing the Dental Treatment Reserve, the Accumulated Sick Leave Reserve, and the Environmental – Septic Tank Reserve.</i></li> </ol>
<b>Policy Review</b>  <a href="#">(Report No. 035-19FFC and Walk-on Report No. 036-19FFC)</a>	<i>That the Finance &amp; Facilities Committee:</i> <ol style="list-style-type: none"> <li>1) <i>Receive Report No. 035-19FFC re: “Policy Review” for information; and</i></li> <li>2) <i>Endorse the governance policies outlined in this report, including the procurement guideline policy update, which relate to the financial operations of the Middlesex-London Health Unit, and refer them to the Governance Committee for final review.</i></li> </ol>

The FFC's next meeting will be on Thursday, December 5, 2019, 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.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 November 21

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## LAUNCH OF UPDATED COMMUNITY HEALTH STATUS RESOURCE

### **Recommendation**

*It is recommended that Report No. 069-19 re: “Launch of Updated Community Health Status Resource” be received for information.*

### **Key Points**

- As part of the Ontario Public Health Population Health Assessment Standard, boards of health are required to assess and share information externally on the current health status of the local population and subpopulations in order to inform planning of interventions that are responsive to residents’ needs.
- The Middlesex-London Health Unit meets these requirements, in part, through its online [Community Health Status Resource](#).
- All of the Resource’s content has been updated via a strategic project during the period August 2018–November 2019. New content has also been added and internal processes have been established to regularly update the data.
- The Health Unit is uniquely positioned to support our community health partners via our expertise in population health assessment.

### **Background**

Population health assessment is a core function of the public health system and a first step in planning community health programs and services that are responsive to residents’ needs. It considers the health of populations and subgroups, and considers the circumstances that affect residents’ health, such as where they live, level of education, and income.

As part of the Ontario Public Health Population Health Assessment Standard, boards of health are required to assess current health status, health behaviours, preventive health practices, risk and protective factors, health care utilization relevant to public health, and demographic indicators, including assessment of trends and changes. Boards of health must also provide this population health information to the public, community partners, and other health-care providers so that they are aware of relevant and current population health information.

The Health Unit meets these population health assessment requirements, in part, through its online [Community Health Status Resource](#). The Resource was launched in 2012 and was enhanced via a 2018–19 strategic project. The project involves both updating the content of the Resource and embedding practices that will support routine, ongoing updating to ensure the health indicators remain relevant and the information is up-to-date.

## Current Project Status

All fifteen topics in the Resource have been updated and published online. These include: 1. Geography and Demographics, 2. Social Determinants, 3. General Health, 4. Injury, 5. Substance Use, 6. Behaviour Risk Factors, 7. Chronic Disease, 8. Oral Health, 9. Infectious Disease, 10. Immunization, 11. Healthy Pregnancy, 12. Birth and Early Development, 13. Child and Youth, 14. Healthy Environments, and 15. Urban Indigenous Health.

Enhancements include:

- Augmenting our assessment of health inequities, where the data permits, by including rural/urban status, education, income, and employment status;
- Partnering with the Southwest Ontario Aboriginal Health Access Centre to include data from Our Health Counts London in the Resource (and thereby carrying out a recommendation of the Health Unit's organizational plan for reconciliation);
- Increasing interpretation of findings to focus the reader on the meaning of the results; and
- Including aggregated data tables and technical appendices to support the community's use of population health data.

Internal processes have been established to regularly update the Resource.

## Next Steps

Starting in November 2019, promotion of the Resource to key community partners will be undertaken to ensure that partners are aware of this information and integrate it into their planning. Furthermore, accompanying data tables and technical appendices will be completed and published by the end of 2019. Starting in 2020, a four-month planning cycle will be initiated to support routine, ongoing updating of the Resource.

## Conclusion

Through population health assessment initiatives such as the Community Health Status Resource, the Middlesex-London Health Unit is uniquely positioned within the local health system to identify groups whose health is at risk and to help identify health system priorities to support the overall health and wellbeing of the whole population.

This report was prepared by the Associate Medical Officer of Health and the Population Health Assessment and Surveillance Team.



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

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 November 21

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## MONITORING FOOD AFFORDABILITY AND IMPLICATIONS FOR GOVERNMENT PUBLIC POLICY AND ACTION

### **Recommendations**

*It is recommended that the Board of Health:*

- 1) Request that the Minister of Children, Community and Social Services continue to include episodic and short-term disabilities within the definition of disability for the Ontario Disability Support Program.*
- 2) Request that Bill 60, An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission proceed to the Standing Committee on the Legislative Assembly to set evidence-based social assistance rates premised on local living costs.*
- 3) Request that Health Canada update the food list in the National Nutritious Food Basket to reflect the recommendations in the 2019 Canada's Food Guide, and develop a national food-costing protocol to facilitate consistent and effective monitoring of food affordability.*
- 4) Forward Report No. 070-19 re: Monitoring Food Affordability and Implications for Government Public Policy and Action to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.*

### **Key Points**

- The Nutritious Food Basket survey results for 2019 demonstrate that incomes are not adequate for many Middlesex-London residents to afford basic needs.
- Food insecurity has a pervasive impact on health, and there is a need for income-based solutions.
- Action to address food insecurity and poverty is needed at all levels of government, including support for community programs (such as the [Community Volunteer Income Tax Program](#)), monitoring food affordability, and social assistance rates that reflect the cost of basic needs.

### **Background and Survey Results**

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health. It impacts one in seven households in Middlesex-London, with negative effects on physical and mental health that are worse among disadvantaged groups. On average, adults who are severely food-insecure cost the healthcare system 2.5 times more each year than food-secure adults.

In May 2019, the estimated local monthly cost to feed a family of four was \$916.27. Estimated food costs are a snapshot of prices at the time of data collection. In general, food is affordable for Middlesex-London residents who have adequate incomes; a family of four with a median income needs to spend only about 11% of their after-tax income on food. Households with low incomes spend up to 37% of their incomes on food – not because food costs too much, but because their incomes are too low.

Compared to 2018, Middlesex-London households today have \$2 to \$84 less remaining per month after paying for housing and food (see [Appendix A](#)). These scenarios highlight that Middlesex-London residents

with low incomes cannot afford to eat healthily after meeting other essential needs of basic living. [Appendix B](#) provides an overview of local food insecurity, income inadequacy, and related opportunities.

### **Opportunities**

Initiatives that target income inadequacy are most effective in reducing household food insecurity. Each year, more than \$1 billion dollars in tax credits and benefits available to households go unclaimed in Canada. Free tax clinics help vulnerable community members file their taxes and apply for all eligible tax credits and benefits. Health Unit staff are working with local community partners to increase community capacity and to reduce barriers to access free income tax preparation clinics provided through Revenue Canada's [Community Volunteer Income Tax Program](#). In 2018–19, community volunteers completed 13,040 income tax returns – an increase of 170 tax returns from 2017–18.

The Government of Ontario is currently conducting a social assistance review. After significant criticism of the announcement that the [Transition Child Benefit](#) (TCB) would be canceled, the government announced that they would not cancel the TCB. As part of the review, the government also announced that the definition of disability for the Ontario Disability Support Program (ODSP) would be aligned with federal guidelines. This would make qualifying for ODSP more challenging, particularly for people with episodic or shorter-term disabilities and health conditions, including some mental health conditions. In these instances, individuals would need to rely on the lower benefit amount from Ontario Works.

In May 2019, [Bill 60, An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission](#) was referred to the Standing Committee on the Legislative Assembly. This bill would establish an advisory group that annually recommends regional social assistance rates for Ontario based on actual costs, including food, shelter, and transportation. Similar bills have been introduced previously but have not passed the committee stage (see [Report No. 063-16](#)); however, this current bill was co-sponsored by members of both the government and the opposition. Bill 60 could improve incomes for people on social assistance, which would substantially improve health.

It is recommended that the Board of Health request that the Ministry of Children, Community and Social Services continue to include episodic and short-term disabilities within the definition of disability for the ODSP (see [Appendix C](#)). Further, it is recommended that the Board of Health request that Bill 60 proceed to the agenda of the Standing Committee on the Legislative Assembly, to set evidence-based social assistance rates that are premised on local living costs (see [Appendix D](#)).

### **Continuing this Important Work**

Routine monitoring of food affordability helps generate evidence-based policy recommendations. In 2019, twenty-nine Ontario public health units used the Nutritious Food Basket (NFB) protocol to monitor food affordability as mandated by the Population Health Assessment and Surveillance Protocol, 2019. With the release of the new Canada's Food Guide (CFG), the types and proportions of food included in the NFB costing protocol have become outdated. Therefore, it is recommended that the Board of Health request that Health Canada update the food list in the National Nutritious Food Basket to reflect the 2019 CFG recommendations and to develop a national food-costing protocol to facilitate consistent and effective provincial/territorial and local food affordability monitoring (see [Appendix E](#)).

This report was prepared by the Healthy Living Division.



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



## Middlesex-London Monthly Income and Cost of Living Scenarios for 2019

	<b>Income<sup>1</sup></b> (including Benefits & Credits)	<b>Rent<sup>2</sup></b>	<b>Food<sup>3</sup></b> (Nutritious Food Basket)	<b>What's Left?*</b>	<b>Change from 2018</b>
Single Man Ontario Works	\$825	\$669	\$308	<b>-\$152</b>	<b>-\$21</b>
Single Man Ontario Disability Support Program	\$1,272	\$877	\$308	<b>\$87</b>	<b>-\$38</b>
Single Woman Old Age Security/Guaranteed Income Security	\$1,727	\$877	\$224	<b>\$626</b>	<b>-\$21</b>
Single Parent with 2 Children Ontario Works	\$2,401	\$1087	\$693	<b>\$621</b>	<b>-\$57</b>
Family of 4 Ontario Works	\$2,623	\$1240	\$916	<b>\$467</b>	<b>-\$73</b>
Family of 4 Minimum Wage Earner	\$3,633	\$1240	\$916	<b>\$1,477</b>	<b>-\$84</b>
Family of 4 Median Income (after tax)	\$7,981	\$1240	\$916	<b>\$5,827</b>	<b>-\$2</b>

**\* People still need funds for utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing, school supplies, gifts, recreation and leisure, out of pocket medical and dental costs, education, savings and other costs.**

Data Sources

<sup>1</sup> Income Scenario Spreadsheet prepared by Ontario Dietitians in Public Health (2019)

<sup>2</sup> Canadian Mortgage and Housing Corporation, [Rental Market Report, Ontario Highlights, 2018](#) Table 1.1.2\_1 Private Apartment Average Rents (\$) by Bedroom Type Ontario - CMAs

Utility costs may or may not be included in the rental estimates.

This reference provides an average of current rental costs paid by tenants. The rental cost for a new tenant would likely be higher, since current tenants are protected from large annual rent increases due to Ontario's Ministry of Municipal Affairs and Housing rent increase guideline.

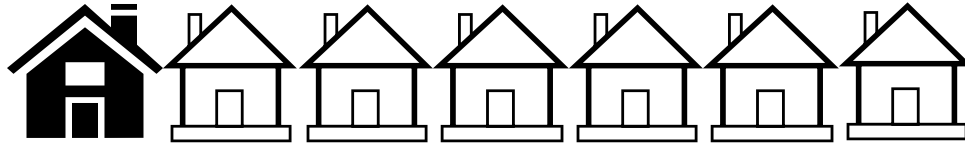
<sup>3</sup> Nutritious Food Basket Data Results for Middlesex-London Health Unit (2019)

# Food Insecurity in Middlesex-London

2019

Appendix B to Report No. 070-19

All residents should have access to a nutritious, adequate and culturally acceptable diet.



About 1 in 7 Middlesex-London households struggle to put food on the table.



Many Middlesex-London residents can't afford to make healthy choices.



Single people receiving social assistance cannot afford to pay for adequate housing and healthy food.

= **-\$152**

3 out of 5 households who struggle to put food on the table have paid employment.



## What can you do?



Try the [makethemonth.ca](http://makethemonth.ca) challenge.



Volunteer for the [Community Volunteer Income Tax Program](#).



Get involved with [London for All: A Roadmap to End Poverty](#).



Donate time, skills or money to support local organizations.



Volunteer as an ally, child minder or meal provider at Bridges Out of Poverty / Circles. [sclarke@goodwillindustries.ca](mailto:sclarke@goodwillindustries.ca) (London)

November 21, 2019

Honourable Todd Smith  
Minister of Children, Community and Social Services  
Ministry of Children, Community and Social Services  
7th Floor, 438 University Ave.  
Toronto, ON  
M5G 2K8  
[todd.smithco@pc.ola.org](mailto:todd.smithco@pc.ola.org)

**Re: Social Assistance Review and Disability Definition for the Ontario Disability Support Program**

Dear Minister Smith:

The Middlesex-London Board of Health commends the Government of Ontario for deciding not to proceed with the planned cancellation of the Transition Child Benefit starting November 1st, 2019. This important benefit helps support many low-income families, who would otherwise be unable to afford basic needs for their children.

The Middlesex-London Board of Health requests that the Government of Ontario also reconsider the proposed change to align the disability definition for the Ontario Disability Support Program (ODSP) with federal guidelines. We request the Government continue to include episodic and short-term disabilities within the disability definition for the ODSP.

We are concerned that aligning the definition with federal guidelines would make qualifying for ODSP more challenging, particularly for people with episodic or shorter-term disabilities and health conditions, including some mental health conditions. Using a more restrictive definition of disability would limit access for people who may be unable to periodically support themselves due to the episodic nature of their health condition, disproportionately affecting individuals living with addictions or mental illness. This proposed change would result in many low-income people living with disabilities in Ontario instead relying on the lower benefit rates of the Ontario Works program, despite having additional disability-related costs and challenges. Those most in need of support will be put in increasingly vulnerable positions.

Social determinants of health, such as income, food, housing and employment, help explain the wide health inequalities in Ontario, and are strongly determined by government public policy decisions. As incomes increase, health risks decrease and health outcomes improve. Food insecurity negatively impacts physical and mental health, and greatly increases healthcare costs. As demonstrated by the Nutritious Food Basket survey results, conducted annually by most Ontario public health units, Ontario individuals and families receiving social assistance do not currently have adequate income to meet a basic standard of living. In 2013-2014, 64% of Ontario households reliant on social assistance were food insecure ([PROOF, 2016](#)).

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Thank you for your consideration of our recommendations and your commitment to the health and well-being of all Ontarians.

Sincerely,

Trish Fulton, Chair  
Middlesex-London Board of Health

cc: Hon. Jeff Yurek, MPP Elgin-Middlesex-London  
Hon. Monte McNaughton, MPP Lambton-Kent-Middlesex  
Mr. Terence Kernaghan, MPP London North Centre  
Ms. Peggy Sattler, MPP London West  
Ms. Teresa Armstrong, MPP London-Fanshawe

*Attachment – Report No. 070-19, “Monitoring Food Affordability and Implications for Government Public Policy and Action”*

November 21, 2019

Mr. Kaleed Rasheed  
Chair, Standing Committee on the Legislative Assembly  
Room 271  
Legislative Building, Queen's Park  
Toronto, ON  
M7A 1A8  
[kaleed.rasheedco@pc.ola.org](mailto:kaleed.rasheedco@pc.ola.org)

**Re: Support for Bill 60, establishing a Social Assistance Research Commission**

Dear Mr. Rasheed:

The Middlesex-London Board of Health commends the Ontario Legislature for referring *Bill 60, An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission*, to the Standing Committee on Legislative Assembly. We strongly urge the Committee to hear Bill 60.

As demonstrated by the Nutritious Food Basket survey results, conducted annually by most Ontario public health units, Ontario individuals and families receiving social assistance do not have adequate income to meet a basic standard of living. The gap between income and the cost of basic needs has increased over time as social assistance rates have not kept pace with inflation and varies across Ontario with the varying local cost of basic needs.

Social determinants of health, such as income, food, housing and employment, help explain the wide health inequalities in Ontario, and are strongly determined by government public policy decisions. The annual recommendation of social assistance rates based on local cost of basic needs, as included in Bill 60, could improve incomes for people on social assistance, which would substantially improve health and reduce health care costs. Accurate, regional and annual data is also needed to raise awareness about income adequacy for health equity.

Please find attached the 2019 Middlesex-London Nutritious Food Basket survey results, included within Report No. 070-19, *“Monitoring Food Affordability and Implications for Government Public Policy”*. These reports provide an overview of local income adequacy and opportunities for community action to help ensure all Middlesex-London residents have access to a nutritious, adequate and culturally acceptable diet.

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We support the enactment of Bill 60 into law and look forward to it being heard by the Committee in the near future. Thank you for your consideration and commitment to the health and well-being of all Ontarians.

Sincerely,

Trish Fulton, Chair  
Middlesex-London Board of Health

cc:

Hon. Doug Ford, Premier of Ontario  
Hon. Christine Elliot, Deputy Premier and Minister of Health  
Hon. Todd Smith, Minister of Children, Community and Social Services  
Ms. Valerie Quioc Lim, Legislative Clerk, Standing Committee on the Legislative Assembly  
Ms. Rima Berns-McGown, MPP Beaches-East York, Critic for Poverty and Homelessness  
Hon. Jeff Yurek, MPP Elgin-Middlesex-London  
Hon. Monte McNaughton, MPP Lambton-Kent-Middlesex  
Mr. Terence Kernaghan, MPP London North Centre  
Ms. Peggy Sattler, MPP London West  
Ms. Teresa Armstrong, MPP London-Fanshawe

*Attachment – Report No. 070-19, “Monitoring Food Affordability and Implications for Government Public Policy and Action”*

November 21, 2019

Dr. Alfred Aziz  
Director General  
Office of Nutrition Policy and Promotion  
Health Canada  
[alfred.aziz@hc-sc.gc.ca](mailto:alfred.aziz@hc-sc.gc.ca)

Dr. William Yan  
Director of Nutritional Sciences  
Food Directorate  
Health Canada  
[william.yan@hc-sc.gc.ca](mailto:william.yan@hc-sc.gc.ca)

**Re: National Nutritious Food Basket and National Food Costing Protocol**

Dear Dr. Aziz and Dr. Yan:

To facilitate consistent and effective provincial/territorial and local monitoring of food affordability, the Middlesex-London Board of Health requests that Health Canada update the food list in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and develop a national food costing protocol.

Food insecurity, the inadequate or insecure access to food due to financial constraints, is a key social determinant of health that contributes to health inequities. It impacts one in seven households in Middlesex-London, Ontario, and Canada, with negative effects on physical and mental health. Routine monitoring of food affordability is needed to help generate evidence-based recommendations for collective public health action to address income inadequacy and food insecurity.

In 2019, 29 Ontario public health units utilized the Ontario Nutritious Food Basket (ONFB), along with local rental costs and various income scenarios to monitor food affordability and income adequacy. The data from Middlesex-London demonstrates that people with low incomes cannot afford to eat healthily after meeting other essential needs for basic living. Please find attached the 2019 Middlesex-London Nutritious Food Basket survey results, included within Report No. 070-19, "*Monitoring Food Affordability and Implications for Government Public Policy*".

With the release of the new Canada's Food Guide (CFG) in 2019, the types and proportions of food included in the most current [National Nutritious Food Basket](#) (2008), the basis for the 67 food items in the Ontario Nutritious Food Basket (ONFB), have become outdated. Additionally, the In-store Food Costing Form for the ONFB (Appendix A in the [Nutritious Food Basket Guidance Document](#), 2010) has become outdated with the defined 'preferred purchase unit' invalid for many food items.

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The ONFB Protocol and Guidance Document, previously developed by the Ministry of Health and Long-Term Care, has also been the basis for protocols used by other provinces and territories. There is currently no indication that the Ontario Ministry of Health will be involved in future development or revision of a protocol. Health Canada leadership would help to facilitate consistent and effective provincial/territorial and local monitoring of food affordability; updating the food list in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and a national food costing protocol would provide consistency in measurement across Canada.

We thank you for your consideration of this matter and your ongoing commitment to the health and well-being of all Canadians.

Sincerely,

Trish Fulton, Chair  
Middlesex-London Board of Health

*Attachment – Report No. 070-19, “Monitoring Food Affordability and Implications for Government Public Policy and Action”*



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 November 21

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## SUMMARY INFORMATION REPORT FOR NOVEMBER 2019

### **Recommendation**

*It is recommended that Report No. 071-19 re: “Summary Information Report for November 2019” be received for information.*

### **Key Points**

- The Collective Kitchen program offers a food literacy program in a safe environment for youth transitioning to independent living.
- To promote [Canada’s new Food Guide](#), Health Unit registered dietitians, in collaboration with the Online Communications Coordinator, implemented a cost-effective social media campaign during Nutrition Month in March.
- The Ontario government is seeking input on how to modernize the *Film Classification Act, 2005*. Health Unit and Southwest Tobacco Control Area Network (SWTCAN) staff have prepared input (attached as Appendices C and D), outlining the need for a ratings system that addresses tobacco use and vaping depictions in movies.
- Effective January 1, 2020, promotion of vapour products in retail stores will be limited to inside specialty vape stores and cannabis retail stores in Ontario.

### **Collective Kitchen – Cooking Toward Independence**

The Collective Kitchen program is a collaborative effort between Children’s Aid Society London and Middlesex (CAS) and MLHU. Staff from both agencies provide their expertise in youth behaviour and food literacy, offering an interactive, hands-on cooking opportunity for youth. Supported financially by the Children’s Aid Foundation of Canada, the program provides youth aged 16-21 with the food literacy tools needed to transition successfully to independent living. The program plan (attached as [Appendix A](#)) outlines the intended learning objectives, which follow the Locally Driven Collaborative Project (LDCP) [Framework for Healthy Eating](#). Over the course of twenty-two sessions (three hours per week, twice per month from October 2018 to June 2019), participating youth engage in hands-on cooking activities with the overall goal of improving their food literacy, including:

- Increased food and nutrition knowledge;
- Improved food preparation skills;
- Increased self-efficacy and confidence in food preparation;
- Improved dietary behaviour that contributes to health and well-being; and
- Enhanced knowledge about food systems and the influence of socio-cultural influences upon eating practices.

Youth from the Collective Kitchen have prepared nutritious, hot meals for their peers enrolled in CAS night school, facilitating a positive learning environment while providing an opportunity for “leftovers” to be shared and taken home by all youth in attendance. Based on evaluation results to date, most participants enjoy the

programming and indicate that they are learning a variety of different food literacy skills that they can incorporate into independent daily living. The program has secured funding from the Children's Aid Foundation of Canada through to the end of 2020.

### **Canada's New Food Guide Promotion**

In January 2019, Health Canada released its new [Canada's Food Guide](#) with guidance about what to eat (e.g., vegetables and fruit, whole grains, protein foods) and how to eat (e.g., cooking more often and eating meals with others). The Health Unit's Nutrition Practice Group (NPG), comprised of the Health Unit's registered dietitians and their managers, have promoted the new Food Guide resources and key messages to Health Unit staff and community partners through various strategies including: webinars for staff; community presentations; development of materials connected to school curricula; updating of MLHU's healthy eating materials; a social media contest during March Nutrition Month; and production of a [video](#).

Health Unit Registered Dietitians, in collaboration with the Online Communications Coordinator, coordinated a social media campaign in March 2019, via Facebook, Instagram, and Twitter, with favourable results:

- 953 Instant Pot® contest entries via sharing, retweeting, or tagging friends to celebrate Nutrition Month;
- 40 post replies sharing favourite recipes from Canada's Food Guide online resources;
- Facebook: 6 posts with a total of 65,275 impressions and 3,592 engagements, including 667 shares for the Instant Pot® contest and 36 post replies for the Harvest Bucks contest;
- Twitter: 12 tweets with a total of 34,102 impressions and 976 engagements, including 211 retweets for the first contest and 4 post replies for the second contest; and
- Instagram: 6 posts with a total of 4,814 impressions and 353 engagements, including 75 friends tagged in the comments for the first contest and 0 post replies for the second contest.

Engagements include reactions, comments, shares, clicks, and retweets as appropriate to each social media platform. The social media content was produced internally and engagement was generated organically, without any paid content. The campaign was cost-effective and successfully engaged many community members. A detailed Social Media Report, including posts and pictures, is attached as [Appendix B](#). Ongoing promotion of Food Guide resources will occur as part of the Healthy Eating program.

### **Modernization of the *Film Classification Act, 2005***

Significant changes in digital technologies have influenced the movie industry and altered how film content and film rating information is accessed. The Ontario government is currently [reviewing the \*Film Classification Act, 2005\*](#) to find ways to modernize the legal requirements to better reflect today's film market while continuing to ensure that film rating information is available to the public. Content of movies impacts health behaviours; evidence collected by the Centers for Disease Control and Prevention, the World Health Organization, and the U.S. Surgeon General demonstrates conclusively that there is a causal relationship between exposure to onscreen smoking and youth smoking initiation. Not only does exposure to onscreen tobacco imagery increase smoking initiation and progression to regular smoking among youth, it also undermines tobacco prevention efforts by normalizing tobacco use (see [Report Nos. 036-11](#) and [122-12](#)). Staff from the SWTCAN and the Health Unit have prepared submissions (attached as [Appendices C](#) and [D](#)) outlining the need for a ratings system that specifically addresses tobacco use and vaping depictions in movies.

### **Ontario Government Strengthens Rules to Limit Vapour Product Advertising**

On October 25, 2019, the Ontario government [announced](#) that, effective January 1, 2020, promotion of vapour products in retail stores will be limited to the interiors of specialty vape stores and cannabis retail stores. Both categories of store are open only to persons aged 19 or older, which will help to prevent youth from being exposed to pervasive vapour product advertisements in convenience stores, gas stations, grocery stores, and stores specializing in sales of drug-related paraphernalia. The amendment to [Regulation 268/18](#) under the [Smoke-Free Ontario Act, 2017](#) was made following consultations with stakeholders, including health

stakeholders, experts, and families concerned about growing rates of vapour product use by young people. The Health Unit's enforcement officers will monitor how local retailers respond to these changes in legislation and will conduct inspections to ensure that vapour product promotions are removed from retail. The Ministry intends to continue to engage in consultations to identify further actions that may be taken to address the rapid increase in youth vaping. As outlined in [Report No. 059-19](#), policy measures at the federal level are also required, including eliminating the availability of youth-friendly e-substance flavours, stricter nicotine concentration guidelines, product packaging and health warning regulations, enforcement of online sales, and stricter prohibitions on advertising of vapour products via broadcast and digital media.



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

## COOKING TOWARD INDEPENDENCE COLLECTIVE KITCHEN PROGRAM

**Partners:** Children’s Aid Society of London and Middlesex  
Middlesex-London Health Unit

**Location:** Church of the Ascension (2060 Dundas Street East)

**Target Population:**

- youth transitioning toward independent living
- ages 16-21
- n = 6-8 youth
- collective kitchen sessions (3 hours per week; 2 times per month)
- total of 22 sessions = 66 hours
- youth in the program will be provided with a recipe book including general information about: healthy eating; safe food handling; establishing a healthy relationship with food; local foods; food budgeting; basic shelf ingredients; basic cooking equipment list; and additional information covered in the Collective Kitchen Programming
- youth in the program will be provided with a Basic Shelf Cookbook

**Overview of Planned Program:**

Month: Theme	Date	Recipe	Learning Objectives
January: Comfort Foods	7	Cheesy Casserole	<b>The importance of food safety and safe food handling principles:</b> <ul style="list-style-type: none"> <li>• To introduce youth to the basics of food safety before they start to handle food.</li> <li>• To remind youth of the importance of good hygiene practices.</li> <li>• To understand how youths’ behavior and activities contribute to the safety of food and how they can decrease the risk of foodborne illness.</li> </ul>
	21	Turkey soup	
February: Comfort Foods	4	Chili	<b>Food prepared in a traditional style having a usually nostalgic or sentimental appeal:</b> <ul style="list-style-type: none"> <li>• To develop a healthy relationship with food.</li> <li>• To develop respect for food traditions and culture.</li> <li>• To prepare and enjoy food to eat together with others.</li> <li>• To have confidence in one's ability to use cooking techniques and to prepare tasty meals with available food.</li> </ul>
	25	Butter Chicken	
March: Slow Cooker Recipes	4	Pulled Pork	<b>Safely using a slow cooker to easily prepare nutritious meals:</b> <ul style="list-style-type: none"> <li>• To understand the importance of food safety when using a slow cooker.</li> <li>• To consistently implement 8 tips for slow cooker safety.</li> <li>• <a href="http://www.eatingwell.com/article/17906/food-safety-tips-for-cooking-with-a-crock-pot/">http://www.eatingwell.com/article/17906/food-safety-tips-for-cooking-with-a-crock-pot/</a></li> </ul>
April: The Basic Shelf Recipes	1	Macaroni and Cheese – 3 ways	<b>Using the Basic Shelf Cookbook to make low-cost, easy recipes using nutritious and economical ingredients:</b> <ul style="list-style-type: none"> <li>• To increase knowledge of the Basic Shelf Cookbook.</li> </ul>
	15	Rice- Stuffed	

## Appendix A to Report No. 071-19

Month: Theme	Date	Recipe	Learning Objectives
		Green Peppers	<ul style="list-style-type: none"> <li>To learn about proper food storage including how long various foods can be stored without spoilage.</li> <li>To understand strategies to save money when purchasing foods and planning meals.</li> <li>To develop a general understanding of ingredients included in the basic shelf list.</li> <li>To develop a general understanding of equipment included in the basic equipment list.</li> </ul>
	29	Speedy Lentil and Bean Casserole	
May: Chicken from Tip to Tail	6	Chicken Enchiladas	<b>Healthy Eating on a Budget:</b> <ul style="list-style-type: none"> <li>To understand how to cook once and eat three times.</li> <li>Identify the 3 steps for healthy eating on a budget —plan before you shop; shop to get the best value for your money; make cost-cutting meals.</li> <li>Identify 3 skills to plan meals and snacks ahead of time – make a second meal or side dish from leftovers; go meatless one or more days each week; use the internet for recipe ideas; use a meal plan for the week.</li> </ul>
	13	Chicken Broth	
June: Food Bank Hamper Creativity	10	Pasta and Bean Dish	<b>Helping a caring community share its food resources:</b> <ul style="list-style-type: none"> <li>To have a better understanding of the impact of the food system (e.g., growing, manufacturing, transportation, preparation, consumption and disposal of food products) on individual health, broader societal and economic wellbeing, and the environment.</li> <li>To believe in one's ability to apply food and nutrition-related knowledge to select, buy, and prepare food to make healthy choices in a complex food environment.</li> </ul>
	24	Tuna Casserole	
July: Seasonal Cooking	TBD	Seasonal Salad Smorgasbord	<b>Introduction to “Get Fresh...Eat Local” farm map:</b> <ul style="list-style-type: none"> <li>To increase awareness of what foods are in season.</li> <li>To promote the use of locally grown foods, when appropriate.</li> </ul>
August: Seasonal Cooking	TBD	Easy Chicken Stir-Fry	<b>Make healthier choices using Foodland Ontario’s seasonal guide:</b> <ul style="list-style-type: none"> <li>To increase awareness of what foods are in season.</li> <li>To promote the use of locally grown foods, when appropriate.</li> </ul>
September: Harvest Delights	23	Beef Stew with root vegetables	<b>Introduction to foods in season during the Fall harvest:</b> <ul style="list-style-type: none"> <li>To increase awareness of what foods are in season.</li> <li>To promote the use of locally grown foods, when appropriate.</li> </ul>
October: Thanksgiving	7	Turkey Dinner with all the trimmings	<b>Planning a family meal celebration</b> <ul style="list-style-type: none"> <li>Meal planning for Thanksgiving dinner</li> </ul>
	24	Turkey Tetrazzini	
November: TBD	TBD	Menu Planning Activity	<b>Menu Planning:</b> <ul style="list-style-type: none"> <li>To practice making a menu plan using available resources and tools</li> <li>To make a menu plan based on income, nutritional requirements, taste, and food literacy level.</li> </ul>
	TBD	Christmas Baking	

## Appendix A to Report No. 071-19

Month: Theme	Date	Recipe	Learning Objectives
December: TBD	TBD	Christmas Baking	<b>Planning a family meal celebration</b> <ul style="list-style-type: none"> <li>• Meal planning for Christmas dinner</li> <li>• Party planning for CAS youth Christmas celebration</li> </ul>
	TBD	Christmas Dinner with all the trimmings	

# Social Media Report

March 2019 - Nutrition Month Posts

## Facebook Post Summary

- 6 posts
- 65,275 impressions
- 3,592 engagements (reactions, comments, shares, clicks)

## Top Facebook Posts

**Middlesex-London Health Unit**  
Published by Alex Tymli [?] · March 1 ·

Celebrate healthy eating in March! Enter the #MLHU Nutrition Month giveaway. LIKE and SHARE this post for your chance to win 1 of 3 Instant Pots (6 quart, 10-in-1) to help you make quick, easy and healthy meals. Winners will be selected Monday, April 1 (Instant Pots will be available for pick up at the Middlesex-London Health Unit). Good luck!

Visit the NEW Canada's Food Guide for tips, tools and recipes: <https://food-guide.canada.ca/#NutritionMonth>

- ✓ Cook more often
- ✓ Eat meals with others
- ✓ Have plenty of vegetables and fruits
- ✓ Eat protein foods (e.g. beans, meat, fish, tofu, eggs, cheese, milk)
- ✓ Choose whole grain foods
- ✓ Make water your drink of choice

**LIKE and SHARE for your chance to win 1 of 3 Instant Pots**



- 28,776 people reached
- 50,809 impressions
- 3,043 engagements  
(likes, comments, shares, clicks)
- 10.5% engagement rate  
(engagements/people reached)

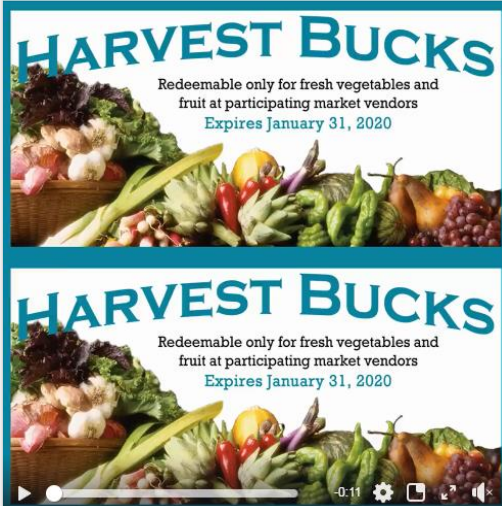
**Middlesex-London Health Unit**  
Published by Alex Tymli [?] · March 25 ·

It's the last week of #NutritionMonth. Show some love! ❤️ Reply to this post and tell us your favourite recipe from the NEW Canada's Food Guide. You could win \$100 of #HarvestBucks (voucher for fresh vegetables/fruit at participating market vendors in #LdnOnt). Winner will be selected Monday, April 8 (Harvest Bucks will be available for pick up at the Middlesex-London Health Unit). Good luck! 😊

Visit the NEW Canada's Food Guide for tips, tools and recipes: <https://food-guide.canada.ca/#NutritionMonth>

- ✓ Cook more often
- ✓ Eat meals with others
- ✓ Have plenty of vegetables and fruits
- ✓ Eat protein foods (e.g. beans, meat, fish, tofu, eggs, cheese, milk)
- ✓ Choose whole grain foods
- ✓ Make water your drink of choice

**HARVEST BUCKS**  
Redeemable only for fresh vegetables and fruit at participating market vendors  
Expires January 31, 2020



- 2,656 people reached
- 3,750 impressions
- 244 engagements  
(likes, comments, shares, clicks)
- 9.2% engagement rate  
(engagements/people reached)



## Twitter Summary

- 12 tweets
- 34,102 impressions
- 976 engagements (retweets, likes, replies, clicks)

## Top Tweets

 MLHealthUnit  
@MLHealthUnit

Celebrate healthy eating in March! Enter the #MLHU Nutrition Month Giveaway. LIKE and RETWEET this post for your chance to win 1 of 3 Instant Pots (6 quart, 10-in-1) to help you make quick, easy and healthy meals. Winners will be selected Monday, April 1. Good luck! /1



0:00 2.6K views

- 17,879 impressions
- 738 engagements  
(retweets, likes, replies, clicks)
- 4.1% engagement rate  
(engagements/impressions)

 MLHealthUnit  
@MLHealthUnit

#MLHU Public Health Dietitian Ginette Blake tried the “Pineapple Ginger Chicken” recipe from the NEW Canada’s Food Guide. Her son couldn’t believe that something with pineapple could taste so good! 😊 Find the recipe here: [bit.ly/2UVpjog](https://bit.ly/2UVpjog) #NutritionMonth



Ginette Blake, Public Health Dietitian



- 2,879 impressions
- 57 engagements  
(retweets, likes, replies, clicks)
- 2.0% engagement rate  
(engagements/impressions)



## Instagram Summary

- 6 posts
- 4,814 impressions
- 353 engagements (likes and comments)

## Top Instagram Posts



mlhealthunit Celebrate healthy eating in March! Enter the #MLHU Nutrition Month giveaway. LIKE and TAG A FRIEND in the comments of this post for your chance to win 1 of 3 Instant Pots (6 quart, 10-in-1) to help you make quick, easy and healthy meals. Winners will be selected Monday, April 1 (Instant Pots will be available for pick up at the Middlesex-London Health Unit). Good luck! ☐

- 699 people reached
- 1,062 impressions
- 138 engagements (likes and comments)
- 19.7% engagement rate (engagements/people reached)



mlhealthunit It's the first day of spring and #DietitiansDay! THANK YOU to all the passionate and caring Registered Dietitians in Canada for their dedication to help Canadians unlock the potential of food. You make our days' shine bright! ☐☐

What is a Dietitian? Learn here: <http://www.unlockfood.ca/aboutdietitians>

- 529 people reached
- 672 impressions
- 56 engagements (likes and comments)
- 10.6% engagement rate (engagements/people reached)



October 28, 2019

Film Classification Act Consultation  
Ministry of Government and Consumer Services  
Policy, Planning and Oversight Division  
56 Wellesley Street West, 6th Floor  
Toronto, Ontario  
M7A 1C1  
Email: [PublicSafetyandOperationsPolicyBranch@ontario.ca](mailto:PublicSafetyandOperationsPolicyBranch@ontario.ca)

**RE: SUBMISSION TO THE ONTARIO GOVERNMENT ON THE MODERNIZATION OF THE *FILM CLASSIFICATION ACT, 2005***

The Middlesex-London Health Unit (MLHU) would like to take this opportunity to provide feedback on how to modernize the *Film Classification Act, 2005*, creating a framework for film classification that ensures consumers have the information they need to make informed viewing choices. The MLHU supports the implementation of a new framework that includes a rating system that specifically addresses tobacco use and vaping depictions in movies.

Content in movies can impact health behaviours. Evidence from the Centres for Disease Control and Prevention (CDC), World Health Organization, and the US Surgeon General have demonstrated conclusively that there is a causal relationship between exposure to onscreen smoking and youth smoking initiation. The more youth see smoking in movies, the more likely they are to start. Not only does exposure to onscreen tobacco imagery increase smoking initiation and progression to regular smoking among youth, it also undermines tobacco prevention efforts, normalizing tobacco use.

We strongly urge you to enhance the movie rating system so that all new movies containing tobacco and vaping imagery receive a rating of 18A. In addition to an 18A rating, MLHU strongly feels that warning language should be required on all movies that contain tobacco and vaping imagery so that viewers can make informed decisions for themselves and their families.

Support for this proposed rating change is very high across southwestern Ontario. According to the 2018 SWTCAN RedCap Survey, 94.64% of parents and caregivers in the South West region reported that they support changing the movie rating system so that new movies with smoking receive an 18A rating. Support has also been strongly demonstrated locally within London, Ontario and the County of Middlesex. Since 2012, the MLHU has hosted local outdoor movie events in our community. We have reached an estimated 10 750 community members at these local events, with thousands of families gathering to demonstrate their support for smoke-free youth-rated movies. Over the years, *One Life One You*, MLHU's youth health advocacy team, has collected 1250 signatures of support on a petition that they provided to local Members of Provincial Parliament (MPPs); members of *One Life One You* met with local MPPs to present the petitions and to provide education on the role that film ratings could play to reduce the initiation of tobacco use by young people.

Since 2011, the Middlesex-London Board of Health has been a strong proponent for taking action on smoking in movies, endorsing the Ontario Coalition for Smoke-Free Movies' polices to reduce youth exposure. The Ontario Coalition for Smoke Free Movies is a group of concerned organizations working to raise awareness about the impact that smoking in movies has on youth smoking initiation. The Coalition's policies mirror those promoted by the [World Health Organization](#); they include:

- Rate all new films that include tobacco imagery “18A” in Ontario
- Ensure film producers certify no pay-offs by posting a certificate in the closing credits ensuring nothing of value was received in exchange for using or displaying tobacco products.
- Stop showing tobacco brands in any film.
- Require studios and theatres to run strong anti-tobacco advertisements before any film with tobacco.
- Require films with tobacco imagery assigned a youth rating to be ineligible for government film subsidies.

The modernization of the *Film Classification Act, 2005* to include a rating system that specifically addresses tobacco use and vaping depictions in movies is an important mechanism to help prevent the initiation of tobacco use by young people, and to prevent the normalization of tobacco use. Please refer to the attached submission for additional information and evidence to support the MLHU’s recommendations pertaining to the proposed changes to Ontario’s film classification system. For more information, please don’t hesitate to contact me at (519) 663-5317 ext. 2388.

Sincerely,



Linda Stobo, Program Manager  
Chronic Disease Prevention and Tobacco Control

**Middlesex-London Health Unit Submission to the Ministry of Government and Consumer Services  
Policy, Planning and Oversight Division  
Modernization of the Film Classification Act, 2005  
Regulation No. 452/05**

**Q.1 What features of Ontario’s film classification system are important to you?**

Response: The rating of movies depicting tobacco use and vaping are of key importance to the Middlesex-London Health Unit. In a 2012 report, the US Surgeon General concluded that there is “a causal relationship between depictions of smoking in the movies and the initiation of smoking among young people.”<sup>1</sup> The research supporting this conclusion has involved thousands of young people in the UK, Europe, the United States, Australia, New Zealand, Mexico and elsewhere. The causal relationship between exposure to on-screen tobacco and youth tobacco initiation has been accepted by the World Health Organization, the US Centers for Disease Control and Prevention (CDC), the US Surgeon General, the US National Cancer Institute, and by other public health authorities worldwide.

Based on CDC data and a review of population studies, it has been estimated that 37 percent of all new young smokers are recruited by their exposure to on-screen tobacco imagery.<sup>2</sup> Because Ontario and Canada have much stronger restrictions on conventional tobacco advertising and promotion than the US does, exposure to on-screen smoking may also have a larger impact on smoking initiation in Ontario than in the US.

The cumulative effect is what matters most when assessing the impact of smoking in movies. The impact on youth is not limited to any one movie: repeated on-screen exposure to smoking incidents is the issue. It does not matter if tobacco appears in the background or foreground, or is used by good guy or bad guy, or is seen all at once or a little over time.

In Ontario, children’s and adolescents’ access to on-screen tobacco is substantially higher than in the US because the Ontario Film Review Board (OFRB) consistently awards youth-accessible ratings to most films, with heavy smoking, that are rated “R” in the US:

- More than half (56%, 1,350 of 2,400) of the top-grossing films included tobacco imagery films; 87 percent of films with tobacco were youth-rated (G, PG, 14A), while 13 percent were adult-rated.<sup>3</sup>
- Eighty-six percent of 46,000 tobacco incidents in Ontario film releases, along with 86 percent of the estimated 12.8 billion tobacco impressions delivered to Ontario moviegoers, were in films youth-rated by the OFRB.<sup>3</sup>
- In 2018, 63 percent of top-grossing films rated AA or 14A by the OFRB contained tobacco imagery, higher than the share of 18A or R-rated films with tobacco (58%).<sup>3</sup>

From 2008, when the OFRB started including some tobacco-related “detailed observations” in its online ratings, through to 2018, the OFRB failed to indicate tobacco content in one out of three of all top-grossing films with tobacco imagery released in Ontario (231 of 706 films).<sup>4</sup> From March 2012, when OFRB began displaying some tobacco content advisories, OFRB left 85 percent (383 of 448) of films confirmed by independent monitors as having tobacco content unlabeled for tobacco.<sup>4</sup>

In a 2019 report, the Ontario Tobacco Research Unit (OTRU) estimated that exposure to onscreen smoking will recruit a cohort of more than 185,000 Ontario youth presently aged 0 to 17 years old, resulting in more than 59,000 premature deaths and at least \$1.1 billion in additional health care costs over the cohort’s lifetime. If exposure continues at current

levels, the health care system would incur additional billions of dollars from illness among successive cohorts as they age. An adult rating (18A) for smoking in movies in Ontario would prevent more than 30,000 premature deaths and save more than half a billion dollars in healthcare costs.<sup>4</sup>

In accordance with the World Health Organization Framework Convention for Tobacco Control (WHO FCTC) Article 13 standards, films including tobacco content should be subject to an 18A rating.<sup>5</sup> Canada signed the WHO FCTC in 2003,<sup>6</sup> thereby becoming a party to the Treaty, which commits signatories to protecting present and future generations from the health and economic consequences of tobacco consumption and exposure to tobacco smoke. This treaty binds all sub-national jurisdictions in Canada, including provinces.

The World Health Organization has declared that “On-screen smoking benefits the tobacco industry and increases youth smoking initiation.”<sup>7</sup>

“Parties to the WHO FCTC are required to implement a comprehensive ban on tobacco advertising, promotion and sponsorship according to Article 13 of the treaty (2). The guidelines for implementation of Article 13 recognize that the depiction of tobacco in films is a form of tobacco promotion that can strongly influence tobacco use, particularly among young people, and recommends a set of specific measures... including required adult ratings for movies with tobacco imagery.”<sup>1</sup>

“Given that there is a dose-response relationship between exposure to on-screen smoking and youth tobacco initiation, a key goal should be to reduce youths’ level of exposure (the dose) to on-screen smoking. Most youth exposure to on-screen smoking comes from smoking incidents in youth-rated films... Any future movie with tobacco imagery should be given an adult rating, with the possible exception of movies that unambiguously depict the dangerous consequences of tobacco use or portray smoking by an actual historical figure who smoked...in general, an “adult” rating means that individuals younger than that age (18 years of age in many countries) are not allowed to see the movie or that the viewer under the age of majority must be accompanied by a parent or adult guardian.”<sup>1</sup>

Ontarians want to see action taken on smoking in the movies. Eight in ten Ontarians support not allowing smoking in movies that are rated G, PG or 14A.<sup>8</sup> The support for smoke-free youth-rated movies is widespread because the health evidence warrants protecting children and teens from being addicted to tobacco products.

Movement on this issue is taking place in the United States simultaneously. On August 6, 2019, 43 state and territorial US Attorneys General wrote America’s leading media companies asking them to “eliminate or exclude tobacco imagery in all future original streamed content for young viewers.”<sup>9, 10</sup>

An 18A rating for movies with smoking shown in Ontario will increase the pressure on the industry to not include tobacco use from the outset of filming.

In addition to film ratings, the basis on which films are classified, the evidence used, and the process in which ratings are decided are of importance. There has never been any publicly available documentation in Ontario outlining how smoking depictions are factored into the rating system.

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**Q.2 Do you see the federal government playing a role in the film classification system, please explain?**

Response: The Middlesex-London Health Unit believes it makes sense for Canada to ultimately move from a provincial to a national film and video rating system. Duplicate ratings do not appear to benefit the public, and as noted in the consultation document, several provinces already defer to other provinces for their ratings. However, creating an avenue for appeal/input will be critical in the creation of national standards.

Currently, both Ontario and BC fail to follow film rating guidelines laid out by the World Health Organization Framework Convention on Tobacco Control (Article 13) for depiction of tobacco in entertainment media, described in our response to question 1. above. These guidelines include requirements for:

- “Adult ratings for films with tobacco imagery - for new films and entertainment programs that “depict tobacco products, use or images.”<sup>6</sup> The two possible exceptions include films that depict the actual, serious health effects of tobacco/nicotine use, or exclusively portray the tobacco use of an actual person who used tobacco, as in a documentary or biographical drama. Subjective terms, such as “historical” or “glamorized”, are not acceptable.
- “Prescribed anti-tobacco advertisements — to be shown immediately before any film or other entertainment program with such content, regardless of classification.”<sup>6</sup>

Other tobacco content policies recommended by the WHO, which may fall under the licensing powers of a modernized film classification system, include:

- “Certify no payoffs — Credited producers must attest that no-one connected with the production made any agreement or accepted any consideration for the tobacco/nicotine content in the film or program.”<sup>6</sup>
- “Stop identifying tobacco/nicotine brands in entertainment programming.”<sup>6</sup>

Legacy films and programming (produced before standards are updated) would not be re-rated but would, instead, need to be preceded by anti-tobacco advertisements in all media.

In addition, all adult-rated material with tobacco/nicotine content would need to be responsibly marketed on all on-demand platforms (subscription, rental or purchase), with clear and obvious warnings that tobacco content is physically hazardous to young viewers included on all catalog listings and order pages, and subject to unique parental control settings. If material with tobacco/nicotine content is not adult-rated, such platforms have the potential to recruit additional smokers and add to the existing healthcare costs resulting from smoking.<sup>3</sup>

In conclusion, what value is a rating system that does not effectively and consistently protect the young people it is purported to serve? Updating the *Film Classification Act* is welcomed by the public health community because it is an evidence-based solution to a well-documented threat. Under the WHO Framework Convention on Tobacco Control, Canada – including its provinces - is obliged to stop entertainment media from promoting tobacco use and nicotine addiction.

The film rating system should not needlessly inconvenience private industry. But the ratings system must serve the public’s health and safety interests, first and foremost.



**Q.3 How does the adoption of film ratings from another Canadian jurisdiction impact you and/or your business?**

Response: See response to question 2. above. Tobacco prevention programs run by Ontario health units, that are mandated under Ontario's Public Health Standards, are being undermined by continued exposure of young people to smoking in movies.

**Q.4 Do you have a preference for which Canadian jurisdiction should be used, if so, please indicate which jurisdiction and why?**

Response: As described above, an 18A rating for all films depicting tobacco use is required. Therefore, no current Canadian rating system should be selected.

**Q.5 Are there benefits to licensing film distributors, exhibitors and retailers, please explain?**

Response: No comments

**Q.6 Where do you generally obtain a film's classification before you watch a movie?**

Response: A film's classification is generally obtained at the point of ticket purchase, whether at the actual theatre or on-line. It is also advertised on posters and in film trailers, online and in theaters, and is often included in critical reviews of films.

**Q.7 What type of information should film exhibitors and retailers provide to the public?**

Response: In addition to an 18A rating for the reasons described above, the public should be informed of tobacco use in movies through warning language provided with the rating. Recommendations for warning language includes: "Promotes tobacco addiction" and "Promotes youth tobacco use."

**Q.8 Beyond the short-term changes the government recently announced, are there additional changes the government should consider making, please explain?**

Response: As called for above, the government should mandate changes to the rating system requiring that films containing tobacco use be rated 18A, with applicable warning language included.

**Q.9 Do you have general comments about Ontario's film classification system?**

Response: No comments

## References:

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# SOUTH WEST TOBACCO CONTROL AREA NETWORK

## **Submission to the Ontario Government Consultation on the Modernization of the *Film Classification Act, 2005***

The South West Tobacco Control Area Network (SW TCAN) appreciates having the opportunity to provide feedback on the consultation to modernize the *Film Classification Act, 2015* in order to create a framework for film classification that ensures consumers have the information they need to make informed viewing choices.

The SW TCAN, comprised of 8 Public Health Units in SW Ontario, provides leadership and support for regional and provincial tobacco control program planning, implementation and evaluation. The SW TCAN identifies innovative and evidence-based approaches to tobacco control. Collaboratively with regional and provincial partners, the SW TCAN works to strengthen community knowledge and action on tobacco prevention, cessation and protection.

Since 2012, Public Health Units in Southwestern Ontario have held events including public outdoor movie nights to raise awareness of how seeing smoking in movies causes youth to start smoking. Surveys conducted over the past four years show a high level of support for assigning adult ratings to new movies that contain smoking in order to protect children and youth from smoking initiation. The most recent self-reported survey in 2018 indicated that 89 percent of participants would start or continue to take action to protect children and youth from seeing onscreen smoking in movies. Additionally, 97 percent of survey participants indicated they support changing movie ratings so that new movies with smoking receive an 18A rating.

### **Q.1 What features of Ontario's film classification system are important to you?**

Response: The rating of movies depicting tobacco use – primarily smoking – is the key issue of importance to the Ontario Coalition for Smoke Free Movies.

In a 2012 report, the US Surgeon General concluded that there is “a causal relationship between depictions of smoking in the movies and the initiation of smoking among young people.”<sup>[2]</sup> The research supporting this conclusion has involved thousands of young people in the UK, Europe, the US, Australia, New Zealand, Mexico and elsewhere. The causal relationship between exposure to on-screen tobacco and youth tobacco initiation has been accepted by the World Health Organization, the US Centers for Disease Control and Prevention (CDC), the US Surgeon General, the US National Cancer Institute, and by other public health authorities worldwide.

Based on CDC data and a review of population studies, it has been estimated that 37 percent of all new young smokers are recruited by their exposure to on-screen tobacco imagery. [Cite:

[https://smokefreemovies.ucsf.edu/sites/smokefreemovies.ucsf.edu/files/sfm\\_top\\_numbers\\_080216\\_0.docx](https://smokefreemovies.ucsf.edu/sites/smokefreemovies.ucsf.edu/files/sfm_top_numbers_080216_0.docx)]

Because Ontario and Canada have much stronger restrictions on conventional tobacco advertising and promotion than the US does, exposure to on-screen smoking may also have a larger impact on smoking initiation in Ontario than in the US.

The cumulative effect is what matters most when assessing the impact of smoking in movies. The impact on youth is not limited to any one movie: repeated on-screen exposure to smoking incidents is the issue. It does not matter if tobacco appears in the background or foreground, or is used by good guy or bad guy, or is seen all at once or a little over time.

Also, in Ontario, children's and adolescents' access to on-screen tobacco is substantially higher than in the US because the Ontario Film Review Board (OFRB) consistently awards youth-accessible ratings to most films, with heavy smoking, that are rated "R" in the US:

- More than half (56%, 1,350 of 2,400) of the top-grossing films included tobacco imagery films; 87 percent of films with tobacco were youth-rated (G, PG, 14A), while 13 percent were adult-rated. In the U.S. 53 percent of top grossing films with tobacco were youth rated. As a result of this discrepancy, Ontario youth had unrestricted access to 65 percent more movies containing smoking than their American counterparts and therefore greater potential for exposure to movies containing smoking
- Eighty-six percent of 46,000 tobacco incidents in Ontario film releases, along with 86 percent of the estimated 12.8 billion tobacco impressions delivered to Ontario moviegoers, were in films youth-rated by the OFRB.
- In 2018, 63 percent of top-grossing films rated AA or 14A by the OFRB contained tobacco imagery, higher than the share of 18A or R-rated films with tobacco (58%). <sup>[1]</sup>

Despite repeated requests by the Ontario public health community to update its ratings for most tobacco content to 18A, in accord with WHO Framework Convention for Tobacco Control (Article 13) standards [Cite: [https://www.who.int/fctc/guidelines/article\\_13.pdf?ua=1](https://www.who.int/fctc/guidelines/article_13.pdf?ua=1), specifically "Depictions of tobacco in entertainment media"], the OFRB has not elevated ratings of this content and has also substantially understated the number of films with tobacco content.

From 2008, when the OFRB started including some tobacco-related "detailed observations" in its online (but unadvertised) ratings, through 2018, the OFRB failed to indicate tobacco content in one out of three of all top-grossing films with tobacco imagery released in Ontario (231 of 706 films). From March 2012, when OFRB began displaying some tobacco content advisories, OFRB left 85 percent (383 of 448) of films confirmed by independent monitors as having tobacco content unlabeled for tobacco.

In a 2019 report, the Ontario Tobacco Research Unit (OTRU) estimated that exposure to onscreen smoking will recruit a cohort of more than 185,000 Ontario youth presently aged 0 to 17 years old, resulting in more than 59,000 premature deaths and at least \$1.1 billion in additional health care costs over the cohort's lifetime. If exposure continues at current levels, the health care system would incur additional billions of dollars from illness among successive cohorts as they age. An adult rating (18A) for smoking in movies in Ontario would prevent more than 30,000 premature deaths and save more than half a billion dollars in healthcare costs.<sup>[3]</sup>

Canada signed the World Health Organization Framework Convention on Tobacco Control (FCTC) in 2003<sup>[4]</sup>, thereby becoming a party to the Treaty, which commits signatories to protecting present and future generations from the health and economic consequences of tobacco consumption and exposure to tobacco smoke. Please note that this treaty binds all sub-national jurisdictions in Canada, including provinces.

The World Health Organization has declared that "On-screen smoking benefits the tobacco industry and increases youth smoking initiation:"<sup>[5]</sup>

"Parties to the WHO FCTC are required to implement a comprehensive ban on tobacco advertising, promotion and sponsorship according to Article 13 of the treaty (2). The guidelines for implementation of Article 13 recognize that the depiction of tobacco in films is a form of tobacco promotion that can strongly influence tobacco use, particularly among young people, and recommends a set of specific measures... including required adult ratings for movies with tobacco imagery."<sup>[2]</sup>

"Given that there is a dose-response relationship between exposure to on-screen smoking and youth tobacco initiation, a key goal should be to reduce youths' level of exposure (the dose) to on-screen smoking. Most youth exposure to on-screen smoking comes from smoking incidents in youth-rated films... Any future movie with tobacco imagery should be given an adult rating, with the possible exception of movies that unambiguously depict the dangerous consequences of tobacco use or portray smoking by an actual historical figure who smoked...in general, an



# SOUTH WEST TOBACCO CONTROL AREA NETWORK

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“adult” rating means that individuals younger than that age (18 years of age in many countries) are not allowed to see the movie or that the viewer under the age of majority must be accompanied by a parent or adult guardian.”<sup>[2]</sup>

Ontarians want to see action taken on smoking in the movies. Eight in ten Ontarians support not allowing smoking in movies that are rated G, PG or 14A. <sup>[6]</sup> As well, local, provincial, national and international public health organizations support the evidence and endorse protection action. <sup>[7]</sup> The support for smoke-free youth-rated movies is widespread because the health evidence warrants protecting children and teens from being addicted to tobacco products.

Movement on this issue is taking place in the United States simultaneously. On August 6, 2019, 43 state and territorial US Attorneys General wrote America’s leading media companies asking them to “eliminate or exclude tobacco imagery in all future original streamed content for young viewers.”

An 18A rating for movies with smoking shown in Ontario will increase the pressure on the industry to not include tobacco use from the outset of filming.

In addition to film ratings, the basis on which films are classified, the evidence used, and the process in which ratings are decided are of importance. There has never been any documentation in Ontario on how decisions respecting how smoking is factored into the rating system, that is accessible for outside comment and analysis.

## **Q.2 Do you see the federal government playing a role in the film classification system, please explain?**

Response: The Ontario Campaign believes it makes sense for Canada to ultimately move from a provincial to a national film and video rating system. Duplicate ratings do not appear to benefit the public, and as noted in the consultation document, several provinces already defer to other provinces for their ratings.

The government’s own consultation process, however, defers to another jurisdiction with no information at all about tobacco use anywhere in its rating system.

Another problem with the government’s approach is that taking BC as the rating authority leaves Ontario with no avenue of appeal or local input into what would become default national standards.

Both Ontario and BC fail to follow film rating guidelines laid out by the World Health Organization Framework Convention on Tobacco Control (FCTC, Article 13) for depiction of tobacco in entertainment media, described in our response to 1. above. These guidelines include requirements for:

- “Adult ratings for films with tobacco imagery — for new films and entertainment programs that “depict tobacco products, use or images;”

The two possible exceptions here are films that depict the actual, serious health effects of tobacco/nicotine use, or exclusively portray the tobacco use of an actual person who used tobacco, as in a documentary or biographical drama. Subjective terms, such as “historical” or “glamorized”, are not acceptable.

- “Prescribed anti-tobacco advertisements — to be shown immediately before any film or other entertainment program with such content, regardless of classification.”

Other tobacco content policies recommended by the WHO, which may bear in the licensing powers of the Film Classification Act if not age-classifications per se, include:

- “Certify no payoffs — Credited producers must attest that no-one connected with the production made any agreement or accepted any consideration for the tobacco/nicotine content in the film or program;”

- “Stop identifying tobacco/nicotine brands in entertainment programming.”

Legacy films and programming (produced before standards are updated) would not be re-rated but would need to be preceded by anti-tobacco advertisements in all media.

In addition, all adult-rated material with tobacco/nicotine content would need to be responsibly marketed on all on-demand platforms (subscription, rental or purchase), with clear and obvious warnings that tobacco content is physically hazardous to young viewers included on all catalog listings and order pages, and subject to unique parental control settings. If material with tobacco/nicotine content is not adult-rated, such platforms have the potential to recruit additional smokers and add to the existing healthcare costs resulting from smoking.<sup>[1]</sup>

In conclusion, what value is a rating system that does not effectively and consistently protect the young people it is purported to serve? Updating the Film Classification Act is welcomed by the public health community because it is long overdue. Under the WHO Framework Convention on Tobacco Control, however, Canada – including its provinces – is obliged to stop entertainment media from promoting tobacco use and nicotine addiction.

The film rating system should not needlessly inconvenience private industry. But the ratings system must serve the public’s health and safety interests, first and foremost.

### **Q.3 How does the adoption of film ratings from another Canadian jurisdiction impact you and/or your business?**

Response: See response to 2. Above. Tobacco prevention programs run by Ontario health units, that are mandated under Ontario’s Public Health Standards, are being undermined by continued exposure of young people to smoking in movies.

### **Q.4 Do you have a preference for which Canadian jurisdiction should be used, if so, please indicate which jurisdiction and why?**

Response: As described above, an 18A rating for all films depicting tobacco use is required. Therefore, no current Canadian rating system should be selected.

### **Q.5 Are there benefits to licensing film distributors, exhibitors and retailers, please explain?**

Response: No comments

### **Q.6 Where do you generally obtain a film’s classification before you watch a movie?**

Response: A film’s classification is generally obtained at the point of ticket purchase, whether at the actual theatre or on-line. It is also advertised on posters and in film trailers, online and in theaters, and is often included in critical reviews of films.

### **Q.7 What type of information should film exhibitors and retailers provide to the public?**

Response: In addition to an 18A rating for the reasons described above, the public should be informed of tobacco use in movies through warning language provided with the rating.

Possible language: “Promotes tobacco addiction” or “Promotes youth tobacco use.”

### **Q.8 Beyond the short-term changes the government recently announced, are there additional changes the government should consider making, please explain?**



# SOUTH WEST TOBACCO CONTROL AREA NETWORK

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Response: As called for above, the government should mandate changes to the rating system requiring that films containing tobacco use be rated 18A, with applicable warning language included.

## **Q.9 Do you have general comments about Ontario's film classification system?**

Response: No comments

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<sup>[1]</sup> Narkar R, O'Connor S, Schwartz R. *Youth Exposure to Tobacco in Movies in Ontario, Canada: 2002-2018*. OTRU Special Report. Toronto, ON: Ontario Tobacco Research Unit, June 2019

<sup>[2]</sup> U.S. Surgeon General (2012) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General

<sup>[3]</sup> Luk R, Schwartz R. [Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2014](#). OTRU Special Report. Toronto, ON: Ontario Tobacco Research

<sup>[4]</sup> FCTC July 15 2003

<sup>[5]</sup> WHO (2011) *Smoke-Free Movies: From Evidence to Action (2<sup>nd</sup> Edition)*, p. 10-11, 14-15.

<sup>[6]</sup> Ipsos Reid (March 2018) Smoke Free Movies Omnibus Final Report

<sup>[7]</sup> Ontario support (<http://smokefreemovies.ca/coalition-backgrounder/#endorse> and USA & WHO <https://smokefreemovies.ucsf.edu/take-action/resolutions-endorsements>)



TO: Chair and Members of the Board of Health  
FROM: Christopher Mackie, Medical Officer of Health / CEO  
DATE: 2019 November 21

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**MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR NOVEMBER**

***Recommendation***

***It is recommended that the Board of Health receive Report No. 072-19 re: “Medical Officer of Health Activity Report for November” for information.***

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The following report presents activities of the Medical Officer of Health (MOH) / CEO for the period October 8–November 8, 2019.

- October 8 Met with Dan Oudshoorn of London and Middlesex Community Housing (LMCH) to discuss developments in housing
- October 9 Participated in planning meeting in regard to the upcoming visit to London of the president of the Ontario Medical Association (OMA)  
Attended launch of the Westminster Ponds Centre  
Moderated debate at Sanctuary between federal election candidates on poverty
- October 10 Met with Dr. Sharon Koivu to discuss safe supply  
Met with Elizabeth Pelosa, City Councillor, and Regional HIV/AIDS Connection (RHAC) staff to discuss discarded needles
- October 11 Teleconference with Dr. Angela Carol, College of Physicians and Surgeons of Ontario (CPSO)  
Met with Dr. Paul Roumeliotis in regard to the pediatric Ontario Health Team proposal (OHT)
- October 15 Met with Julie Baumann, Safe Space London to discuss harm reduction among women involved in street life  
Interviewed by Gerry Dewan, CTV, on the proposed Consumption and Treatment Services (CTS) location  
Interviewed by Andrew Lupton, CBC, on the proposed CTS location
- October 16 Met with Sandra Datars Bere, Managing Director, City of London, to discuss supervised consumption and collaboration with LMCH  
Met with Kathleen Lichti, Congregation of the Sisters of St. Joseph, to discuss Indigenous reconciliation  
Co-presented with OMA President Dr. Sohail Gandhi at press event on the importance of vaccines  
Met with Dr. Sohail Gandhi and Mayor Holder at City Hall
- October 17 Attended the Youth Opportunities Unlimited (YOU) board meeting  
Live interview with Craig Needles, AM980, on the proposed CTS location  
Attended the Relocation Advisory Committee and Board of Health meetings

- October 18 Participated in Council of Medical Officers of Health (COMOH) Executive Committee teleconference
- October 21 Attended the Masters of Public Health Quality Council (IQAP review), Western University
- October 22 Attended the Minister of Health's roundtable on vaping in Toronto
- October 23 Participated in United Way event "Conversation on Empowering Gender Equality"
- October 28 Interview with Jennifer Bieman, *London Free Press*, on jobs, housing, mental health, and addictions
- October 29 Met with Arielle Kayabaga, City Councillor, to discuss public health issues
- October 31 Attended the Finance & Facilities Committee meeting  
Phone call with Mayor Holder to discuss issues relating to homelessness
- November 1 Met with Josh Van Biesbrouck of the Opioid Crisis Working Group to discuss developments in London street culture
- November 5 Attended the Association of Local Public Health Agencies (alPHa) Board of Directors meeting in Toronto
- November 6 Attended the alPHa Fall Symposium in Toronto
- November 7 Attended the Council of Ontario Medical Officers of Health (COMOH) section meeting in Toronto
- November 8 Participated in COMOH Executive Committee teleconference  
Teleconference with London Health Sciences Centre staff on vaping-related issues

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



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

## **CORRESPONDENCE – November 2019**

- a) Date: 2019 October 1  
Topic: Annual Community Report  
From: Simcoe Muskoka District Health Unit  
To: All Health Units

***Background:***

On October 1, 2019, for Simcoe Muskoka District Health Unit (SMDHU) wrote to Association of Local Public Health Agencies to share their 2018-2019 Annual Community Report with all Ontario Health Units.

***Recommendation:*** Receive.

- b) Date: 2019 October 1  
Topic: Addressing the Opioid Emergency in Ontario – Recommendations from the Association of Municipalities of Ontario  
From: Peterborough Public Health  
To: The Honourable Christine Elliott

***Background:***

On October 1, 2019, the Board of Health for Peterborough Public Health wrote to Minister Elliott to endorse recommendations from the Association of Municipalities of Ontario (AMO) to address the opioid emergency in Ontario. The AMO recommendations contain four actions to be considered: 1) The opioid crisis be recognized as a priority 2) An “all of government approach” to be used 3) A provincial coordinator be identified 4) Formal means be established to improve communication. Peterborough Public Health supports the need for enhanced treatment options and hope that harm reduction efforts will be expanded to include supervised consumption as an opportunity to provide life-saving response and prevent deaths from poisonings.

***Recommendation:*** Receive.

- c) Date: 2019 October 10  
Topic: Update on Public Health and Emergency Health Services Modernization  
From: Helen Angus, Deputy Minister, Ministry of Health  
To: Public Health and Emergency Health Stakeholders

***Background:***

On October 10, 2019, Helen Angus, Deputy Minister, Ministry of Health wrote to public health and emergency health stakeholders to announce that Mr. Jim Pine will play a key role in facilitating public health modernization discussions between the Ministry of Health, municipal elected officials and administrative leadership.

***Recommendation:*** Receive.



- d) Date: 2019 October 11  
Topic: Vapour Products Display and Promotion  
From: Kingston, Frontenac, Lennox & Addington Public Health  
To: The Honourable Christine Elliott

***Background:***

On October 11, 2019, the Kingston, Frontenac, Lennox & Addington (KFL&A) Public Health wrote to Minister Elliott to express concerns about the ongoing promotion of vaping products in Ontario. The Board of Health for KFL&A urge the provincial government to immediately remove Section 21 and 22 or Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

***Recommendation:*** Receive.

- e) Date: 2019 October 16  
Topic: Expanding alcohol retail outlets  
From: Southwestern Public Health  
To: The Honourable Christine Elliott

***Background:***

On September 11, 2019, the Board of Health for Southwestern Public Health wrote to Minister Elliott requesting that the provincial government consider the negative impact of increasing the number of retail outlets on healthy and safety of Ontarians before moving forward with additional legislative changes. Southwestern Public Health further requests that the Ontario Government consider recommendations proposed by the Council of Medical Officers of Health (COMOH) and The Centre for Addiction and Mental Health to mitigate potential harm associated with new policy and regulatory changes to increase alcohol availability in Ontario.

***Recommendation:*** Receive.

- f) Date: 2019 October 16 [Received October 17]  
Topic: Comprehensive measures to address the rise of vaping in Canada  
From: Kingston, Frontenac, Lennox & Addington Public Health  
To: The Honourable Ginette Petitpas Taylor, Minister of Health

***Background:***

On October 16, 2019, the Board of Health for Kingston, Frontenac and Lennox & Addington (KFL&A) wrote to Minister Petitpas Taylor expressing concerns about the rising vaping rates among youth and young adults. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products, similar to those regulating tobacco products, and consider other evidence-informed strategies to address the emerging public health issue.

***Recommendation:*** Receive.

- g) Date: 2019 October 18 [Received October 21]  
Topic: Municipal alcohol policies and municipal options to mitigate alcohol harms  
From: Kingston, Frontenac, Lennox & Addington Public Health  
To: Mayor Bryan Paterson and City Council

***Background:***

On October 18, 2019, the Board of Health for Kingston, Frontenac and Lennox & Addington (KFL&A) wrote to Mayor Paterson regarding the recent regulatory changes that will impact the sale, service and consumption of alcohol in local communities. The KFL&A Board of Health passed a motion to strongly advise municipalities to continue to prohibit alcohol consumption in public spaces and urge KFL&A municipalities to strengthen or develop the Municipal Alcohol Policy.

***Recommendation:*** Receive.

- h) Date: 2019 October 28  
Topic: Reappointment Order-in-Council  
From: The Honourable Christine Elliott, Minister of Health  
To: Mr. Ian Peer, Board member, Middlesex-London Health Unit

***Background:***

On October 25, 2019, Mr. Ian Peer was reappointed as a part time member of the Board of Health for the Middlesex-London Health Unit effective until December 31, 2020.

***Recommendation:*** Receive.

- i) Date: 2019 October 28  
Topic: Reappointment Order-in-Council  
From: The Honourable Christine Elliott, Minister of Health  
To: Ms. Tino Kasi, Board member, Middlesex-London Health Unit

***Background:***

On October 25, 2019, Ms. Tino Kasi was reappointed as a part time member of the Board of Health for the Middlesex-London Health Unit effective until December 31, 2020.

***Recommendation:*** Receive.

- j) Date: 2019 October 25  
Topic: Vapour products in convenience stores  
From: Simcoe-Muskoka District Health Unit  
To: The Honourable Christine Elliott, Minister of Health

***Background:***

On October 25, 2019, the Board of Health for Simcoe-Muskoka District Health Unit wrote to Minister Elliott in support of the decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. The Board of Health for Simcoe-Muskoka District Health Unit also renewed their request to ban flavoured e-cigarettes.

**Recommendation:** Receive.

- k) Date: 2019 October 25
- Topic: Protecting youth from dangers of vaping
- From: Ontario News – Ministry of Health
- To: All Health Units

**Background:**

On October 25, 2019, the Ministry of Health issued a notice informing that Ontario is taking urgent action to address the issue of youth vaping. Effective January 1, 2020, the promotion of vapour products will be banned in convenience stores and gas stations. Promotion of vapour products will only be permitted in specialty vape stores and cannabis retail store, open only to people aged 19 and over.

**Recommendation:** Receive.

- l) Date: 2019 October 28
- Topic: News Release - Making Ontario work better for people, smarter for business
- From: Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- To: All Health Units

**Background:**

On October 28, 2019, the Ontario Government announced the proposed Better for People, Smarter for Business Act and regulatory changes to lower the cost of doing business by making it simpler and cheaper to comply with regulations. The proposed changes specifically support food banks and religious charities, colleges, universities and seniors. The targeted approach to reduce regulatory burdens will make it easier to do business, create jobs and grow wages.

**Recommendation:** Receive.

- m) Date: 2019 October 29
- Topic: Opioid Overdose Emergency
- From: Durham Region
- To: The Right Honourable Justin Trudeau

**Background:**

On October 24, 2019, the Council of the Region of Durham wrote to Prime Minister Trudeau requesting that the Government of Canada recognize and declare a national health epidemic in respect to the opioid overdose emergency in Canada. Furthermore, Durham Region requests that the Government of Canada endorse the Association of Municipalities Ontario's (AMO) recommendations with respect to Ontario's opioid overdose emergency and continue funding the important work of public health units to help address the opioid crisis. In support of their request, Durham Region

submitted a copy of the Manager of Population Health's presentation regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.

**Recommendation:** Receive.

- n) Date: 2019 October 22 [Received October 24]  
Topic: Restrictions on display and promotion of vaping products and the ban of flavoured e-cigarettes  
From: Windsor-Essex County Health Unit  
To: The Honourable Ginette Petitpas Taylor, The Honourable Christine Elliott

**Background:**

On October 22, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Petitpas Taylor and Minister Elliott in support Simcoe Muskoka District Health Unit's call for stringent restrictions for the display and promotion of vaping products and to ban flavoured e-cigarettes. Refer to correspondence item a) in the [October 17, 2019 Board of Health agenda](#).

**Recommendation:** Receive.

- o) Date: 2019 October 21 [Received October 24]  
Topic: The harms of vaping and the next steps for regulation  
From: Windsor-Essex County Health Unit  
To: The Honourable Christine Elliott

**Background:**

On October 21, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Elliott in support of the ban on the promotion of vaping products in the retail setting and online, and that the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit.

**Recommendation:** Receive.

- p) Date: 2019 October 30  
Topic: alPHa Regulatory Changes for comment and feedback  
From: Association of Local Public Health Agencies (alPHa)  
To: All Health Units

**Background:**

The Association of Local Public Health Agencies (alPHa) issued a summary of the regulatory changes that have been posted for comment that relate to public health programming and practice. These regulatory changes include: 1) Amendments to the Wells Regulation, 2) Amendments to the Smoke-Free Ontario Act, 2017 3), Amendments to Regulation 50/16 under the Healthy Menu Choices Act, 2015, 4) Proposed amendments to the Food Premises Regulation 493/17 under the Health Protection and Promotion Act, and 5) Proposed amendments to Ontario Regulation 136/18 (Personal Service Setting) made under the Health Protection and Promotion Act.

**Recommendation:** Receive.

- q) Date: 2019 October 31  
Topic: The harms of vaping and next steps for regulation  
From: Renfrew County and District Health Unit  
To: The Honourable Christine Elliott

***Background:***

On October 31, 2019, the Board of Health for Renfrew County and District wrote to Minister Elliott in support of Windsor-Essex County Health Unit's motion regarding the Harms of Vaping and Next Steps for Regulation. Refer to correspondence item o) above.

***Recommendation:*** Receive.

- r) Date: 2019 October 31  
Topic: Funding for leave the pack behind  
From: Grey Bruce Health Unit  
To: The Honourable Christine Elliott

***Background:***

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Board of Health for Peterborough Public Health's concern over the provincial government's decision to cease funding for Leave the Pack Behind. Refer to correspondence item j) in the [September 19, 2019 Board of Health agenda](#).

***Recommendation:*** Receive.

- s) Date: 2019 October 31  
Topic: National school food program  
From: Grey Bruce Health Unit  
To: The Right Honourable Justin Trudeau

***Background:***

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Board of Health for Peterborough Public Health's request to move forward with implementing a cost-shared national school food program. Refer to correspondence item k) in the [September 19, 2019 Board of Health agenda](#).

***Recommendation:*** Receive.

- t) Date: 2019 October 31  
Topic: Display and promotion of vaping products – Simcoe-Muskoka District endorsement  
From: Grey Bruce Health Unit  
To: The Honourable Christine Elliott

***Background:***

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Board of Health for Simcoe Muskoka District Health Unit's request to implement

restrictions on the display and promotion of vaping products. Refer to correspondence item a) in the [October 17, 2019 Board of Health agenda](#).

**Recommendation:** Receive.

- u) Date: 2019 October 31  
Topic: Display and promotion of vaping products – alPHa endorsement  
From: Grey Bruce Health Unit  
To: The Honourable Christine Elliott

**Background:**

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Association of Local Public Health Agencies (alPHa) endorsement to implement restrictions on the display and promotion of vaping products. Correspondence received from alPHa is dated September 19, 2019.

**Recommendation:** Receive.

- v) Date: 2019 November 07  
Topic: Ontario Economic Outlook and Fiscal Review  
From: Gordon Fleming, Association of Local Public Health Agencies  
To: Ontario Boards of Health

**Background:**

On November 6, 2019, the Association of Local Public Health Agencies (alPHa) announced that Finance Minister Rod Phillips released the 2019 Ontario Economic Outlook and Fiscal Review: A Plan to Build Ontario Together. The instances that where public health are mentioned refer to the modernizing of public health, the investment in Ontario Seniors Dental Care Program, and the investment of \$41 million to support Public Health Units as the Ministry considers option to modernize public health.

**Recommendation:** Receive.

- w) Date: 2019 October 31  
Topic: Status update regarding MLHU's Review of Public Health Services in Middlesex County  
From: Middlesex County Warden, Kurtis Smith  
To: Ms. Trish Fulton, Chair, Middlesex-London Board of Health

**Background:**

On October 30, 2019, Middlesex County wrote to the Board of Health for Middlesex-London Health Unit requesting an update regarding the Review of Public Health Services in Middlesex County. A status report for the initiatives to be completed in 2019 and implementation timelines for 2020 service improvements has been requested.

**Recommendation:** Refer to staff.

- x) Date: 2019 November 13

Topic: Resignation of Councillor E. Pelozza from the Board of Health  
From: Cathy Saunders, Clerk, City of London  
To: Dr. Christopher Mackie, Medical Officer of Health / CEO

***Background:***

On November 13, 2019, Ms. Cathy Saunders, City Clerk, wrote to Dr. Christopher Mackie advising that the resignation of Councillor Elizabeth Pelozza from the Board of Health was accepted by Council at its meeting on November 12, 2019. The appointment of another member will be considered at the next meeting of the Strategic Priorities and Policy Committee.

***Recommendation:*** Receive.

# ANNUAL COMMUNITY REPORT

Health@ Simcoe Muskoka

2018-2019





# MESSAGE FROM THE BOARD OF HEALTH



Anita Dubeau  
Chair, Board of Health

## **The governance of the Simcoe Muskoka District Health Unit comes with the reward of being involved in work that has great value and meaningful impact on our communities.**

In the years I have served with the Simcoe Muskoka District Health Unit Board of Health we have offered support for emergency responses such as tornadoes and flooding. We have presided over decisions that make dining experiences safer; that offer parenting resources from before birth through children's teen years; that reduce the threat of infectious diseases; and respond to emerging public health threats. In assuming the chair of the Board this year, I am thrilled to be able to take the lead in supporting the staff of the health unit as they continue to devote themselves to the public's well-being, even as resources become scarcer.

In 2018, the Board of Health declared opioids as an issue of urgent public health concern in order to focus health unit resources to address the growing crisis of overdoses and drug use in our communities. We also pressed the province to develop a comprehensive provincial child care strategy to increase the number of licensed, affordable child care spaces available to working parents. The Board acted as a vital liaison to help local municipalities understand the complex rules around cannabis legalization. For the 2018 provincial and municipal elections we supported an awareness campaign urging the public and candidates to consider issues such as food insecurity, housing, legalization of cannabis, the opioids crisis and climate change, and suggested actions.

While it is the front-line work of the health unit that draws the attention of the public, the Board's efforts in the background are of equal importance. Last year a new set of Board by-laws was developed and enacted. By-laws ensure the effective and ethical operation of the Board of Health. They also serve as a guarantee to the public that public revenues are directed toward issues that matter to the long-term health of our communities.

The Board of Health has always played a role in providing vision, creative thinking, and influential support for public health programs and services. Following the municipal elections in the fall of 2018, we bade farewell to several elected and appointed members of the Board, including several whose service extended beyond a decade. I offer my thanks to them all for their contributions to the public's health. I also look forward to working with the fresh ideas and enthusiasm of a new Board of Health in 2019.

This will be particularly important while the Board works through a challenging period of transition ahead as the provincial government implements its plan to transform the public health system in Ontario. As announced in the April 11, 2019 budget, Ontario's 35 health units will be replaced by 10 new regional public health entities on April 1, 2020. With our new strategic transition plan in place, and an outstanding record of public health achievements over the past 14 years behind us, I am confident we will carry forward into these new entities our legacy of unique and excellent public health programs and services to the people and communities of Simcoe and Muskoka.

# MESSAGE FROM THE MEDICAL OFFICER OF HEALTH

## Public health in Ontario is in a period of transition as the Ontario government moves forward with transforming the public health sector.

As details of the transition have emerged, it is clear that for the coming year substantial administrative effort will be diverted to the transition into one or two of 10 new provincially defined regional public health entities. While the future is not clear, I can certainly look back on 2018 as a year of achievements garnered through the valuable programs and services we deliver and the close community partnerships we have developed that have strengthened our ability to protect and promote the health of the population of Simcoe Muskoka into 2019.

As of January 2018, health units across the province began implementing the updated Ontario Public Health Standards and its associated guidelines and protocols. Stated simply, these documents set goals for the priorities in health unit operations and programs, and establish new standards for transparency.

Two new mandates have been added to the public health standards: vision screening for young children and mental health promotion. We now have staff trained to conduct vision screening at the Senior Kindergarten level, to identify existing vision problems or those at high risk of visual impairments. This is a service that will help parents give their children a strong start in school and socially. In the spring of 2019, we completed a situational assessment of mental health promotion needs in Simcoe and Muskoka, and how the health unit would be best positioned to address those needs. A mental health promotion strategy, building from that assessment, was completed in May this year.

In December 2018, we came to the end of our agency's 2016-18 Strategic Plan and a new plan was being completed to continue into the next four years. The provincial restructuring changes leave the health unit unable to commit to strategic tasks beyond 2020. As a result, the four-year strategic plan has been streamlined to a more focused one-year work plan, capturing the elements of the strategic plan that can be managed through the coming year. The overarching principles of the original plan remain: maintaining strong relationships among staff and with external partners; meeting the Ontario Public Health Standards through evidence-informed decision making; and ensuring accountability and good governance. Into these principles we have included activities that will not only ensure the continued excellent services we provide to our communities, but also help the agency make a successful transition into a new public health entity or entities by 2020.

Climate change, Lyme disease, legalization of cannabis, the opioid crisis: we live in times of new and emerging public health challenges. Along with those will be the challenge of reorganization according to the plans of the provincial government. The work of the past year has prepared us to meet the public health challenges. The skill and experience of our staff will be invaluable in ensuring we continue to provide our services while we work through the disruptions ahead.



Dr. Charles Gardner  
Medical Officer of Health



## CLINICAL SERVICES DEPARTMENT

- Education and awareness to reduce the incidence and spread of infectious diseases
- Investigation and follow-up with clients with diseases of public health significance
- Conducting infectious diseases surveillance
- Immunization of children and adults, including distribution of publicly-funded vaccines to health care providers
- Sexual health clinic services, including sexually transmitted infection follow up
- Healthy Smiles Ontario dental services – both mobile and fixed clinics
- Infection prevention and control education, inspection and complaint investigation in health care, personal services and child care settings

<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">216</p> <p>community &amp; institutional outbreak investigations</p>	<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">25,501</p> <p>children screened for tooth decay</p>	<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">81</p> <p>infection prevention &amp; control complaint investigations</p>	<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">8,392</p> <p>vaccines given during public immunization clinics</p>
<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">1,423</p> <p>personal services settings &amp; child care inspections</p>	<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">3,072</p> <p>client visits to sexual health clinics</p>	<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">21,010</p> <p>vaccines given at schools</p>	<p style="font-size: 24px; font-weight: bold; color: #1a3d6d;">4,081</p> <p>diseases of public health significance investigations</p>

# HPV VACCINE

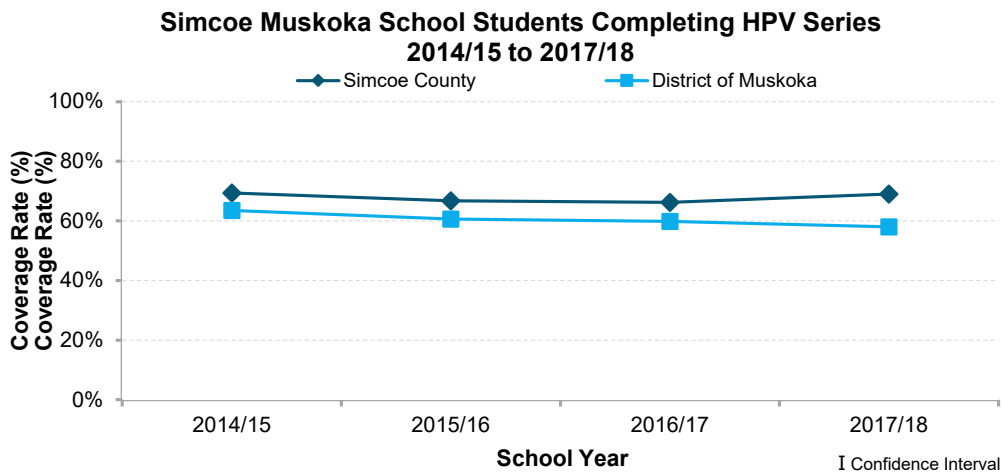
## Effective cancer prevention

Human Papillomavirus (HPV) is a sexually transmitted virus that causes genital warts and virtually all cervical cancers. It is also responsible for a number of other cancers, including mouth and throat, anal, penile, and vaginal and vulvar cancers. It is so common that 75 per cent of sexually active people will get HPV at least once in their lifetime.

HPV can be prevented through vaccination. In Ontario, a free vaccine for HPV is offered to every Grade 7 student. In Simcoe Muskoka the vaccine is provided at school clinics by health unit nurses. Despite the HPV vaccine being safe and effective cancer prevention, only 68 per cent of local kids were vaccinated against HPV-related cancers in 2017/18. This rate has remained unchanged since 2014/15.

Recent research shows that the incidence of HPV infections in nine high-income countries, including Canada, decreased by 64 per cent after the introduction of HPV vaccination programs to girls younger than 20 years of age. The vaccine is also highly effective against genital warts.

Because a recommendation from a health provider is the biggest influence in convincing parents to vaccinate their children, in 2018 the health unit partnered with a local doctor and gynecologic oncologist to improve HPV vaccination rates. The result was an ongoing awareness campaign to inform parents, as well as health care providers, that the vaccine is about preventing cancer. In addition, using local infectious diseases data, the health unit continues to encourage health care providers to discuss the effectiveness and importance of HPV vaccination with their patients. The campaign continues in 2019 with further direct outreach to health care practitioners.



Data Source: Ministry of Health and Long-Term Care, Digital Health Immunization Repository, extracted by Simcoe Muskoka District Health Unit [2018/09/13].

Notes: 2017/18 was the first school year where HPV-9 was provided to students. 2016/17 school year was the first cohort to offer the vaccine to Grade 7 students and was a double cohort with Grade 8 females also receiving HPV. 2015/16 school year only provided HPV to Grade 8 female students.

Immunization data are presented by location of the school the student attends.



## COMMUNITY AND FAMILY HEALTH DEPARTMENT

- Healthy lifestyle programming to prevent chronic diseases through physical activity and healthy eating
- Healthy schools program to help create and maintain healthier school environments
- Prevention of injuries and substance misuse
- Healthy child development support from pre-conception to school transition
- Prenatal classes, breastfeeding clinics and support, and parenting education
- Home visits to new parents through the Healthy Babies Healthy Children program

<p><b>1,171</b></p> <p>parent/caregiver visits to The Breastfeeding Place</p>	<p><b>857</b></p> <p>expectant parents registered for online prenatal classes</p>	<p><b>533</b></p> <p>families received Triple P (Positive Parenting Program) support from SMDHU</p>
<p><b>4,618</b></p> <p>home visits by public health nurses and family home visitors</p>	<p><b>70</b></p> <p>schools engaged with public health nurses from the School Health program (2018/2019 school year)</p>	<p><b>1,061</b></p> <p>expectant parents attended in-person prenatal classes</p>



# OPIOIDS

## Coordinated strategy is helping to save lives

Opioid misuse is an urgent and complicated issue that continues to impact families, individuals and communities in Simcoe Muskoka. It's also an issue that shows few signs of abating any time soon.

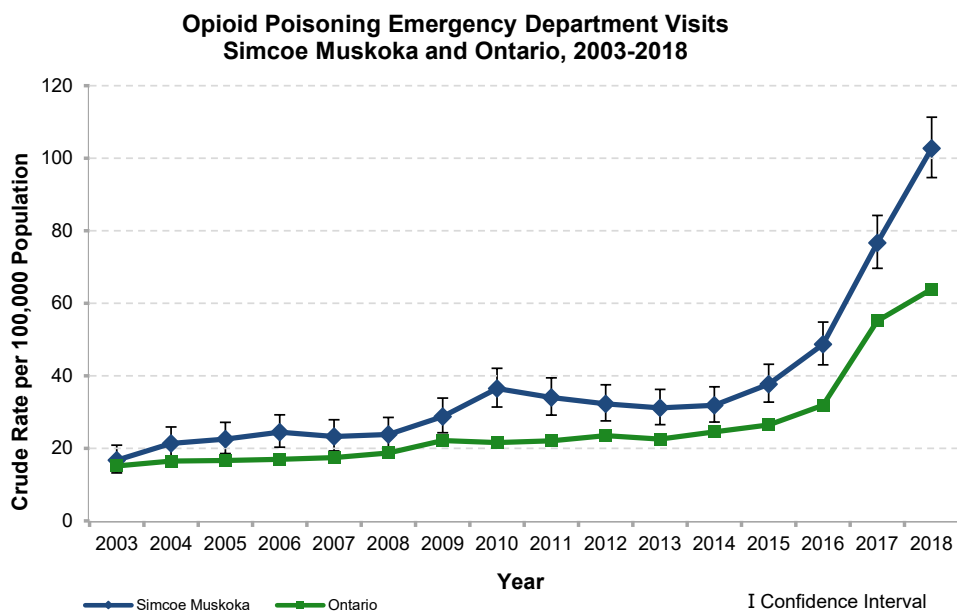
In 2018, there were 78 opioid-related deaths or 13 deaths per 100,000 residents in our region. This was significantly higher than the provincial rate of 10 deaths per 100,000 and part of an ongoing upward trend that has seen local opioid-related death rates triple over the past 10 years. Equally as disturbing, in 2018 there were 600 emergency department (ED) visits or 103 ED visits per 100,000 population for opioid poisonings among Simcoe Muskoka residents (see graph). This represents more than a 30 per cent increase over the previous year.

The health unit has been working with community partners on a multi-pronged, coordinated and comprehensive response to reduce opioid harms in our communities since 2017 when the Simcoe Muskoka Opioid Strategy (SMOS) was created. The strategy consists of five action pillars including prevention, treatment/clinical practice, harm reduction, enforcement and emergency management, with two foundational pillars, data and evaluation, and lived experience.

As part of the strategy, the health unit provides active surveillance, including monitoring the number of emergency department visits for suspected unintentional opioid overdoses. At a certain threshold these numbers can act as a trigger to the health unit to issue a public alert that anyone using street drugs should be cautious about their supplies, and how and when they are using drugs. In 2018 the health unit issued two public alerts about increased overdoses in Simcoe Muskoka.

Under the SMOS prevention pillar, the health unit also launched an anti-stigma campaign, "People who use drugs are real people", to educate the public that addictions are an illness, not a choice. Short videos of local families who have been affected by opioid use were produced and shared on the health unit's website and on social media to help increase the understanding – and reduce stigma – around substance use.

Harm reduction is an important strategy to address the opioid crisis. The health unit, along with the Gilbert Centre and the Canadian Mental Health Association - Simcoe Branch, are working together to submit an application for a supervised consumption site (SCS) within the City of Barrie. The application process has included consultation with the community and key stakeholders, and the identification of a proposed site in downtown Barrie. Barrie has been particularly hard hit by opioids. In 2017, among the 26 Ontario cities with populations over 100,000, Barrie ranked third highest for emergency department visits for opioid overdose. Data for 2018 moves Barrie into second place among large cities for opioid overdose emergency department visits.



Data source: 2003-2018 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>. Updated July 15, 2019. Denominators for 2006-2018 were taken from Statistics Canada; Table 17-10-0139-01; Population estimates, July 1, by census division, 2016 boundaries

# PROGRAM FOUNDATIONS AND FINANCE DEPARTMENT

- First point of contact for the public through Health Connection service
- Health promotion and communications planning and implementation
- Media relations
- Integrating health equity and determinants of health into all programming
- Population health assessment, surveillance, evaluation and quality improvement
- Finance and administration

**602,022**

times our Facebook posts seen

**88,686**

Health Connection inquiries

**73,768**

visits to the Simcoe Muskoka HealthSTATS website

**355**

times SMDHU mentioned in local news

# HUMAN RESOURCES AND INFRASTRUCTURE DEPARTMENT

- Human resources management and implementation of human resources strategy, health and safety, and payroll
- Infrastructure, renovation and facilities management for eight office locations
- Information technology and telecommunications planning and implementation

**311**

staff as of December 31

**8**

office locations

**8,800**

square kilometers of land area covered

**540,249**

Simcoe Muskoka population served

# QUALITY AND PERFORMANCE MEASUREMENT

## Our commitment to continuous quality improvement

Simcoe Muskoka District Health Unit’s approach to performance management is based on a commitment to continuous quality improvement, a culture of information sharing and understanding, achieving value for money, and a focus on risk management. Measures of performance are reported annually to the province, Board of Health and the community.

### Program Budgeting and Marginal Analysis

Since 2016, public health funding has been somewhat tenuous. Given continuing fiscal constraints, the health unit identified the need to use a practical evidence-based method for resource allocation. Program budgeting and marginal analysis (PBMA) is used to assess the net impact of different ways of providing services in relation to an organization’s ability to meet strategic objectives and priorities. PBMA helps ensure that we are delivering the right mix of programs and services that are responsive to the needs of our local communities.

### Strategic Plan

Effective strategic planning provides a road map for where an organization is going, the actions needed to make progress, and the benchmarks for assessing progress along the way. The health unit monitors, measures and reports progress on the agency strategic plan using a set of indicators established for each of the strategic outcomes. Colour is used to visually depict progress. Green represents success in meeting an indicator related to the strategic outcome, yellow represents work in progress and red reflects limited or no action initiated to date.

At the end of 2018, a total of 21 indicators were monitored across the four strategic directions. Sixteen targets were met, two showed work in progress and three indicated limited movement forward. These results have been used to inform 2019 plans and priorities in an effort to achieve our strategic outcomes.

The 2016-2018 Strategic Plan has come to an end. Reflection on this plan – our successes and areas requiring improvement – have been used to create SMDHU’s 2019-2020 Strategic Transition Plan. This plan focuses on key components that will be positioned as health unit priorities for possible adoption in the changing public health landscape. The plan also allows the health unit to manage the impacts of Ontario’s public health restructuring and transition.







## ENVIRONMENTAL HEALTH DEPARTMENT

- Food safety education and food premises inspections
- Safe water inspections and education
- Health hazard prevention and management, including vector-borne diseases
- Rabies prevention and control
- Tobacco-free living, including cessation, prevention, protection, education and enforcement
- Emergency management and response planning

**181** people received counseling and got free nicotine replacement therapy



**37**

STOP smoking workshops held to support people to quit smoking

**8,406**

food premises inspections

**2,678**

Smoke-Free Ontario Act inspections for smoking and vaping including retail compliance and test shopping with youth

**184**

tick submissions

**1,332**

recreational water facility inspections

**1,434**

rabies exposure investigations

**72,512**

Inspection Connection page views

# DISCLOSURE

## Inspection results at your fingertips

Public health inspectors (PHIs) check a variety of businesses and settings in Simcoe Muskoka, including restaurants, child care centres and beaches, to ensure they are meeting requirements and standards that help keep people healthy, safe and injury free. Routine inspections help to prevent and reduce the risk of injuries and the spread of illnesses and diseases, including food-borne illness, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Depending upon the facility or setting, PHIs may be checking that foods are stored at proper temperatures so that dangerous bacteria can't grow, that equipment is clean and that sanitizing procedures are followed. PHIs also test water at public beaches. If weekly testing results are unacceptable, public health inspectors assist municipalities in posting notices to the public about water quality for those beaches. Tobacco enforcement officers make sure retailers comply with the Smoke-Free Ontario Act, 2017 to not sell tobacco or vapour products to minors.

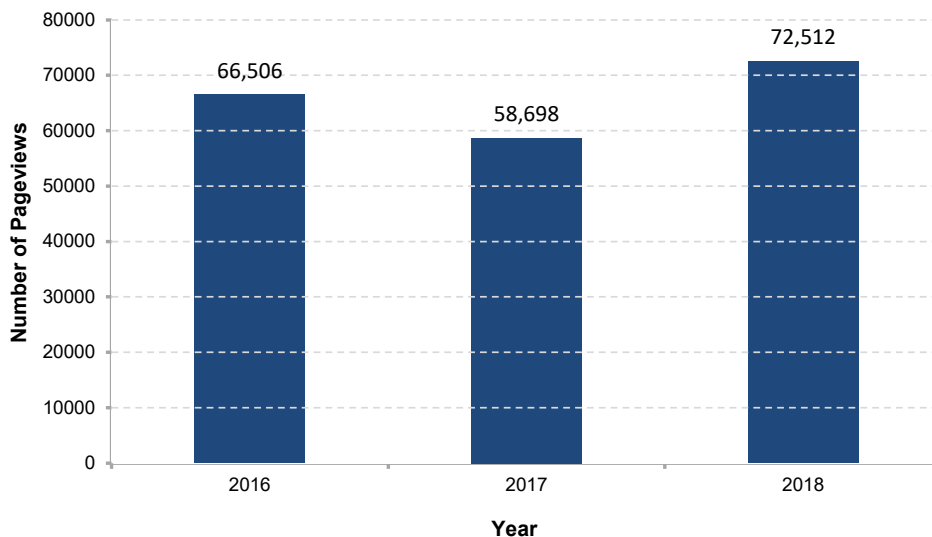
Inspection and investigation results must be made available to the public in accordance with the Ontario Public Health Standards. Disclosing results provides transparency to the inspection process and gives people information they can use when making decisions about visiting a particular premises or setting.

The health unit began posting inspection results on our website in 2014, starting with the health unit's food safety disclosure program. Infection prevention and control lapses were added in 2016, followed by the status of beach water quality. Most recently, inspections for recreational water, including public swimming pools, wading pools, spas and splash pads; recreational camps; and small drinking water systems were added to the website.

Residents and visitors can go online to our Inspection Connection web page to look at the most recent inspection report of a favourite restaurant, or to see which retailer has been convicted under the Smoke-Free Ontario Act, 2017. The beach water testing section has been enhanced to include testing results and a map link, and new images that make it easy for people to know which beaches are open, posted with a swimming advisory or closed. Inspection results for licensed child care settings and tobacco and electronic cigarette retailer convictions were added in 2018, making Inspection Connection an easily accessible one-stop shop for inspection results.

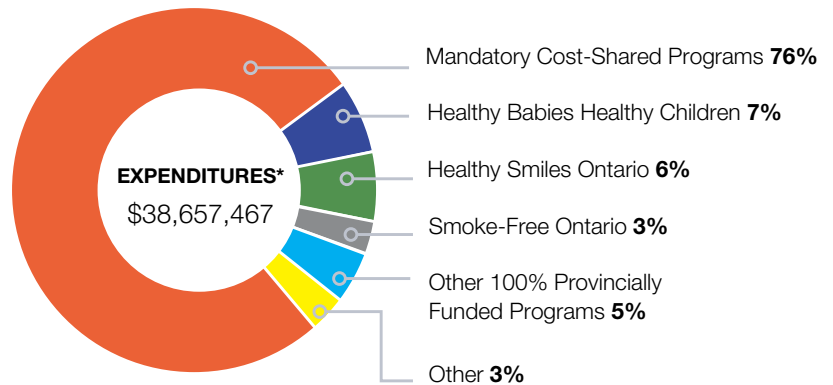
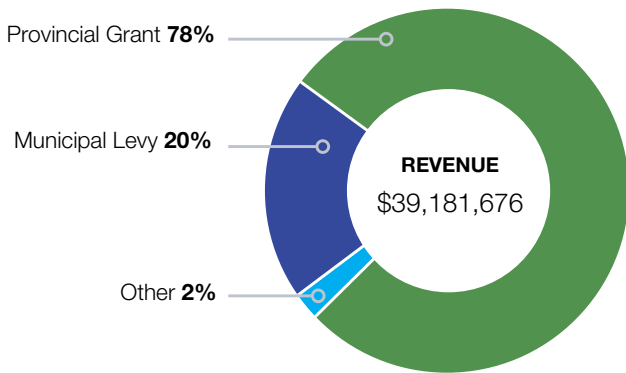
Inspection results for personal services settings, which includes aesthetics, hair styling, tattooing and nail salons, are set to become available in 2020.

**Simcoe Muskoka District Health Unit's  
Inspection Connection Website Pageviews, 2016-2018**



Data source: Google Analytics, 2019

# 2018 HEALTH UNIT FINANCIALS



## MEDICAL OFFICERS OF HEALTH

**Dr. Charles Gardner**

Medical Officer of Health & Chief Executive Officer

**Dr. Colin Lee** - Associate Medical Officer of Health

**Dr. Lisa Simon** - Associate Medical Officer of Health

**We would like to recognize the contributions of those Board members whose terms expired in 2018:**

Sergio Morales, Terry Pilger, Elizabeth Saul,  
Brian Saunderson and Barry Ward.



## BOARD OF HEALTH

**Anita Dubeau – Chair** .....County of Simcoe Appointee  
(Voted in Feb 6, 2019)

**Ralph Cipolla – Vice Chair** .....County of Orillia Appointee  
(Voted in Feb 6, 2019)

**Thomas Ambeau**..... Provincial Appointee  
(Term expired June 2019)

**Sandy Cairns**..... District of Muskoka

**Lynn Dollin** .....County of Simcoe Appointee

**Gary Harvey**.....City of Barrie Appointee  
(Appointed Jan 2019)

**Stephen Kinsella**..... Provincial Appointee  
(Reappointed Sep 2019)

**Peter Koetsier** .....District of Muskoka Appointee  
(Appointed Jan 2019)

**Betty Jo McCabe** ..... Provincial Appointee  
(Term expired June 2019)

**Micheal McCann**.....City of Barrie Appointee  
(Appointed Jan 2019)

**Rick Milne**.....County of Simcoe Appointee  
(Appointed Jan 2019)

**Larry Oehm** ..... Provincial Appointee  
(Appointed Aug 2019)

**Floyd Pinto** .....County of Simcoe Appointee  
(Appointed Jan 2019)

**Peter Preager**..... Provincial Appointee

**Scott Warnock** ..... Provincial Appointee  
(Reappointed May 2019)

**Peter Willmott** ..... Provincial Appointee  
(Reappointed Aug 2019)

October 1, 2019

The Honourable Christine Elliott  
Minister of Health  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4  
Sent via e-mail: [christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Minister Elliott,

**Re: Addressing the Opioid Emergency in Ontario - Recommendations from the Association of Municipalities of Ontario**

As Ontario develops its Mental Health and Addiction strategy, Peterborough's board of health hopes that there will be specific attention paid to the opioid crisis that has emerged over the years, fueled by increased rates of opioid prescribing and only made worse by the contamination of the illicit drug supply by fentanyl.

We believe that the recent submission, in September, of recommendations from the Association of Municipalities of Ontario<sup>1</sup> (AMO) presents your government with a comprehensive and carefully considered set of actions that we hope will be seriously considered. These were reviewed at the board's September meeting, with the subsequent decision that its support and endorsement for these recommendations be expressed to you.

The AMO recommendations contain four foundation actions for your government to consider:

- **That the opioid crisis be recognized as a priority**, with the appropriate attention and resourcing required to address it in a comprehensive and effective manner;
- That an **"all of government approach"** be used to ensure that upstream prevention of substance use and other components of the crisis are addressed;
- That, in order to ensure success, a **provincial coordinator** be identified who can focus solely on this one issue and broker the right relationships and partnerships required to achieve the needed results; and
- **Formal means** be established to allow for transparent, accountable and two-way communications.

In addition, the AMO recommendations outline specific strategies that a provincial coordinator would undertake as components of this comprehensive, all of government approach. Taken as a whole, they provide solid advice that has been gleaned from the front lines, from the evidence, and from provincial expertise. We hope that you will find the recommendations to provide helpful guidance as you further develop your response.

As Minister of Health, we look to you for your leadership during these challenging times. Peterborough's population has been hit hard, with opioid poisonings and deaths occurring at an alarming rate. In the first quarter of 2019, we experienced a confirmed death rate of 6.2 per 100,000, a rate much higher than the

provincial rate of 2.7 deaths per 100,000. We are concerned that more needs to be done but with the dissolution of the Central East LHIN board, we no longer have a common meeting place for the planning, coordination and prioritization of health sector services like these.

The strategy that we contributed to developing, through the Central East LHIN, will require updating and adaptation to ensure that we do not lose ground, but instead, continue to build on our successes to date. For example, more people are receiving timely and effective access to treatment for addictions, through our RAAM clinic. Since opening, the Peterborough RAAM clinic has seen over 400 new patients.<sup>2</sup> Of these, 35% were seeking help for opioid use.

Our board of health supports the need for enhanced treatment options for those who fail to respond to oral agonists and we hope that Ontario will provide our community with funded access to injectable opioid agonist treatment options. The recent publication of clinical and operational guidelines<sup>3</sup> now make this a stronger possibility. We hope, too, that harm reduction efforts will be expanded to include supervised consumption as an opportunity to provide life-saving response and prevent deaths from poisonings. We hope that more people with addictions and mental illness will be diverted away from the criminal justice system and into treatment and harm reduction services. And we hope that people with lived experience of substance use will be included in the planning, delivery and evaluation of a comprehensive strategy to ensure that we can capitalize on their insights and build a response that is inclusive, barrier-free and life affirming.

Municipalities and local public health agencies are working together to ensure that communities are responsive to their local opioid emergencies, and that Naloxone is available to assist with reversing the deadly effects of acute poisonings. But we do not act in a vacuum and we will be unable to make a difference unless we can be part of a bigger, comprehensive, complex yet coordinated strategy. That is what the AMO recommendations address, and we wish to emphasize their utility and timeliness as you progress toward a provincial Mental Health and Addictions strategy. We congratulate AMO for convening a working group to prepare and present these recommendations to you, Minister Elliott. And we hope that they will provide you with the guidance you seek in order to ensure Ontario is meeting its obligation to protect the health of its residents.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario  
Monika Turner, Director of Policy, Association of Municipalities of Ontario  
Local MPPs  
Local Municipal and First Nation Councils  
Peterborough Drug Strategy  
Association of Local Public Health Agencies  
Ontario Boards of Health

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<sup>1</sup> Addressing the Opioid Emergency in Ontario: Municipal Recommendations for a Municipal Response, AMO, September 4, 2019, accessed at <https://www.amo.on.ca/AMO-PDFs/Reports/2019/Addressing-the-Opioid-Overdose-Emergency-in-Ontari.aspx>

<sup>2</sup> Communications, September 30, 2019

<sup>3</sup> Fairbairn N et al. Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. CMAJ 2019 September 23,191:E1049-56.doi: 10.1503/cmaj.190344

Ministry of Health

Ministère de la Santé



Office of the Deputy Minister

Bureau du sous-ministre

777 Bay Street, 5<sup>th</sup> Floor

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October 10, 2019

**MEMORANDUM TO:** Public Health and Emergency Health Services Stakeholders

**FROM:** **Helen Angus**  
Deputy Minister  
Ministry of Health

**RE:** Update on Public Health and Emergency Health Services  
Modernization

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Dear colleagues,

As you know, our health system is in need of transformational change. Over the past year, the ministry has made great progress to building a connected, integrated, and coordinated system of care – centred around the patient. This includes the creation of Ontario Health, the province’s new central health agency, and the work that’s been accomplished toward establishing the first wave of local Ontario Health Teams to serve our communities.

As part of this plan, we must also consider how best to deliver public health – a central component of community health – in a way that is resilient, nimble, and meets the evolving health needs and priorities of Ontario’s families. Within the context of this broader health transformation, we have an opportunity to modernize and strengthen the role of public health, and to consider how it is connected to our communities.

Another part of transforming the health system is to modernize the way emergency health services are delivered in the province. In addition to our plans to upgrade the ambulance dispatch system and support new models of care for 911 patients, we are looking for ways to improve emergency health services and ensure that dispatch centres and paramedic services work well together.

Today, I am pleased to introduce Mr. Jim Pine, who will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership. Mr. Pine started his career with the Ministry of Municipal Affairs and Housing and served in various positions in his nine years with the ministry including as regional director for eastern Ontario. He is well respected across the province and has been in municipal affairs for 39 years, working as a city administrator, and as a chief administrative officer in small municipalities, most recently for the County of Hastings. He has also served in a number of roles with Association of Municipalities of Ontario (AMO), including as secretary-treasurer and as a member of the Board of Directors. Mr.

.../2

Pine is also the co-lead of the Eastern Ontario Regional Network, and chairs the ONWARD Initiative which is a network of all the major municipal staff organizations in Ontario dedicated to staff training and improvement.

Building upon the work of the technical tables established with the AMO, Association of Local Public Health Agencies (aLPHa), and the City of Toronto, the ministry has begun work with Mr. Pine on launching a renewed consultation with municipalities and our partners in public health and emergency health services. Through this consultation process, we will ensure that sufficient time is provided for thoughtful dialogue and implementation planning. This next phase of engagement will also include the release of a discussion paper.

If you have any feedback that you would like to share prior to the beginning the consultation period, please email us at [ehsphmodernization@ontario.ca](mailto:ehsphmodernization@ontario.ca). Thank you all for your continued support and collaboration.

A handwritten signature in black ink, consisting of a stylized 'H' followed by two large, rounded loops, all resting on a horizontal line.

Helen Angus  
Deputy Minister, Ministry of Health

c: Alison Blair, ADM Emergency Health Services & Executive Lead, Public Health Modernization  
Dr. David Williams, Chief Medical Officer of Health



October 11, 2019

The Honourable Christine Elliott, Deputy Premier  
Minister of Health  
Hepburn Block 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9

Dear Minister Elliott:

**Re: Vapour Products Display and Promotion**

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the on-going promotion of vaping products in Ontario.

While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. KFL&A Board of Health is alarmed by the rising vaping rates among youth. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of nicotine containing vapour products, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping related pulmonary disease reports emerging from the United States, Quebec and our own province.

A suite of robust regulatory measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. Because exposure to vapour products marketing and advertising decreases the perception of the associated risk of vaping and increases the odds of trying these products, immediate action is needed to limit youth's exposure to product promotion. Our youth and young adults are frequently being exposed to vaping advertising on the internet, at point of sale in convenience stores and gas stations, as well as on television, magazines, billboards, social media, and public transit. To that end, KFL&A Board of Health passed the following motion on 2019-09-25:

**THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Sections 21 and 22 of Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.**

.../2



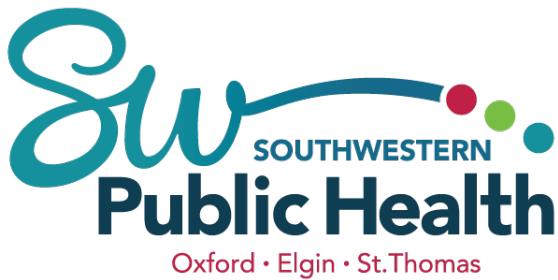
KFL&A Board of Health applauds the Government of Ontario's recently expressed concerns about youth vaping and the health risks and your willingness to find evidence-informed solutions to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair  
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands  
Randy Hillier, MPP Lanark-Frontenac-Kingston  
Daryl Kramp, MPP Hastings-Lennox and Addington  
Mark Gerretsen, MP Kingston and the Island  
Scott Reid, MP Lanark-Frontenac-Kingston  
Mike Bossio, MP Hastings-Lennox and Addington  
Ginette Petitpas Taylor, Minister, Health Canada  
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health  
Dr. Theresa Tam, The Chief Public Health Officer  
Loretta Ryan, Association of Local Public Health Agencies  
Ontario Boards of Health*



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

**Woodstock Site**  
410 Buller Street  
Woodstock, ON  
N4S 4N2

September 11, 2019

[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

The Honourable Christine Elliott  
Minister of Health  
College Park 5<sup>th</sup> Floor  
777 Bay St.  
Toronto, ON M7A 2J3

Dear Honourable Christine Elliott:

**Re: Expanding alcohol retail outlets**

The Government of Ontario continues to outline their plans to increase the accessibility of beverage alcohol in Ontario. Recently, the province announced plans to introduce legislation to end the near monopoly on beer sales and expand alcohol sales to corner, big-box, and more grocery stores, resulting in more retail outlets. Research has long established that increasing access to alcohol is related to a subsequent increase in alcohol use and, in turn, alcohol related harms (e.g., alcohol-related diseases, injuries, violence, crime, and traffic crashes). Therefore, this proposed change to legislation is concerning considering alcohol use is already a leading preventable cause of morbidity and mortality in Ontario.

Where alcohol privatization and deregulation has occurred elsewhere in Canada (e.g. Alberta and British Columbia), alcohol availability has risen significantly, with subsequent increases in consumption and related harms.<sup>1,2,3</sup> Additionally, following the 2015 partial deregulation of alcohol sales in Ontario, increases in the number of alcohol outlets and longer average hours of operation were positively associated with increased emergency department visits attributable to alcohol.<sup>4</sup> Alcohol costs to the individual and society are significant. A recently published document shows that alcohol costs Ontario \$5.34 Billion for healthcare, lost productivity, criminal justice and other direct costs.<sup>5</sup>

Furthermore, it is important to consider that the impacts of increased alcohol availability may disproportionately impact vulnerable populations. In British Columbia, privatization is associated to reduced compliance with age of sale policies, which can be observed by the low rates of compliance in privatized stores in comparison to government stores.<sup>6</sup> The implication is that the sale of alcohol becomes easier for underage drinkers, increasing the risk of alcohol-related harms for a population that is already considered especially vulnerable to the negative impacts of alcohol.

We are requesting the Ontario government consider the impact of increasing the number of retail outlets on the health and safety of Ontarians before moving forward with more legislative changes.

We also request the Ontario Government consider the following recommendations proposed by the Council of Ontario Medical Officers of Health and The Centre for Addiction and Mental

Health to mitigate the potential harms associated with new policy and regulatory changes to increase alcohol availability in Ontario. We believe it is possible to create a culture of lower risk alcohol use in Ontario that balances interests in public health, government revenue, economic development and consumer preference.

Some measures we request be implemented include:

- Regulate retail availability, including the density, location, hours of sale, and access restrictions.
- Give municipalities the authority to restrict outlet density and hours and days of sale.
- Conduct a risk-based assessment for every tailgating event.
- Ensure operational compliance by expanding the current Mystery Shopper Program to encompass bi-annual visits to every alcohol outlet with publicly reported penalties that escalate with repeat offences.
- Conduct annual education visits to retail outlets.
- Implement pricing policies that will increase provincial revenue while also reducing alcohol-related harms.

Now is the time for Ontario to take leadership and address the harms of alcohol use. Therefore, as outlined in the government's report, we are interested in ensuring the government work with public health experts to ensure increasing convenience does not lead to increased social and healthcare costs related to alcohol. Thank you for your consideration.

Sincerely,



Larry Martin  
Chair, Board of Health

- c. The Honourable Doug Ford, Premier of Ontario  
Ernie Hardeman, MPP, Oxford  
Jeff Yurek, MPP, Elgin-Middlesex-London  
Pegeen Walsh, Executive Director, Ontario Public Health Association  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Association of Local Public Health Agencies  
Ontario Boards of Health  
Area municipalities served by Southwestern Public Health

## References

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October 16, 2019

Via E-mail: [Ginette.PetitpasTaylor@parl.gc.ca](mailto:Ginette.PetitpasTaylor@parl.gc.ca)

The Honourable Ginette Petitpas Taylor, Minister of Health  
Health Canada  
Address Locator 0900C2  
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

**Re: Comprehensive measures to address the rise of vaping in Canada**

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada.

While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

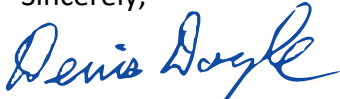
A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

---

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair  
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands  
Scott Reid, MP Lanark-Frontenac-Kingston  
Mike Bossio, MP Hastings-Lennox and Addington  
Loretta Ryan, Association of Local Public Health Agencies  
Ontario Boards of Health*



Ontario

**Executive Council of Ontario  
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario  
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Tino Kasi** of London be reappointed as a part-time member of the Board of Health for the Middlesex-London Health Unit to serve at the pleasure of the Lieutenant Governor in Council effective November 2, 2019 or the date this Order in Council is made, whichever is later, to and including December 31, 2020.

-----

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Tino Kasi** de London est reconduite au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Middlesex-London pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, à compter du dernier en date du 2 novembre 2019 et du jour de la prise du présent décret jusqu'au 31 décembre 2020 inclusivement.

*Christine Elliott*

**Recommended:** Minister of Health  
**Recommandé par :** La ministre de la Santé

**Concurred:** Chair of Cabinet  
**Appuyé par :** Le président | la présidente du Conseil des ministres

**Approved and Ordered:**  
**Approuvé et décrété le :** OCT 25 2019

*Donald Swell*  
**Lieutenant Governor  
La lieutenante-gouverneure**



Ontario

**Executive Council of Ontario  
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario  
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Ian Peer** of London be reappointed as a part-time member of the Board of Health for the Middlesex-London Health Unit to serve at the pleasure of the Lieutenant Governor in Council effective November 14, 2019 or the date this Order in Council is made, whichever is later, to and including December 31, 2020.

-----

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Ian Peer** de London est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Middlesex-London pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, à compter du dernier en date du 14 novembre 2019 et du jour de la prise du présent décret jusqu'au 31 décembre 2020 inclusivement.

  
\_\_\_\_\_

**Recommended:** Minister of Health  
**Recommandé par :** La ministre de la Santé

  
\_\_\_\_\_

**Concurred:** Chair of Cabinet  
**Appuyé par :** Le président | la présidente du Conseil des ministres

**Approved and Ordered:**  
**Approuvé et décrété le :** OCT 25 2019

  
\_\_\_\_\_  
**Lieutenant Governor**  
**La lieutenante-gouverneure**



October 25, 2019

Honourable Christine Elliott  
Minister of Health 10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I wish to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the *Smoke-Free Ontario Act, 2017* will have immediate and long-lasting benefits, protecting the health of the youth in our province.

Your leadership is in keeping with the letter from the Board of Health to you and the federal Minister of Health on September 18, 2019, calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes. This is to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth. The Board noted that vaping has been increasing rapidly in our youth which has been borne out in the evidence: A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018.

In recognizing this significant amendment to display and promotion regulation, I renew the Board of Health's request to ban flavoured e-cigarettes. With thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, the evidence clearly supports that flavoured e-liquid is a significant factor in youth uptake and use .

The Ministry of Health's leadership in enacting the *Smoke-Free Ontario Act, 2017* one year ago has been critical to the protection of Ontario's citizens from the harms of tobacco, vaping and cannabis. The Board of Health recognizes this action as being an important step, and recommends the further development of a renewed comprehensive tobacco control strategy towards the tobacco endgame goal of achieving a smoking rate of less than 5% by 2035.

Thank you for your leadership on this very important public health matter.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau  
Board of Health Chair

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Cc: Ontario Boards of Health  
Association of Local Public Health Agencies  
Ontario Public Health Association  
Ontario Tobacco Research Unit  
Ontario Campaign for Action on Tobacco  
Municipal Councils of Simcoe Muskoka  
Members of Parliament in Simcoe Muskoka  
Members of Provincial Parliament in Simcoe Muskoka  
Central Local Health Integration Network  
North Simcoe Muskoka Local Health Integration Network

## **Protecting Youth from the Dangers of Vaping**

*Ontario Banning the Promotion of Vaping Products Outside of Specialty Stores*

October 25, 2019 9:00 A.M.

Ontario is taking urgent action to address the issue of youth vaping by banning the promotion of vapour products in convenience stores and gas stations. Starting January 1, 2020, the promotion of vapour products in retail stores will only be permitted in specialty vape stores and cannabis retail stores, which are only open to people aged 19 and over.

"Restricting the promotion of vapour products in retail stores will help prevent youth from being exposed and influenced by promotion in retail settings," said Christine Elliott, Deputy Premier and Minister of Health. "This is just one way our government is taking action to protect young people in Ontario."

These changes follow consultations with stakeholders - including experts, communities and families concerned with youth vaping and the promotion of vapour products - as well as new and emerging research from health experts that indicate vaping among Ontario's youth is on the rise.

"Vaping is not without risk, and the potential long-term effects of vaping remain uncertain," said Elliott. "As we continue to engage with experts and families to identify further action we can take to protect our youth, this first step will help begin to curb the alarming increase in young people vaping."

The regulatory amendment will align rules for in-store promotion of vapour products with those for tobacco under the *Smoke-Free Ontario Act, 2017*, bringing Ontario in line with seven other Canadian provinces with similar restrictions.

### **QUICK FACTS**

- Under the *Smoke-Free Ontario Act, 2017* (SFOA, 2017), retail stores that are not specialty vape stores ("non-specialty stores") like convenience stores and gas stations currently can promote vapour products, if the promotion complies with the *Tobacco and Vaping Products Act* (Canada).
- Vaping has become increasingly popular, particularly with youth. In just one year, from 2017 to 2018, there has been a 74 per cent increase in vaping among Canadian youth aged 16-19 (Hammond et al, 2019).
- Of concern, two thirds of students who vape are using products with nicotine (Canadian Student Alcohol and Drugs Survey, 2017).

## LEARN MORE

- [Learn more about the risks of vaping](#)
- [Statement by Deputy Premier and Minister of Health Christine Elliott](#)

---

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[Available Online](#)  
[Disponible en Français](#)

## Elizabeth Milne

---

**From:** Loretta Ryan <loretta@alphaweb.org>  
**Sent:** Monday, October 28, 2019 1:52 PM  
**To:** All Health Units  
**Subject:** Making Ontario Work Better for People, Smarter for Business

**From:** Ontario News <newsroom@ontario.ca>  
**Sent:** October 28, 2019 1:43 PM  
**To:** Loretta Ryan <loretta@alphaweb.org>  
**Subject:** Making Ontario Work Better for People, Smarter for Business



### *News Release*

## **Making Ontario Work Better for People, Smarter for Business**

October 28, 2019

### **Reducing regulatory burdens to make everyday life easier and remove barriers to job creation and income growth**

TORONTO — The Ontario government is taking action to make life easier for people and for businesses. Empowering people and getting out of the way of businesses are key to creating good jobs, growing wages and increasing our standard of living.

Today, Prabmeet Sarkaria, Associate Minister of Small Business and Red Tape Reduction, announced a package of over 80 proposed actions to eliminate unnecessary or outdated rules and streamline regulations that need updating. If passed, the *Better for People, Smarter for Business Act*, along with regulatory changes, will simplify and modernize regulations that we need, while eliminating requirements that are outdated or duplicative, making regulatory processes more efficient for business and better for people. These proposed changes will lower the cost of doing business by making it simpler and cheaper to comply with regulations, while also making it easier to interact with government. The proposed changes also specifically support food banks and religious charities, colleges, universities and seniors — and reinforce environmental protections.

"Many regulations are in place for good reasons, like those that protect health, safety and the environment," said Sarkaria. "But at the same time, decades of government regulation have resulted in rules that are duplicative, outdated or unclear, causing businesses to spend time and money complying with rules that simply could be better. We're ensuring that Ontario's regulations are effective, targeted, clear and focused — while maintaining Ontario's high standards."

This thoughtful, targeted approach proposes to reduce regulatory burdens across several sectors, including farming, trucking, construction, health care and restaurants. It will provide direct benefits to people in their everyday lives, while also making it easier to do business, create jobs and grow wages. For example, if passed:

- The government will consult on a separate, tailored regulation to support Ontario's food banks and religious charities involved in food donation and community feeding. Currently, these organizations are required to navigate stringent rules that also apply to fast-food restaurants and institutional cafeterias. New rules would get government out of the way when members of a church, mosque, temple, synagogue or other not-for-profit want to hand out pre-packaged, ready-to-eat snack foods at after-school programs or in soup kitchens
- Restaurant owners and operators will be allowed to decide for themselves whether to let their customers bring a dog with them on a patio. This will also apply to indoor eating areas at sites where beer, wine, cider or spirits are made, and where only beverages and certain types of low-risk food are served. This proposal will make it easier and more enjoyable for dog owners to have a meal out
- Professional truck drivers and companies will save time and money as the government combines separate inspections for emissions standards and vehicle safety into a single inspection. Both tests are important, but doing them separately makes no sense and takes drivers off the road when they could be delivering goods
- Pit and quarry operators will have more streamlined requirements and improved access to aggregate resources. Construction companies use aggregates such as stone and gravel as key ingredients in the asphalt and concrete used to build the roads and houses needed for Ontario's growing population
- Farmers will benefit from new rules that will make it quicker and easier to obtain or renew crop insurance. They will also benefit from changes that will make the Farm Business Registration Program more farmer-friendly
- Pharmacists and patients will benefit from proposals to align regulations with other provinces and territories and national processes. These proposed changes will speed up patients' access to new and lower-cost drugs and ensure that Ontario is prepared for any future potential drug shortages.

These proposals build on over 100 actions that the government has already taken to reduce regulatory burdens. "Businesses would rather be filling out their order books than filling out government forms," said Sarkaria.

## **QUICK FACTS**

- The government has committed to saving businesses \$400 million in the cost of complying with regulations by 2020.

- Preliminary estimates suggest that by June 2019 it had achieved \$126 million in savings through actions completed by then. The government had also reduced fees, charges and levies on businesses by an additional \$160 million. The Better for People, Smarter for Business Act and regulatory changes are expected to further reduce costs by \$52 million, resulting in an estimated total of \$338 million in savings.
- In January 2019, the Canadian Federation of Independent Business gave Ontario an A- in its 2019 Red Tape Report Card. That was Ontario's highest grade ever, and a big jump from the C+ that the previous government received in 2018.

## ADDITIONAL RESOURCES

- [Better for People and Smarter for Business](#)
- [Descriptions of the Ontario government's new proposals to reduce regulatory burdens](#)
- [Ontario Open for Business: Resources to help companies do business and invest in Ontario](#)

## QUOTES

"Ontario is a role model in reducing the regulatory burden on businesses. I am impressed by the government's leadership in making regulation more agile by applying a small business lens and taking a lighter touch to enforcing regulations. We need to take this approach across Canada."

— *Dominic Barton, Global Managing Partner Emeritus at management consultancy McKinsey & Company*

"The Ontario government is creating the right environment for local businesses to succeed by removing ineffective regulations. They are championing companies like ours by allowing us to make smart, responsible and popular decisions that communities are asking for — like allowing people to bring their dogs with them on patios, and indoors where food isn't being prepared."

— *Rob Garrard, Co-Founder/Owner, The Second Wedge Brewing Co., Uxbridge*

"Making Ontario open for business and open for jobs includes reducing costs and regulatory burden for our job creators to allow them to do what they do best – create good jobs for

Ontario workers. We know there is more work to do, and this legislation is the next step in that effort."

— *Vic Fedeli, Minister of Economic Development, Job Creation and Trade*

## CONTACTS

Ian Allen

Director of Communications Office of the Minister of Small Business and Red Tape Reduction

[Ian.Allen@ontario.ca](mailto:Ian.Allen@ontario.ca)

Ministry of Economic Development, Job Creation and Trade

<https://www.ontario.ca/medjct>

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99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1





October 24, 2019

The Right Honourable Justin Trudeau  
Prime Minister  
House of Commons  
Ottawa ON K1A 0A6

The Regional  
Municipality of  
Durham

Honourable Sir:

Corporate Services  
Department –  
Legislative Services

**RE: Notice of Motion re: Opioid Overdose Emergency  
Resolution Our File: P00**

---

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

Council of the Region of Durham, at its meeting held on October 23, 2019, adopted the following recommendations of the Health and Social Services Committee:

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

“Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

durham.ca

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario’s Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

- i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;
- ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;
- iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;
- iv. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;
- v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;
- vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;



- vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;
- viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;
- ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;
- x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;
- xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;
- xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;
- xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and
- xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

- A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;
- B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;
- C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

- D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and
- E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue."

As directed, attached is a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.



---

Ralph Walton,  
Regional Clerk/Director of Legislative Services

RW/np

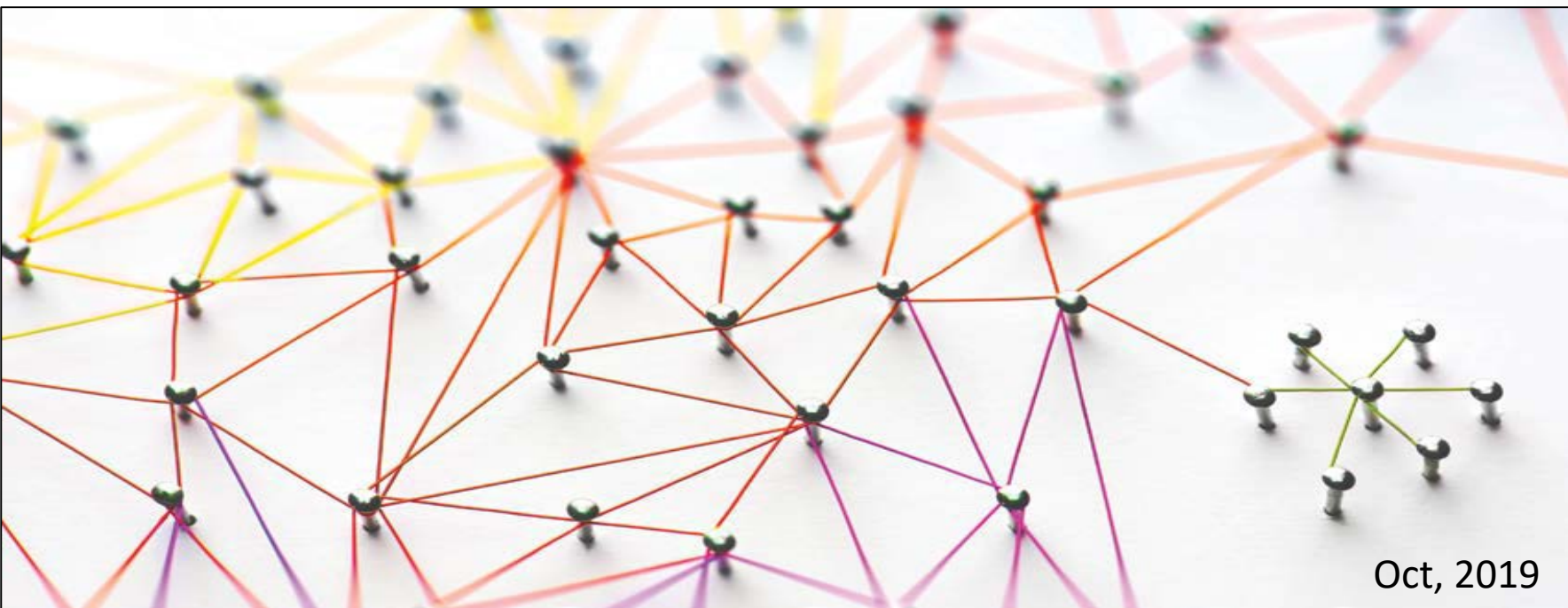
Attach.

- c: The Honourable Ginette C. Petitpas Taylor, Minister of Health  
The Honourable Jean-Yves Duclos, Minister of Families, Children  
and Social Development and Minister Responsible for the Canada  
Mortgage and Housing Corporation  
Mark Holland, MP (Ajax)  
Mr. Erin O'Toole, MP (Durham)  
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)  
Philip Lawrence, MP (Northumberland/Peterborough South)  
Dr. Colin Carrie MP (Oshawa)



Jennifer O'Connell, MP (Pickering/Uxbridge)  
Ryan Turnbull, MP (Whitby)  
Chief Public Health Officer of Canada  
The Honourable Doug Ford, Premier of Ontario  
The Honourable Christine Elliott, Deputy Premier & Minister of Health  
The Honourable Todd Smith, Minister of Children, Community and  
Social Services  
The Honourable Rod Phillips, Minister of Finance  
The Honourable Steve Clark, Minister of Municipal Affairs and  
Housing  
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  
Dr. David Williams, Chief Medical Officer of Health  
Brian Rosborough, Executive Director, Association of Municipalities  
of Ontario (AMO)  
L. Ryan, Executive Director, Association of Local Public Health  
Agencies (ALPHA)  
C. Saab, Executive Director, Policy and Public Affairs, Federation of  
Canadian Municipalities (FCM)  
A. Harras, Acting Clerk, Town of Ajax  
B. Jamieson, Clerk, Township of Brock  
A. Greentree, Clerk, Municipality of Clarington  
M. Medeiros, Acting Clerk, City of Oshawa  
S. Cassel, City Clerk, City of Pickering  
J.P. Newman, Director of Corporate Services/Clerk, Township of  
Scugog  
D. Leroux, Clerk, Township of Uxbridge  
C. Harris, Clerk, Town of Whitby  
Ontario boards of health  
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

# The Opioid Crisis: A Complex, Multifaceted Health and Social Issue



# Opioid Overdose Crisis

## History

- A very complex health and social issue
- Trauma and adverse childhood experiences greatly contribute to opioid use
- Overprescribing of prescription drugs and use of illegal opioids have contributed to the issue

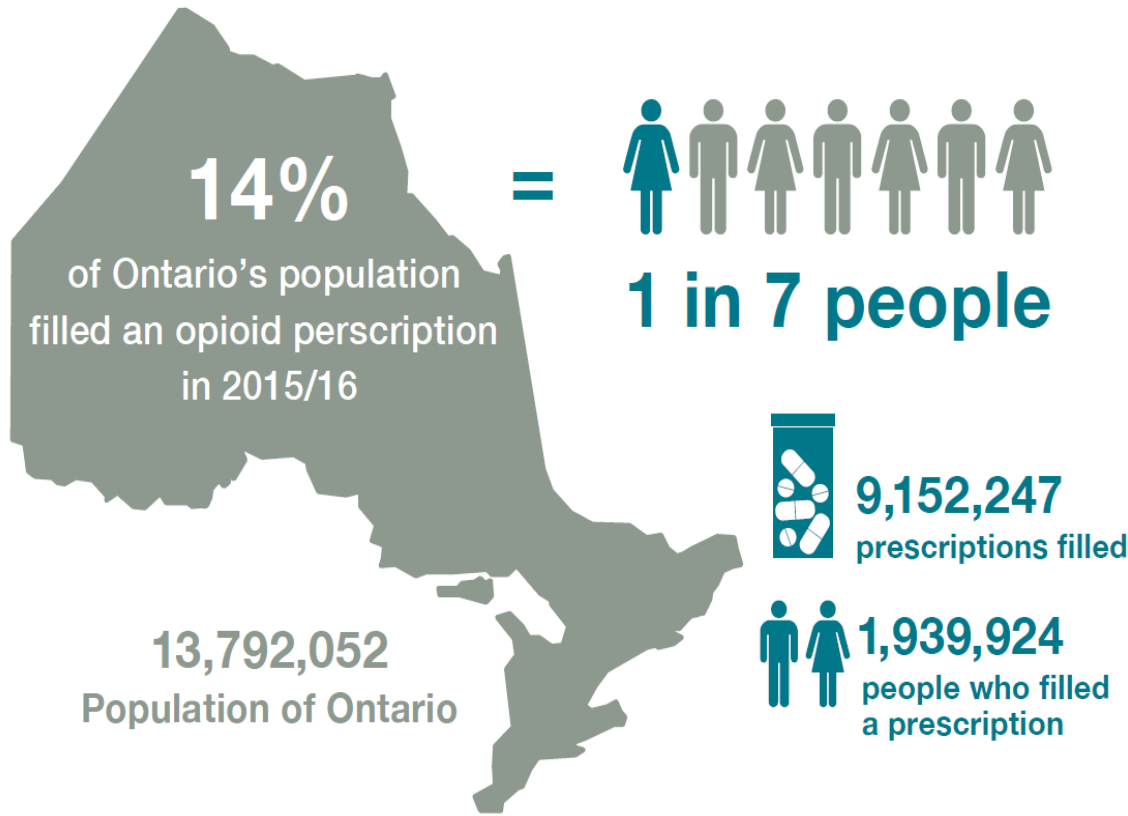
## Risk Factors for Developing Opioid Addiction Include:

- Personal history of substance use
- Family history of substance use
- History of childhood trauma such as pre-adolescent sexual abuse
- History of mental illness

Canadian research studies have shown that up to 90% of women in treatment for substance use have experienced trauma. (Jean Tweed Centre, 2013)

# Prescription Opioids

Number of people who filled an opioid prescription and number of prescriptions filled, 2015/16



Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance

**9 Million Prescriptions**

What we know about the growing use  
of prescription opioids in Ontario

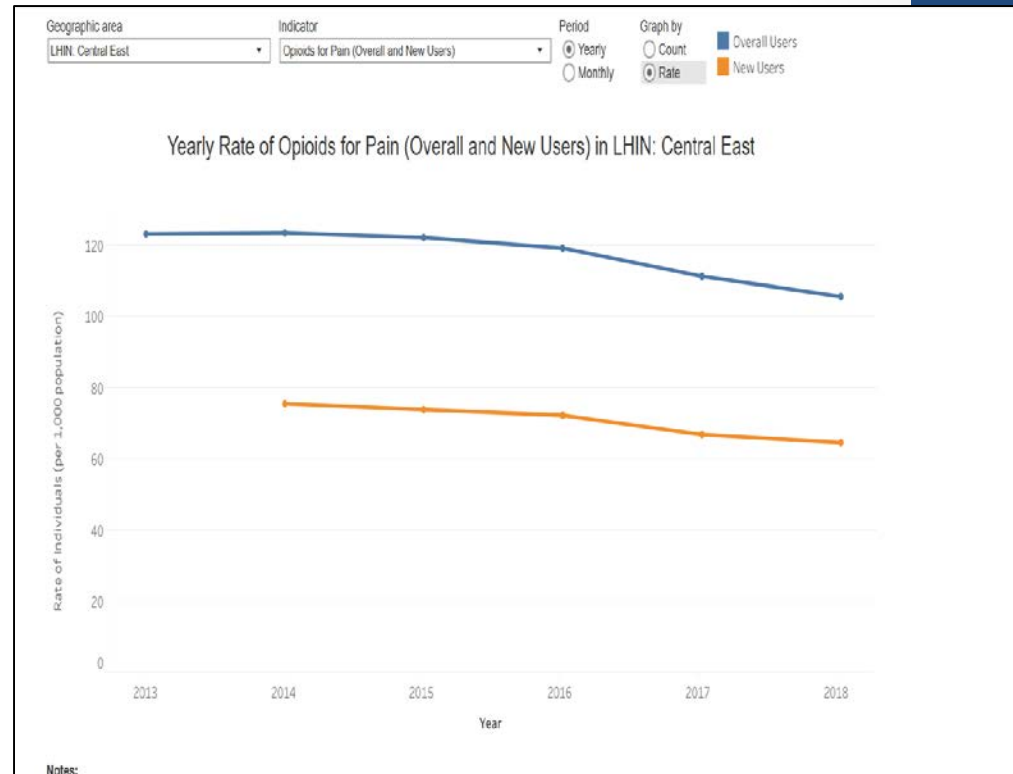
Health Quality  
Ontario  
Let's make our health system healthier

Ontario  
with every breath



# The Root Cause of the Opioid Crisis

- **Although increased availability of prescription opioids fueled the overdose crisis, this does not adequately explain the situation nor does it adequately explore the source of the demand for these medicines**
- **Trends over the past 3 years show a decline in opioid prescribing rates across the province and CE LHIN, yet opioid overdose rates have not declined and in many areas continue to rise**



# The Opioid Crisis... A Complex, Multifaceted Issue

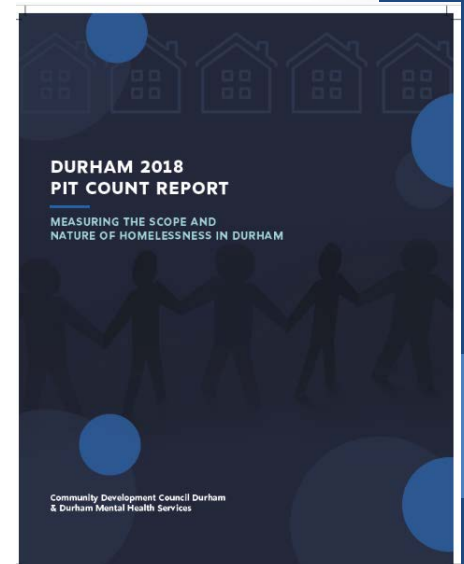
**While increased opioid prescribing for chronic pain has contributed to the crisis, factors such as reduced economic opportunity, poor working conditions, and financial poverty are root causes of the misuse of opioid and other substances**

**Poverty and substance use problems operate synergistically**



# Durham Region 2018 Point-in-Time Count

- The 2018 Everybody Counts Report provides a snapshot of homelessness in Durham Region
- 291 individuals experiencing homelessness
- Most individuals surveyed were staying in an emergency shelter or experiencing hidden homelessness
  - 13% of individuals surveyed were unsheltered
  - 79% of individuals surveyed were single adults
  - 31% of individuals surveyed identified struggling with addiction of substance abuse



# Social and Genetic Factors

- **Individuals living in low socioeconomic neighbourhoods are more likely to develop chronic pain after car crashes**
- **Evidence shows that people convert social stress and anxiety into physical pain**
- **Studies have looked at a group of people who use heroin and have previously been employed in a steel production plant which closed. The people cited economic hardship, social isolation and hopelessness as reasons for drug use**



# Public Health Mandate

Ministry of Health and Long-Term Care

## Substance Use Prevention and Harm Reduction Guideline, 2018

Population and Public Health Division,  
Ministry of Health and Long-Term Care

Effective: January 1, 2018

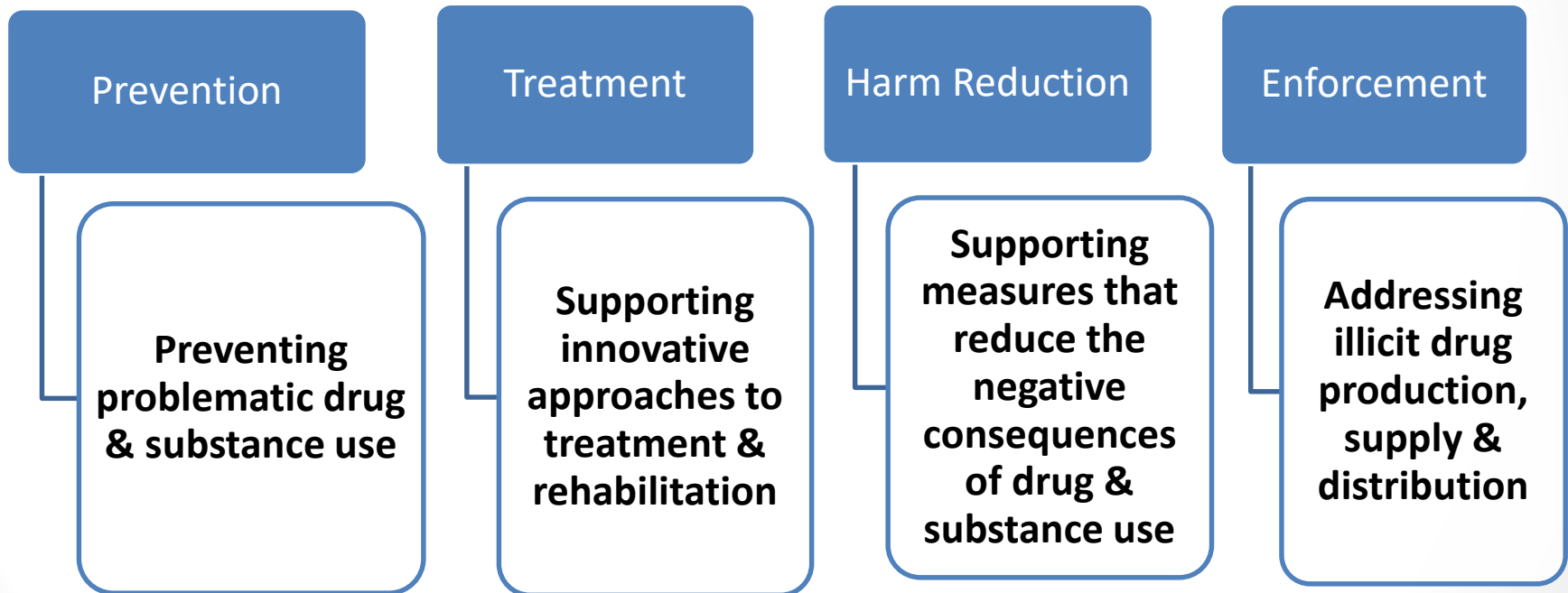


**1. Develop a Local Opioid Response**







**2. Naloxone Distribution**

**3. Develop an Early Warning & Surveillance System**

# Canadian Drugs & Substances Strategy Framework (Health Canada)



# Durham Region Opioid Response Plan

					
<b>Coordinate surveillance activities &amp; use of 'real-time' data from across sectors</b>	<b>Support ongoing knowledge exchange</b>	<b>Increase awareness of the connection between mental health, trauma &amp; substance abuse</b>	<b>Increase treatment options</b>	<b>Develop a local evidence-based harm reduction strategy to foster coordination and access to services</b>	<b>Continue addressing illicit drug production, supply &amp; distribution</b>



# DRHD Opioid Information & Data System (DROIS)

**DURHAM REGION**

Living Here ▾ Discovering Durham ▾ Doing Business ▾ Health and Wellness ▾ Regional Government ▾

**Durham Region Opioid Information System**  
Home / Health and Wellness / Alcohol, Cannabis, Drugs and Smoking / Opioids and Overdose Prevention

---

**Region of Durham Paramedic Services (RDPS)**

Between January 1 and August 3, 2019, RDPS received 372 calls related to suspected opioid overdoses, which is higher than 2018 (225 calls) for the same time period.

In 2018, approximately 423 calls were received by RDPS related to suspected opioid overdoses.

Between 2017 and 2018, the majority (68 per cent) of suspected opioid overdose calls were located in Oshawa.

[Map of RDPS calls related to suspected opioid overdoses](#)

Weekly number of suspected opioid overdose calls

Location of suspected opioid overdose calls

---

**Emergency department visits**

There has been a general increase in the number of emergency department (ED) visits for opioid poisonings in Durham Region residents in the past two years, with the numbers fluctuating on a month-to-month basis. Between 2016 and 2017, the rate of ED visits in Durham Region due to opioid poisoning more than doubled to 57.0 visits per 100,000 people. Durham Region is also slightly higher than the Ontario ED visit rate for opioid poisonings of 54.6 per 100,000.

Monthly number of opioid overdose visits

Annual rate of opioid overdose visits

---

**Opioid-related deaths**

The number of deaths related to opioid poisoning in Durham Region residents has been increasing over the past five years. In 2017, there were 58 deaths related to opioid poisoning in Durham Region, more than triple the number in 2013. In 2017, the rate of opioid-related deaths among Durham Region residents of 8.5 deaths per 100,000 people was consistent with Ontario's rate of 8.9 deaths per 100,000 people.

Preliminary data shows there were approximately 58 opioid-related deaths in Durham Region in 2018. This data is subject to change.

For data September 2018 and prior, see the [Public Health Ontario's Interactive Opioid Tool](#).

Annual number of opioid-related deaths

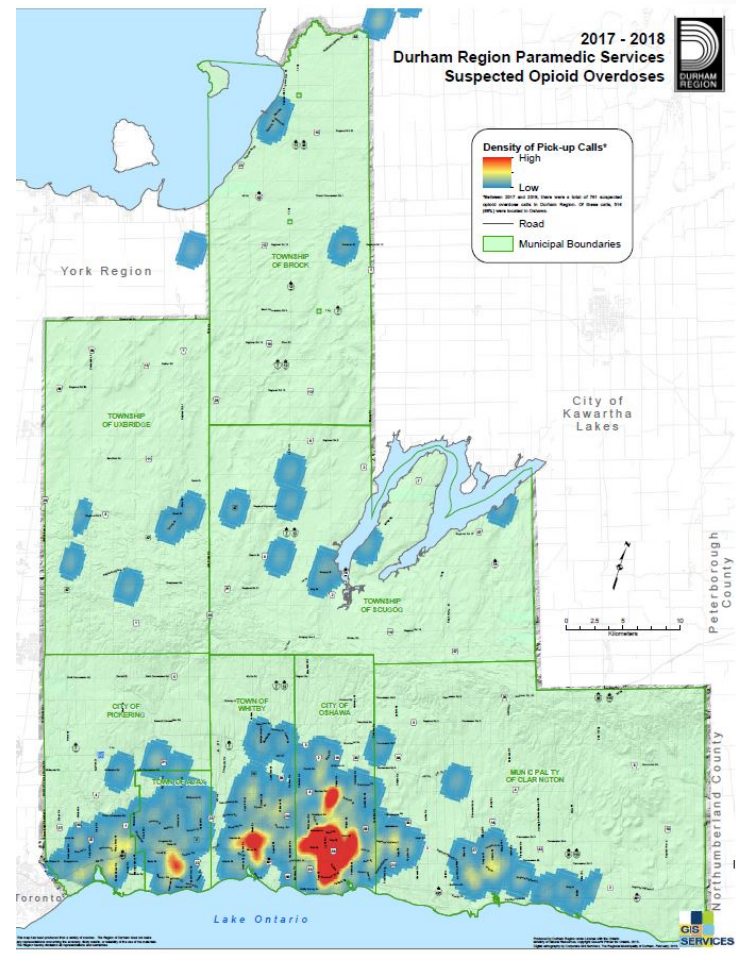
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**Notes**

Data sources

[Receive email updates](#)

[Contact Us](#)





# Needle Exchange Program (NEP)

Harm reduction strategies aim to increase awareness of the risk of behaviour, and provide tools and resources to decrease a person's risk to themselves or others

Success is measured in terms of individual and community quality of health, not in the levels of substances use

## Purpose:

- **Designed to reduce harm by preventing the transmission of deadly diseases such as HIV, hepatitis C (HCV) and hepatitis B (HBV)**
- **While NEP's are not designed to treat addictions, they do provide an access point for other addiction services, health and social services**

## Services:

- **Provides sterile needles and other supplies**
- **Provides education and counselling to clients**
- **Provides referrals to addiction treatment and other health and social services**

# Benefits of a Needle Exchange Services

Lower numbers of contaminated needles in a community

Reduced prevalence of new infectious diseases e.g. HIV

Increased access to education and drug treatment referral services

Increased access to testing and diagnostic services

Increased communication with hard-to-reach populations

# Best Practices for NEPs

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**Provide sterile needles in the quantities requested by clients without requiring clients to return used needles**

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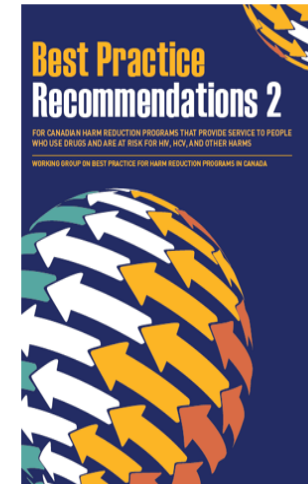
**Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)**

---

**Encourage clients to return and /or properly dispose of used needles and syringes**

---

**Provide multiple, convenient locations for safe disposal of used syringes and equipment**



[Resource Link](#)

# Best Practices for NEPs

---

**Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB**

---

**Refer clients to testing and counselling service providers in the community as well as substance use treatment programs**

---

**Educate program staff to assess and respond to client motivation and readiness for substance use treatment**

---

**Assess feasibility of co-locating low-threshold substance use treatment programs within needle exchange programs**



# Needle Exchange Programs

Numerous studies have searched for unintended consequences and found no convincing evidence to support common myths.

Evidence shows that needle exchange programs:

- Do not lead to greater injection frequency
- Do not increase illicit drug use
- Do not lead to a rise in syringe lending
- Do not result in recruitment of new injection drug users
- Do not lead to greater numbers of discarded used needles
- Do not increase the incidence of needle stick injuries in public places such as parks and playgrounds
- Do not lead to less motivation to change (reduce drug use)
- Do not lead to increased transition from non-injecting drug use to injection drug use

# Needle Exchange Program

**2018**

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**8,730 repeat client visits; 261 new client visits**

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**497,985 needles in through NEP + 30, 562 from City of Oshawa kiosks**

---

**618,791 needles out**

---

**715 referrals to treatment (addiction 486; medical 229)**

---

**38 referrals for testing (HIV 18; STI 20)**

---

**712 referrals for housing, employment**

---

**8,962 interactions (counselling & education)**

---

**2019**

---

**5,349 repeat client visits; 245 new client visits**

---

**258,797 needles in / City of Oshawa Kiosk numbers pending**

---

**324,751 needles out**

---

**1,350 referrals to treatment (addiction 767; medical 583)**

---

**20 referrals for testing (HIV 10; STI 10)**

---

**336 referrals for housing, employment**

---

**5,594 interactions (counselling/education)**

---

# Needle Exchange Program Return Rates

Year	Durham Region Return Rate for the Needle Exchange Program	Durham Region Return Rate NEP + City of Oshawa Community Kiosks	Provincial Return Rate for Ontario Needle Exchange Programs	Standings
2018	80.5%	85.4%	55% average	Durham Region's return rate is 30% higher than the provincial average
2019 (Jan to June)	76.4% return rate	Pending	Pending	Pending

# Needle Exchange Sites in Durham Region

---

**John Howard Society Durham Region: Bowmanville;  
Whitby; Oshawa**

---

**Pinewood Addiction Support Services & Community  
Treatment Services: Oshawa, Bowmanville, Port  
Perry, Ajax**

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**AIDS Committee of Durham Region: Oshawa**

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**Ontario Addiction Treatment Centre: Oshawa,  
Beaverton**

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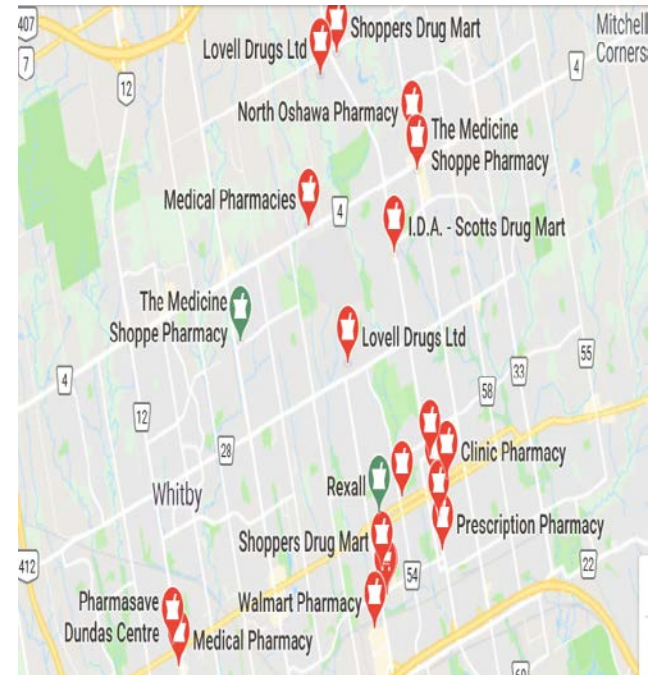
**3 Pharmacies: Oshawa**





# Community Options for Needle Return

- Any pharmacy in Durham Region
- Kiosks at many retail shopping centres and malls
- Local business e.g., local gym facilities, fast food/restaurant
- Public / outdoor Kiosks
- Libraries



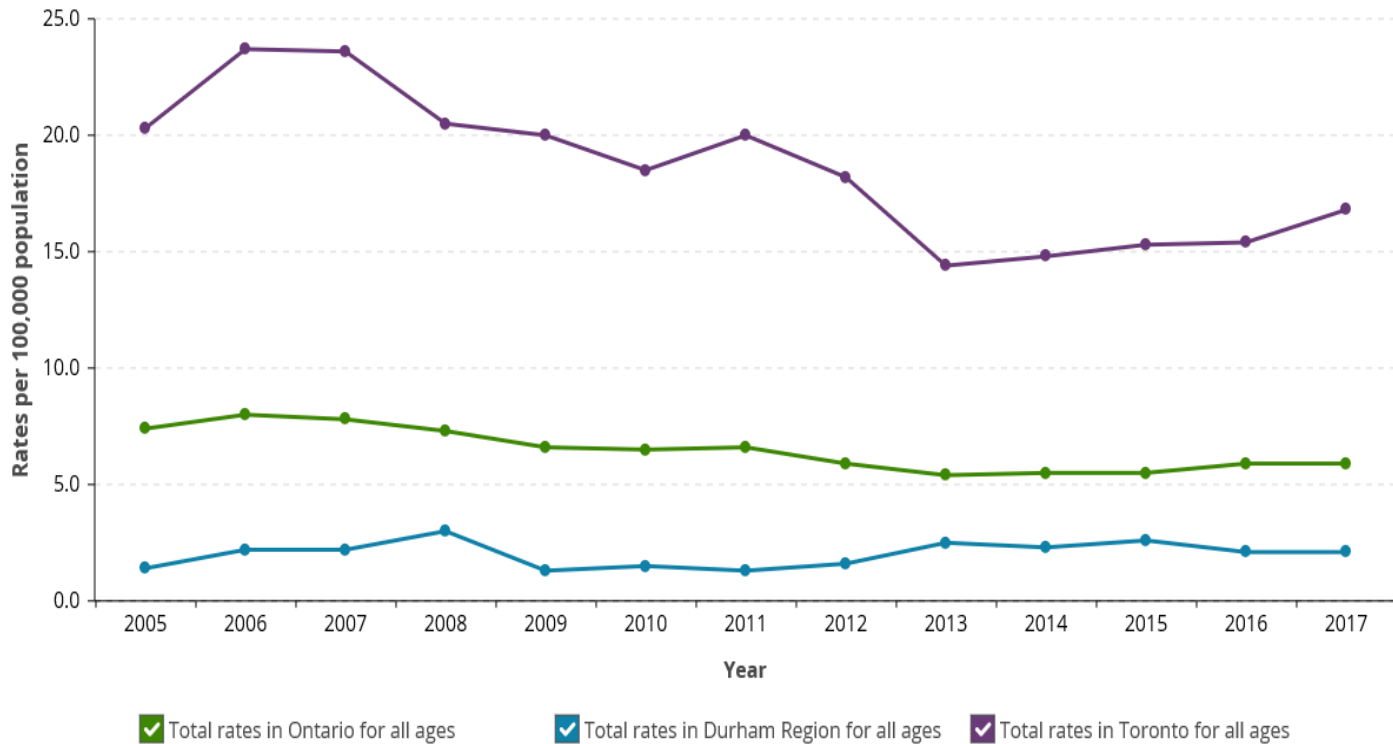
# Risks Associated with Community Based Needlestick Exposure

- **The risk of blood-borne virus transmission from syringes discarded in the community is low**
- **To date, global data indicates there have been two case reports of HBV and three of HBC transmissions and no reported transmission of HIV following injuries by needles discarded in the community**

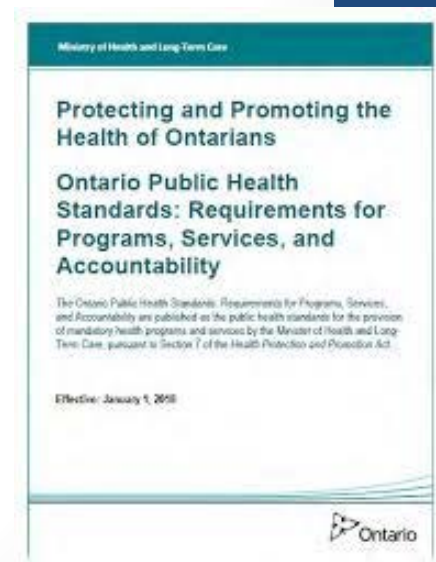
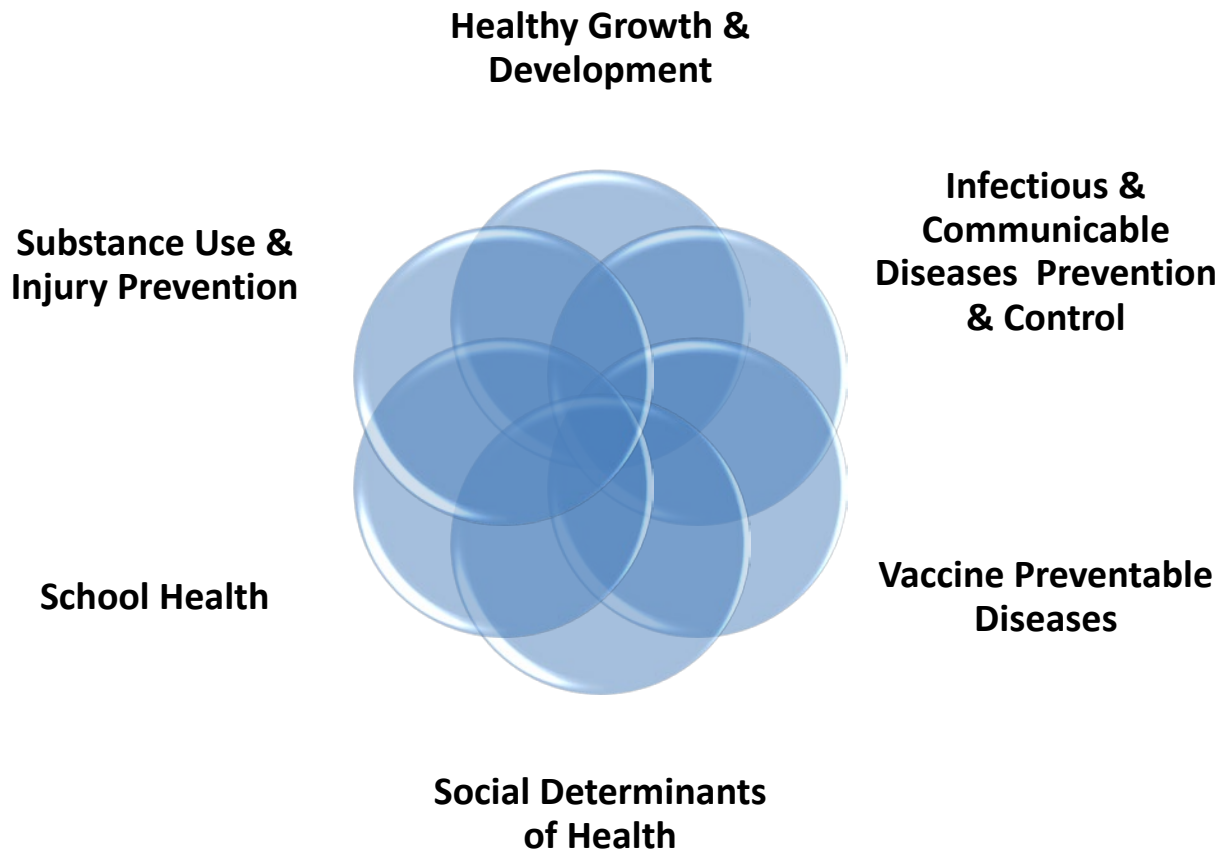


# HIV Rates (All Ages, All Sexes)

HIV rates for all ages, for all sexes, in select areas



# Public Health Services for Prevention and Early Intervention



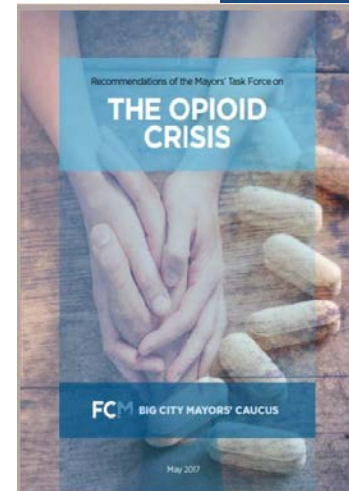
# FCM Recommendations of the Mayor's Task Force on the Opioid Crisis, 2017

The Task Force is calling for a pan-Canadian action plan spanning all four pillars of the national drug strategy:

- **Harm reduction:** removing barriers to getting medical help during an overdose—and to accessing supervised consumption services
- **Treatment:** including better access to opioid substitution therapy and zero delays for getting into comprehensive treatment programs
- **Prevention:** starting with urgent public education on the risks of opioids, and to fight the stigma that stops people from getting help
- **Enforcement:** stopping the production and imports of non-prescription opioids and pill presses

All orders of government need to work together to address roots of addiction, with supportive housing, action on homelessness and access to crucial social services.

\*Complete list of recommendations contained in appendices section



[Resource link](#)

# Association of Municipalities of Ontario

- **The Province take an ‘all of government’ effort to develop a comprehensive provincial drug strategy, based on a public health approach**
- **The Province examines and its ministries provide, a coordinated response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness and trauma**
- **That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario**
- **That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities**



Addressing the Opioid  
Overdose Emergency in  
Ontario

Municipal Recommendations for a Provincial Response

September 4, 2019

[Resource Link](#)

# Questions

**Melissa Hutchinson MN, BA, RN**

Program Manager

Durham Region Health Department

Population Health Division

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| [melissa.hutchinson@durham.ca](mailto:melissa.hutchinson@durham.ca)
  - [durham.ca](http://durham.ca)

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# Appendix

- Best Practices for Needle Exchange Programs
- Number of Contacts By NEP Location
- Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario
- FCM Recommendations of the Mayor's Task Force on the Opioid Crisis
- Ontario Public Health Standards
- Local Opioid Reports-Durham Region Health Department

# Best Practices for Needle Exchange Programs

---

**Provide sterile needles in the quantities requested by clients without requiring clients to return used needles**

---

**Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)**

---

**Encourage clients to return and /or properly dispose of used needles and syringes**

---

**Offer a variety of needle and syringe types by gauge, size and brand**

---

**Educate clients on the proper use of syringes**

---

**Educate clients about the risk of using non-sterile needles**

---

**Provide pre-packages safer injection kits and individual safe injection supplies concurrently.**

---

**Provide daily access to services using varied modes of program delivery i.e.) fixed sites with daily hours, mobile distribution, satellite sites.**

---

**Provide multiple, convenient locations for safe disposal of used syringes and equipment.**

---

# Best Practices for Needle Exchange Programs (cont'd)

---

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

---

Educate clients about the types of testing available to facilitate informed choice

---

Refer clients to testing and counselling service providers in the community

---

Establish and maintain relationships with a variety of testing and counselling service providers, in particular those with experience working with people who use drugs

---

Encourage peer workers with lived experience to participate in existing peer support/navigation programs or assist in developing and delivering peer support/navigation activities for clients

---

Educate clients about substance use treatment options (e.g., detoxification, drug substitution programs, and psychotherapy)

---

Refer clients to substance use treatment programs in the community

---

Establish and maintain relationships with a variety of agencies providing substance use treatment services, including services for illicit drug use as well as alcohol and/or tobacco use

---

Educate program staff on how to properly assess and respond to client motivation and readiness for substance use treatment

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Assess feasibility of co-locating low-threshold substance use treatment programs within needle and syringe programs(NSPs)/harm reduction programs and vice versa

---

# Number of Contacts By NEP Location

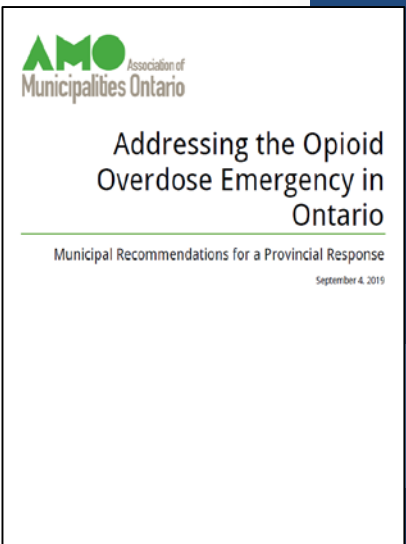
(Jan - Aug 31, 2019)

Location	Number of contacts
Ajax	149
Beaverton	60
Bowmanville	118
Courtice	22
Newcastle	2
Oshawa	7185
Pickering	10
Port Perry	4
Uxbridge	5
Whitby	225

# Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario

## Initial Foundational Steps: Recommended Action for 2019:

- 1. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary.**
- 2. That the Province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved.**



**Initial Foundational Steps: Recommended Action for 2019 (continued):**

**3. That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency, and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.**

**4. That the provincial coordinator establishes formal means to engage with all relevant stakeholders, including municipal governments, public health units, and people with lived experience in order to hear advice and feedback on new and ongoing initiatives**



## **Further Actions Based on Consultation with Stakeholders:**

- 5. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma.**
- 6. That the provincial coordinator undertakes a study scoping out the problem of drug misuse, documenting local responses, and identifying leading practices.**
- 7. That the provincial coordinator plays a role to help municipal governments share information with each other on successful elements of drug strategies and leading practices.**

- 8. That the provincial coordinator facilitates better utilization of real-time data reporting from local surveillance systems to inform and guide provincial and local responses including how to reach at-risk populations.**
- 9. That the provincial coordinator develops sub-strategies based on the data for specific populations over represented among drug users, with adequate consultation with these populations. Any sub-strategy seeking to support Indigenous peoples should be developed in consultation with Indigenous communities, Indigenous service providers with relevant local service providers including municipal governments, local Public Health agencies and District Social Service Administration Boards.**
- 10. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario.**
- 11. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction.**
- 12. That the Ministry of the Solicitor General provides enhanced funding to enforce laws illicit drug supply, production, and distribution.**

**13. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services.**

**14. That the Ministry of Health ensures there is awareness of the opioid emergency throughout the health care transformation process and ensure necessary services are available through the Ontario Health Teams, including primary care, to treat addiction.**

**15. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services.**

**16. That the Ministry of Health should continue work with the medical community on appropriate pain management and prescribing of opioids.**

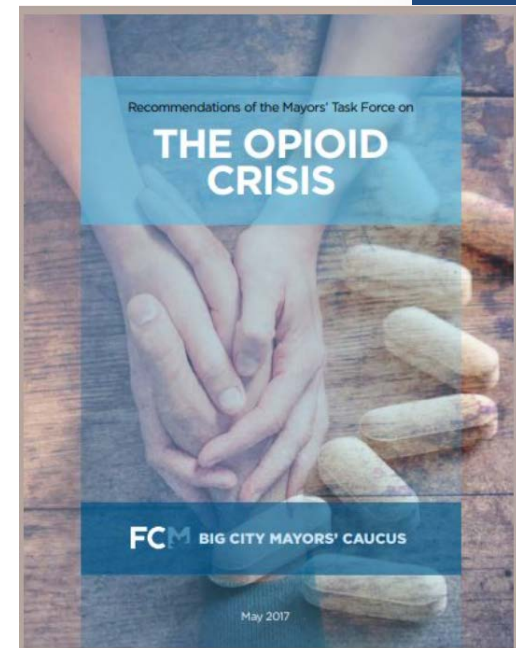
**17. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities.**

- 18. That the provincial coordinator work with the Ministry of Education to add a health- promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making.**
  
- 19. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use.**
  
- 20. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health.**
  
- 21. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province.**
  
- 22. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses.**

# FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (2017)

## Recommendations for a Pan-Canadian Opioid Response:

- 1. The federal government immediately establishes and reports on comprehensive timelines, measures and definitive evidence-based targets for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy identified below, prioritizing targets for reducing overdose and overdose fatalities and deliver a progress report on the establishment of such targets by September 2017.**
- 2. The adoption of a comprehensive and coordinated pan-Canadian action plan which addresses the root causes of the opioid crisis. An intergovernmental action plan should align federal, provincial/territorial (P/T) and local strategies, respond to the specific needs of Indigenous communities, and rapidly expand all aspects of the collective response.**
- 3. The pan-Canadian action plan should include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including:**



[FCM resource link](#)

# **FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)**

## **A. HARM REDUCTION**

- I. Support and implement evidence-based practices in order to substantially reduce opioid-related overdoses including facilitating access to drug checking/testing technologies for fentanyl and other drugs including opioids.**
- II. Eliminate barriers preventing people from seeking medical support during an overdose.**
- III. Facilitate access to supervised consumption services, including through the expedited implementation of Bill C 37 and approval of existing applications as appropriate.**

## **B. TREATMENT**

- I. As an urgent priority, expand access to a range of treatment options including medically-supervised opioid substitution therapy (OST), including injectable options for people who have not found success with other interventions, and eliminate remaining barriers that limit access to OST.**
- II. Eliminate delays in access to comprehensive, wrap-around treatment services and long-term recovery supports.**

# FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

## C. PREVENTION

- I. Work with stakeholders to implement national public education campaigns, before the end of 2017, including one focused on youth, to raise awareness of the risks of fentanyl and non-prescription opioid use, reduce stigma, and provide information on treatment and support options.**
- II. With the active involvement of people with lived experience, develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs.**
- III. Continue with implementation of education programs and guidelines for physicians, pharmacists, nurses and other healthcare providers with respect to the proper use of opioids and alternative pain management techniques and the development of metrics to measure changes in prescribing practices.**
- IV. Ensure that any strategy to restrict access to prescription opioids balances the legitimate needs of patients so that access to pain treatment is not unnecessarily restricted and that harm reduction and treatment services are in place to mitigate against unintended consequences such as increased use of illicit drugs.**

# FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

## D. ENFORCEMENT

- I. Continue expanded law enforcement efforts with respect to the production and importation of non-prescription opioids, including the new federal restrictions on the importation of pill presses contained in Bill C 37.
- II. Establish national evidence-based protocols for the remediation of contaminated scenes and the handling of fentanyl and carfentanyl.





# **FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)**

**4. Improved surveillance, data collection and reporting should be an immediate focus of the action plan with a progress report by September 2017, in support of the four pillars approach and the development of targets for key indicators:**

- a. Immediately establish a standardized, pan-Canadian format for the collection of death and non-fatal overdose data with respect to the opioid crisis;**
- b. Ensure consistent and timely access to opioid-related death and overdose data by establishing a pan-Canadian reporting standard with a minimum of quarterly reports and a target of monthly reports in all provinces/territories; and**
- c. Expand efforts to improve the evidence-base by collecting and reporting on demographic data, including in particular the impact of the opioid crisis on Indigenous communities, with a focus on prevention and addressing social determinants of health.**

**5. Ensuring a coordinated national response to the opioid crisis involving all orders of government by engaging cities and local public health officials in the Special Advisory Committee (SAC) process, with a focus on the objectives set forth in the four pillars and the need for improved data coordination.**

# **FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)**

- 6. Consulting with the Mayors' Task Force on priorities for new federal funding dedicated to the opioid crisis response (including the \$116 million announced in Budget 2017) to ensure that federal efforts are targeted to address local needs and delivered urgently.**
- 7. Working with cities to address the urgent need to develop more social and affordable housing, including supportive housing and housing employing a harm reduction approach, through the implementation of the federal government's National Housing Strategy and a long-term expansion of the Homelessness Partnering Strategy.**
- 8. Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the Canadian Poverty Reduction Strategy, which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.**
- 9. Establishing an intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada's correctional system, and the role of the criminal justice system in addressing the root causes of the opioid crisis.**

# Ontario Public Health Standards



MINISTRY OF HEALTH AND LONG-TERM CARE

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Public Health

Health Care Professionals

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Infectious Diseases Protocol 2018

Protocols and Guidelines

Reference Documents

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## Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards)

[The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability \(Standards\)](#)

identify the minimum expectations for public health programs and services to be delivered by Ontario's 36 boards of health. The Standards are published by the Minister of Health and Long-Term Care as per Section 7 of the *Health Protection and Promotion Act*. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced therein.

The Standards consist of the following sections:

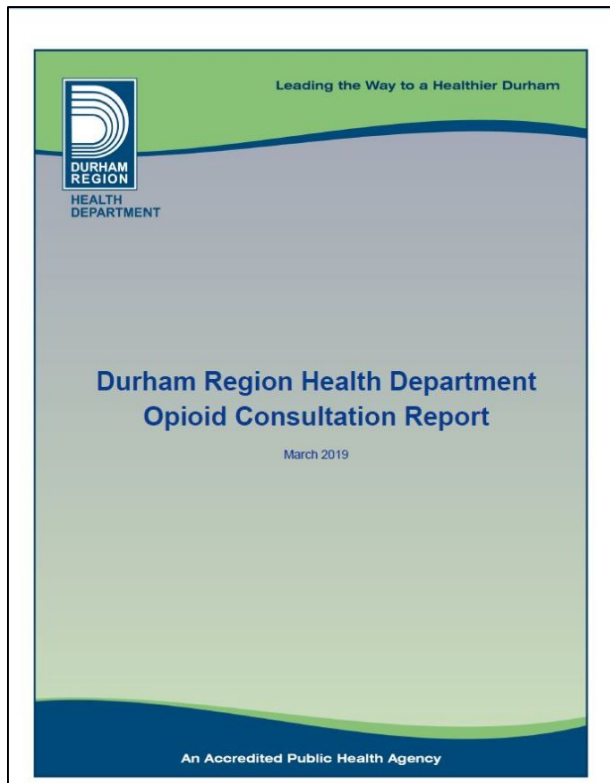
- Defining the work that public health does, which includes the Foundational and Program Standards;
- Strengthened accountability, which includes the Public Health Accountability Framework and Organizational Requirements; and
- Transparency and Demonstrating Impact, which includes the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Transparency Framework: Disclosure and Reporting Requirements.

[Protocols](#) provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards. The aim is to have consistent implementation of specific requirements across all 36 boards of health. [Guidelines](#) provide direction on how boards of health shall approach specific requirement(s) identified within the Standards. The aim is to provide a consistent approach to/application of requirements across all boards of health, while also allowing for variability in programs and services across health units based on local contextual factors as defined in the guidelines.

[Reference Documents](#) include topic-specific documents that provide information and best practices relevant to operationalizing and implementing the Standards, Protocols and Guidelines.

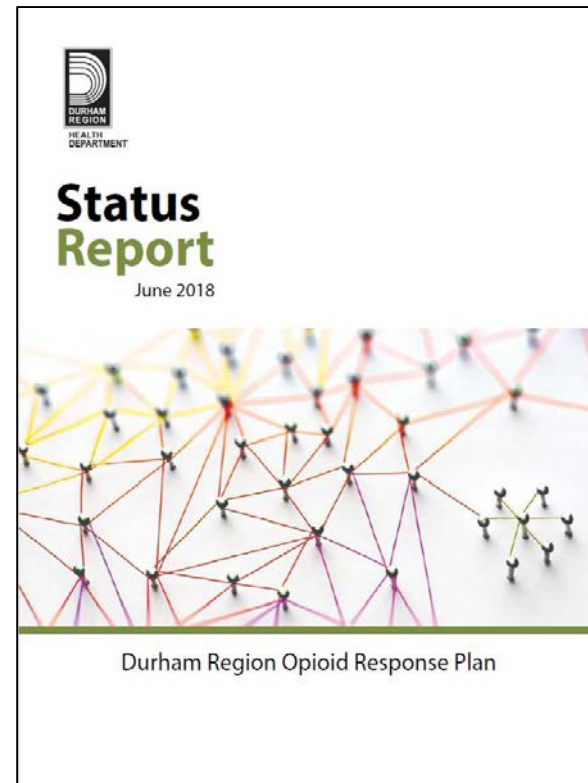
# Local Opioid Reports

## Opioid Consultation Report 2019



Available at: [Durham.ca](http://Durham.ca)

## Opioid Status Report 2018



Available at: [Durham.ca](http://Durham.ca)

October 22, 2019

The Honourable Ginette Petitpas Taylor  
Minister of Health of Canada  
House of Commons  
Ottawa, ON K1A 0A6

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

Dear Minister Petitpas Taylor and Minister Elliott:

### **Restrictions on Display and Promotion of Vaping Products and the Ban of Flavoured E-Cigarettes**

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Simcoe Muskoka District Health Unit where their Board of Health approved a motion at their September 18, 2019 Board of Health meeting calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping, and the potential risk of smoking commencement by youth.

The Smoke-Free Ontario Act, 2017 (SFOA) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco, however those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. Point of sale display and promotion of vaping products at convenience stores, gas stations and grocery store chains is widespread through promotional materials (posters, three-dimensional cut-outs and packaging displays).

In addition, the SFOA regulations need to be strengthened to include a ban on flavoured vaping products and the display and promotion of vaping products, mirroring the ban on tobacco products.

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

Sincerely,



Gary McNamara, Chair  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

c: Premier Doug Ford  
Loretta Ryan, Association of Local Public Health Units  
WECHU Board of Health  
Dr. Theresa Tam, Chief Public Health Officer  
Corporation of the City of Windsor – Clerk's office  
Local MP's – Brian Masse, Irek, Kusmeirczyk, Chris Lewis

Ontario Boards of Health  
Dr. David Williams, Chief Medical Officer of Health, MOHLTC  
AMO – Association of Municipalities of Ontario  
Council of Medical Officers of Health (COMOH)  
Corporation of the County of Essex – Clerk's office  
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls



October 21, 2019

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

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

**Whereas**, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

**Whereas**, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

**Whereas**, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

**Whereas**, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

**Whereas**, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

**Whereas**, vaping rates among young people have increased 74% between 2017 and 2018;

**Whereas**, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

**Now therefore be it resolved** that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

**Further that**, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

**Further that**, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

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

Sincerely,



Gary McNamara  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

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

With the resumption of the sitting of the Legislature at Queen's Park, we have been made aware of a brace of regulatory changes have been posted for comment on the Ontario Regulatory Registry. Several of these are directly related to public health programming and practice and we encourage our members to circulate these among senior management of the affected departments for information and comment. High-level summaries of proposed changes are included here and full details can be examined by clicking the title link. Contact information is included and please note that it is important to include the Proposal Number in any correspondence.

### **Amendments to the Wells Regulation**

We are seeking public input on proposed changes to the Wells Regulation (R.R.O. 1990, Regulation 903 made under the Ontario Water Resources Act) to reduce administrative burden on the well construction industry, while maintaining protections for the environment, human health and safety, and consumers.

Summary of Proposed Changes:

- Modify Minimum Insurance Requirements for Licensed Well Contractors
- Update Well Casing Standards
- Allow Placement of Shallow Well Screens for Test Holes and Dewatering Wells

**Comments Due Date: November 27, 2019**

*Full Proposal and feedback information posted on the Environmental Registry at*

<https://ero.ontario.ca/notice/013-1513>

### **Smoke-Free Ontario Act, 2017 Regulation**

The following summary outlines proposed amendments to Ontario Regulation 268/18 under the Smoke-Free Ontario Act, 2017. The ministry is soliciting feedback on the proposed amendments related to the exemption requirements for existing tobacconists, and prescribed signs under the SFOA, 2017.

Summary of Proposed Changes:

- amend the inventory/sales requirements for existing tobacconists (i.e. the % of inventory considered to be specialty tobacco products to qualify as such)
- allow for the posting of signs that have Ontario's 2019 Trillium logo. Signs with the former Trillium logo would remain compliant with the regulation.

**Comments Due Date: November 27, 2019**

*Proposal Number:19-HLTC029*

*Posting Date: October 28, 2019*

*Contact Address:*

*Laura Pisko, Director*

*Health Improvement Policy and Program Branch*

*Ministry of Health*

*393 University Avenue, Suite 2100*

*Toronto, ON M7A 2S1*

[Laura.pisko@ontario.ca](mailto:Laura.pisko@ontario.ca)



### **Amendments to Regulation 50/16 under the Healthy Menu Choices Act, 2015**

Proposed amendments to the regulation related to the requirement of food service premises with 20 or more locations in Ontario to post calories on menus.

#### Summary of Proposed Changes

- Limit applicability of the HMCA in grocery stores to the "food service" sections of the grocery store where the food or drink items are primarily restaurant-type foods that are clerk-served or available for self-serve.
- Exempt unprepared fruit and vegetables that are normally sold by weight or unit and that are not part of another standard food item.
- Exempt food items sold in grocery stores (including convenience stores) that have a Nutrition Facts table (NFt) except for those sold as part of another standard food item or combination meal.
- Exempt under the HMCA all standard food items that are prepackaged and are currently exempt from posting an NFt under the federal Food and Drug regulations (FDR).
- Exempt in-store advertisements on the same terms as the current exemption which applies to out-of-store advertisements (exempt in-store posters that do not list a price or a method to place an order).\
- Exempt catering menus from the definition of menus to reduce existing ambiguity regarding whether an item ordered through a catering service "is intended for immediate consumption".
- Additional minor changes would clarify outstanding questions including introducing additional flexibility regarding capitalization of the words "Calories", removing the distinction between flavoured and unflavoured bread, and allowing operators to post calories for self-serve items on a label or tag instead of a sign.

#### **Comments Due Date: November 27, 2019**

*Proposal Number: 19-HLTC033*

*Posting Date: October 28, 2019*

*Contact Address:*

*393 University Ave, Suite 1802, Toronto, ON, M7A 2S1*

[Comment on this proposal via email](#)

### **Proposed amendments to the Food Premises Regulation 493/17 under the Health Protection and Promotion Act**

The following summary outlines two (2) proposed amendments to Ontario Regulation 493/17 (Food Premises) under the Health Protection and Promotion Act. The ministry is proposing an exemption to permit dogs in outdoor eating areas of food premises and under certain conditions, to allow dogs in areas of food premises where only pre-packaged and/or low risk food is displayed, served or sold to give Ontarians a choice to enjoy food as a social activity with their pet dogs.

#### Summary of Proposed Changes:

- an exemption that will allow food premise operators the discretion to permit dogs in outdoor eating areas of food premises (i.e., cafes, restaurants, pubs and breweries, grocery store patios).
- an exemption to allow dogs in a food premise where only pre-packaged or low-risk food items, or both, are manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, provided the dogs are in an area of the food premise where food is served, sold, offered for sale or displayed.

**Comments Due Date: November 27, 2019**

*Proposal Number:19-HLTC030*

*Posting Date: October 28, 2019*

*Contact Address:*

*Laura Pisko, Director*

*Health Improvement Policy and Program Branch*

*Ministry of Health*

*393 University Avenue, Suite 2100*

*Toronto, ON M7A 2S1*

[Laura.pisko@ontario.ca](mailto:Laura.pisko@ontario.ca)

**Proposed amendments to the Food Premises Regulation 493/17 under the Health Protection and Promotion Act**

The following summary outlines a proposed amendment to Ontario Regulation 493/17 (Food Premises) under the Health Protection and Promotion Act. The ministry is proposing to exempt food premises that serve low risk foods, which may include community feeding organizations and other entities serving those in need, from certain structural and equipment requirements, and from having a trained food handler on site.

Summary of Proposed Changes:

- The ministry is proposing to exempt food premises that serve low risk foods from certain structural and/or equipment requirements, which would be similar to current exemptions for pre-packaged low risk foods and hot beverages (i.e., exempt from hand washing stations, equipment for utensil cleaning/sanitizing, provision of sanitary facilities etc.). The ministry is also proposing to exempt food premises that serve low risk food from the requirement to have a trained food handler on-site during operation.

**Comments Due Date: November 27, 2019**

*Proposal Number:19-HLTC028*

*Posting Date: October 28, 2019*

*Contact Address:*

*Laura Pisko, Director*

*Health Improvement Policy and Program Branch*

*Ministry of Health*

*393 University Avenue, Suite 2100*

*Toronto, ON M7A 2S1*

[Laura.pisko@ontario.ca](mailto:Laura.pisko@ontario.ca)

**Proposed Amendments to Ontario Regulation 136/18 (Personal Service Settings) made under the Health Protection and Promotion Act**

The following summary outlines proposed amendments to Ontario Regulation 136/18 under the Health Protection and Promotion Act. The ministry is soliciting feedback on the proposed amendments.

Summary of Proposed Changes:

- Exempt premises that only perform barbering and hairdressing services from Section 5 of the Regulation requiring PSS operators to obtain the name and contact information of the person seeking the service before providing the service. In the event of an accidental exposure name

and contact information would be required to be recorded and kept in accordance with Section 14(1)4; and

- Exempt premises that only perform barbering and hairdressing services from requiring a dedicated sink for reprocessing equipment (e.g., cleaning of tools) under Section 8(3) of the Personal Service Settings Regulation. These premises would still require a dedicated handwashing sink.

**Comments Due Date: November 27, 2019**

*Proposal Number: 19-HLTC031*

*Posting Date: October 28, 2019*

*Contact Address:*

*Laura Pisko, Director*

*Health Improvement Policy and Program Branch*

*Ministry of Health*

*393 University Avenue, Suite 2100*

*Toronto, ON M7A 2S1*

[Laura.pisko@ontario.ca](mailto:Laura.pisko@ontario.ca)

The full list of current proposals can be accessed at

<https://www.ontariocanada.com/registry/quickSearch.do?searchType=current>



# Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

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October 31, 2019

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
Ministry of Health  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, ON M7A 2J3

Dear Minister Elliott,

On October 29, 2019, Renfrew County and District Board of Health passed the following resolution in support of Windsor-Essex County Board of Health's October 17, 2019 motion regarding *The Harms of Vaping and the Next Steps for Regulation*:

**Resolution: # 4 2019-Oct-29**

*A motion by P. Emon; seconded by W. Matthews; be it resolved that the Board support Windsor-Essex County Health Unit's October 17 motion re: The Harms of Vaping and the Next Steps for Regulation and furthermore we implore the provincial government to move quickly to gather and share clinical information with Ontario Public Health Units and the public about the effects of vaping products on the teen and general public as soon as possible.*

We thank you for considering this resolution.

Sincerely,

Janice Visneskie Moore  
Chair, Board of Health

- c. Honourable Doug Ford, Premier of Ontario  
Honourable Ginette Petitpas Taylor, Minister of Health  
Honourable David Lametti, Minister of Justice and Attorney General of Canada  
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care  
Pegeen Walsh, Executive Director, Ontario Public Health Association  
Centre for Addiction and Mental Health  
Association of Local Public Health Agencies—Loretta Ryan  
Ontario Boards of Health  
Honourable John Yakabuski, Renfrew-Nipissing-Pembroke  
Honourable Chery Gallant, Renfrew-Nipissing-Pembroke  
Local Municipalities  
AMO/ROMA



October 21, 2019

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

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

**Whereas**, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

**Whereas**, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

**Whereas**, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

**Whereas**, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

**Whereas**, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

**Whereas**, vaping rates among young people have increased 74% between 2017 and 2018;

**Whereas**, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

**Now therefore be it resolved** that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

**Further that**, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

**Further that**, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

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

Sincerely,



Gary McNamara  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

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



October 31, 2019

The Honourable Christine Elliott  
Minister of Health  
Hepburn Block 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto ON M7A 1E9

**Re: Funding for Leave the Pack Behind**

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On August 23, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding the provincial governments' decision to cease funding for Leave the Pack Behind. The following motion was passed:

GBHU BOH Motion 2019-67

Moved by: Anne Eadie

Seconded by: Sue Paterson

"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to Funding for Leave the Pack Behind."

Carried

Sincerely,

A handwritten signature in blue ink, appearing to read "Mitch Twolan".

Mitch Twolan  
Chair, Board of Health  
Grey Bruce Health Unit

Encl.

Cc: The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions  
Dr. David Williams, Chief Medical Officer of Health  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Lisa Thompson, MPP Huron-Bruce  
Jim Wilson, MPP Simcoe-Grey  
Association of Local Public Health Agencies  
Ontario Health Units

*Working together for a healthier future for all..*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)



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

July 17, 2019

The Honourable Christine Elliott  
 Minister of Health  
 10th Floor, Hepburn Block  
 80 Grosvenor Street  
 Toronto, ON M7A 2C4  
 Sent via e-mail: [christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Minister Elliot,

**Re: Funding Cancelled for Leave the Pack Behind**

At its meeting on June 12, 2019, the Board of Health for Peterborough Public Health had the opportunity to review communication from Leave the Pack Behind, a longstanding provincial partner in tobacco prevention and cessation among young adults. On behalf of the Board of Health, I am writing to express our concern over the provincial governments' decision to cease funding for Leave the Pack Behind.

Young adults aged 20 - 24 have the highest prevalence of e-cigarette use and other tobacco products like cigars and water pipes, and one of the highest rates of cigarette use in the province.<sup>1</sup> Additionally, the transition to daily, regular smoking in Ontario is likely established between the ages of 18 and 21 making cessation and prevention programs for young adults more imperative than ever.<sup>2</sup>

In Peterborough, both Fleming College and Trent University have smoke-free campus policies that protect students, staff, and visitors from the involuntary exposure to second-hand smoke and vapour. However, the success of these policies depends on a comprehensive approach to commercial tobacco control that includes cessation support for those that want to make a quit attempt.

Working with Leave the Pack Behind staff at both post-secondary institutions has allowed us to engage hundreds of young adults and inspire dozens of quit attempts that otherwise would not have happened without partnerships and collaboration.

It has been widely reported that the Provincial government has pledged to end 'hallway medicine' and is committed to balancing the budget. Reinstating the funding of this vital program will help the government meet both of those goals as for every dollar spent on tobacco control, \$20 are saved in future health care costs.<sup>3,4</sup> Furthermore "there is now a substantial body of evidence showing that the majority of health care expenditures are spent on conditions that are largely preventable."<sup>5</sup>

Leave the Pack Behind was part of a 'no wrong door approach' that supported young adults with their quit attempts. As "tobacco dependence treatment can have a significant impact on health and be very cost-effective when compared with other health system activities"<sup>6</sup> we are urging the Ministry to reconsider the cancelation of this comprehensive and impactful program.



Sincerely,

**Original signed by**

Councillor Kathryn Wilson  
Chair, Board of Health

cc: Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions  
Local MPPs  
Kelli-an Lawrance, PhD, Director & Principal Investigator of Leave the Pack Behind, Brock University  
Heather Travis, Manager, Leave the Pack Behind, Brock University  
Ontario Boards of Health  
Association of Local Public Health Agencies

<sup>1</sup> [https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco\\_use\\_in\\_canada\\_2019.pdf](https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco_use_in_canada_2019.pdf)

<sup>2</sup> <https://tobaccocontrol.bmj.com/content/14/3/181>

<sup>3</sup> <https://jech.bmj.com/content/jech/71/8/827.full.pdf>

<sup>4</sup> [https://www.youtube.com/watch?v=TVZxtuZhN\\_M](https://www.youtube.com/watch?v=TVZxtuZhN_M)

<sup>5</sup> <https://www.cpha.ca/making-economic-case-investing-public-health-and-sdh>

<sup>6</sup> <https://www.ccohealth.ca/sites/CCOHealth/files/assets/CCOChronicDiseaseReport.pdf>



October 31, 2019

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

**Re: National School Food Program**

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On August 23, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding moving forward with implementing a cost-shared national school food program. The following motion was passed:

GBHU BOH Motion 2019-68

Moved by: Anne Eadie                      Seconded by: Sue Paterson  
"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to Support for a National School Food Program."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Twolan".

Mitch Twolan  
Chair, Board of Health  
Grey Bruce Health Unit

Encl.

Cc: Alex Ruff, MP Bruce-Grey-Owen Sound  
Terry Dowdall, MP Simcoe-Grey  
Benn Lobb, MP Huron-Bruce  
Association of Local Public Health Agencies  
Ontario Health Units

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101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)



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July 19, 2019

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

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

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

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

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

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

Dear Prime Minister Trudeau and Federal Party Leaders:

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

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

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

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

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

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

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



October 31, 2019

The Honourable Christine Elliott  
Minister of Health  
Hepburn Block 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto ON M7A 1E9

**Re: Display and Promotion of Vaping Products**

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On September 27, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Simcoe Muskoka District Health Unit regarding implementing restrictions on the display and promotion of vaping products. The following motion was passed:

GBHU BOH Motion 2019-79

Moved by: Anne Eadie

Seconded by: Brian Milne

“THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health Unit regarding Restrictions on the Display and Promotion of Vaping Products.”

Carried

Sincerely,

A handwritten signature in blue ink, appearing to read "Mitch Twolan".

Mitch Twolan  
Chair, Board of Health  
Grey Bruce Health Unit

Encl.

Cc: Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions  
Dr. David Willians, Chief Medical Officer of Health  
Alex Ruff, MP Bruce-Grey-Owen Sound  
Terry Dowdall, MP Simcoe-Grey  
Benn Lobb, MP Huron-Bruce  
Association of Local Public Health Agencies  
Ontario Health Units

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September 18, 2019

Honourable Ginette Petitpas Taylor  
Minister of Health of Canada  
House of Commons  
Ottawa, ON K1A 0A6

Honourable Christine Elliott  
Minister of Health 10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).<sup>1</sup> Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.<sup>2</sup> Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.<sup>3</sup>

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.<sup>4</sup> The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.<sup>5</sup> Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

<sup>1</sup> Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

<sup>2</sup> <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

<sup>3</sup> Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

<sup>4</sup> Health Canada. (2019-02-04). Vaping: Get the Facts.

<sup>5</sup> Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

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□ **Midland:**  
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□ **Orillia:**  
120-169 Front St. S.  
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affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems<sup>6</sup>.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.<sup>7</sup>

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.<sup>8</sup> There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.<sup>9</sup>

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

---

<sup>6</sup> 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.

<sup>7</sup> [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)

<sup>8</sup> Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

<sup>9</sup> Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study. *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau  
Board of Health Chair

Cc: Ontario Boards of Health  
Association of Local Public Health Agencies  
Ontario Public Health Association  
Ontario Tobacco Research Unit  
Ontario Campaign for Action on Tobacco  
Municipal Councils of Simcoe Muskoka  
Members of Parliament in Simcoe Muskoka  
Members of Provincial Parliament in Simcoe Muskoka  
Central Local Health Integration Network  
North Simcoe Muskoka Local Health Integration Network







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

**alPHA Sections:**

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

**Affiliate Organizations:**

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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September 19, 2019

Hon. Christine Elliott  
Minister of Health  
10th Flr, 80 Grosvenor St,  
Toronto, ON M7A 2C4

Dear Minister Elliott,

**Re: Vapour Products Display and Promotion**

---

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to reiterate our concerns about the ongoing proliferation of the promotion and display of vapour products in Ontario, especially as we deal with the emerging issue of vape-related severe respiratory illness.

While research has shown that vaping is less harmful than smoking tobacco, this same research shows that vaping still introduces poisonous substances into the body. In addition to this, the use of vape technology as a vehicle for nicotine and cannabis has become much more common and therefore aligns these products more closely to tobacco, for which we rightly have strict prohibitions on promotion and display.

Ontario has seen a sharp increase in youth vaping over the past two years and this will likely continue without strict prohibitions on their promotion and marketing. Emerging reports of ER admissions for incidences of vaping-related severe pulmonary disease are an immediate cause for alarm, and it is not unreasonable to anticipate more of these as the popularity of vaping increases.

Section 4.1 of the Smoke-Free Ontario Act, 2017 clearly prohibits the display and promotion of vapour products in any place where vapour products are sold or offered for sale, except in accordance with the regulations (RSO 2018, c. 12, Sched. 4, s. 3).

Regulation 268 sets out exemptions from this section, which include permission for retailers of vapour products to promote them (O. Reg. 439/18, s. 4). We strongly urge the immediate removal of this exemption and a return to the Smoke-Free Ontario Act's original intent of placing the same prohibitions on the promotion and display of vape products as it does on tobacco.

The appeal and popularity of these products among children and youth is well established, and our existing concerns are now sharply magnified by reports of hospital admissions related to the use of vape products. We are pleased that you have publicly expressed your own concerns about the prevalence and possible health consequences of vaping, particularly as they affect our youth, and we hope you agree that placing stronger restrictions on vape promotion is in fact one of the most obvious solutions to this emerging issue.

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

Yours sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is written in a cursive style with a large, stylized initial 'C'.

Carmen McGregor  
alPHa President

**COPY:** Hon. Michael Tibollo, Associate Minister, Mental Health and Addictions  
Helen Angus, Deputy Minister, Ministry of Health  
Dr. David Williams, Chief Medical Officer of Health  
Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch  
Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch

## Elizabeth Milne

---

**From:** Gordon Fleming <gordon@alphaweb.org>  
**Sent:** Wednesday, November 6, 2019 4:42 PM  
**To:** All Health Units  
**Subject:** Ontario Economic Outlook and Fiscal Review

**ATTENTION  
MEDICAL OFFICERS OF HEALTH  
CHAIRS, BOARDS OF HEALTH  
SENIOR MANAGERS, ALL PROGRAMS  
\*\*\*\*\***

Dear alPha Members,

Finance Minister Rod Phillips today released the 2019 Ontario Economic Outlook and Fiscal Review: A Plan to Build Ontario Together. This document is similar in structure to a budget in that it lays out the roadmap for Government plans based on the economic context.

I have scanned this document very quickly and there are three instances where public health is specifically mentioned. I have included the relevant excerpts below, and the full suite of information released today by the Government can be accessed from [this page](#). The PDF of the document itself can be downloaded directly [here](#).

Please note that the section on Modernizing Public Health was also delivered nearly verbatim by the Minister of Health during her remarks to alPha members this afternoon at our 2019 Fall Symposium.

### **Modernizing Public Health**

As part of the government's plan to build a modern and better connected health care system, the Province is considering how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities. The government is renewing consultations with municipal governments and the public health sector, with this next phase of engagement being supported by advisor Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario. Mr. Pine will play a key role in facilitating productive discussions between the government, public health, emergency health and municipal stakeholders to ensure:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

This initiative responds to the 2017 findings made by the Auditor General that public health units are poorly coordinated and often duplicate work. In spring 2019, the government announced plans to update how public health is structured and funded in Ontario to achieve better coordination and more efficient service delivery. As consultations take place, the government has made a clear commitment to support municipalities as they modernize the delivery of public health in Ontario (p. 97).

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Starting this fall, the government is investing approximately \$90 million a year to provide low-income seniors access to high-quality dental care. Ontario's low-income seniors, age 65 and older, with an income of \$19,300 or less, or couples with a combined annual income of \$32,300 or less, who do not have dental benefits, will qualify for the publicly funded Ontario Seniors Dental Care Program. Services will be accessed through public health units, community health centres and Aboriginal Health Access Centres across the province.( p. 20)

\*\*\*

An investment of \$41 million to support Public Health Units as the ministry considers options to modernize public health, completes engagement with stakeholders and finalizes implementation approaches (p. 158)

We hope you find this information useful.

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





## Office of the Warden

County of Middlesex, 399 Ridout Street North, London Ontario N6A 2P1  
[klsmith@middlesex.ca](mailto:klsmith@middlesex.ca)

Chairperson Trish Fulton  
Middlesex-London Health Unit  
50 King Street, London, Ontario  
N6A 5L7

October 30<sup>th</sup>, 2019

Dear Chairperson Fulton,

I am writing today to request an update in regard to the MLHU's Review of Public Health Services in Middlesex County. Specifically, County Council would appreciate a status report for the initiatives that were to be completed in 2019 and additional information in regard to the implementation timelines for the 2020 service improvements.

During the June 25<sup>th</sup> County Council meeting, Dr. Mackie presented a broad overview of the findings of the community consultation for Middlesex County public health services along with a timeline for service improvements that were adopted by the Board of Health. During a recent County Council meeting, it was noted that to date we have not seen evidence of the implementation of the 2019 initiatives. While I recognize that 2019 is not yet complete any additional detail in regard to your planning and year to date progress for the following initiatives that are slated for 2019 completion would be appreciated:

- Updates after each board meeting to municipalities
- Identify program and changes to enhance programming to meet county needs
- Identify MLHU liaison lead to engage with CEO of Middlesex County library
- Develop administrative policy for community engagement
- Develop community partner inventory

As we look forward to 2020 service improvement initiatives, it is clear that several of these initiatives may require 2020 budget enhancements and that they will require planning in 2019 for 2020 implementation. In light of the changes that are taking place for the creation of regional public health entities, County Council is also requesting an update on your implementation strategy for these important service improvements in Middlesex County.

I thank you for your attention to this information request and I look forward to hearing more about your work to improve public health services for our residents.

Sincerely,

Kurtis Smith, Warden Middlesex County



P.O. Box 5035  
300 Dufferin Avenue  
London, ON  
N6A 4L9

**London**  
CANADA

November 13, 2019

Dr. C. Mackie  
Medical Officer of Health and Chief Executive Officer  
Middlesex-London Health Unit

I hereby certify that the Municipal Council, at its meeting held on November 12, 2019 resolved:

That the resignation of Councillor E. Pelozza, dated October 25, 2019, BE ACCEPTED, and the appointment of another member BE CONSIDERED at the next meeting of the Strategic Priorities and Policy Committee. (4.2/21/SPPC)

A handwritten signature in black ink, appearing to read "C. Saunders".

C. Saunders  
City Clerk  
/hw

cc: Councillor E. Pelozza  
L. Guy, Executive Assistant, Middlesex-London Health Unit