

## **CORRESPONDENCE – December 2019**

- a) Date: 2019 November 18  
Topic: Association of Local Public Health Agencies (alPHa) Information Break  
From: alPHa  
To: All Health Units

***Background:***

On November 18, 2019, the Association of Local Public Health Agencies (alPHa) issued information that included an update on public health modernization and announced the submission of the alPHa document *Statement of Principles for Public Health Modernization*. The Fall Symposium took place on November 6, 2019 where Dr. David Williams, Alison Blair and Jim Pine led a panel to update members on the upcoming consultations. The new 2020-2023 alPHa strategic plan was approved by the alPHa Board of Directors at its November meeting. The alPHa information break also includes new releases pertaining to provincial announcements, legislation, alPHa activities and events.

***Recommendation:*** Receive.

- b) Date: 2019 November 19  
Topic: Statement of Principles – Public Health Modernization  
From: Association of Local Public Health Agencies (alPHa)  
To: All Health Units

***Background:***

In advance of the upcoming consultations with municipal governments and the public health sector, the Association of Local Public Health Agencies (alPHa) has prepared a statement of principles as a foundation for its formal submissions to the consultation process. The principles are outlined as follows: Foundational Principle (1), Organizational Principles (5), Capacity Principles (3) and Governance Principles (3).

***Recommendation:*** Receive.

- c) Date: 2019 November 21  
Topic: Promotion of Vapor Products in Convenience Stores and Gas Stations  
From: Haliburton, Kawartha, Pine Ridge District Health Unit  
To: The Honourable Patty Hadju, The Honourable Christine Elliott

***Background:***

On November 21, 2019 the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit wrote to Minister Hajdu and Minister Elliott to commend the Ontario Government on the decision to prohibit the promotion of vapour products in convenience stores and gas stations as of January 1, 2020. The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit also requested more stringent vaping regulations, similar to those regulating tobacco products.

***Recommendation:*** Receive.

- d) Date: 2019 November 25  
Topic: Public Health Modernization Discussion Paper – Member Feedback  
From: Association of Local Public Health Agencies  
To: All Health Units

***Background:***

The Association of Local Public Health Agencies (ALPHA) requested member feedback in relation to the questions posed in the [Public Health Modernization Discussion Paper](#). The questions were sorted based on the following themes: 1) Insufficient Capacity 2) Misalignment of Health, Social, and Other Services 3) Duplication of Effort 4) Inconsistent Priority Setting 5) Indigenous and First Nations Communities 6) Francophone Communities and 7) Learning from Past Reports. Members are to respond to the questions provided so that feedback can be synthesized, condensed and edited for clarity so that respondents will not be identified.

***Recommendation:*** Receive.

- e) Date: 2019 October 30 [Received November 25]  
Topic: Opposition to Co-Payment for Dentures under the New Ontario Seniors Dental Care Program  
From: Fred Eisenberger, Mayor, City of Hamilton  
To: The Honourable Christine Elliott

***Background:***

On October 30, 2019, the City of Hamilton wrote to Minister Elliott regarding the concern over the possible co-payment for dentures under the new Ontario Seniors Dental Care Program (OSDCP). The local population health data indicates that 47% of all seniors wear dentures and imposing a 10% co-payment would compound the dental care barrier that currently exists. Dentures would remain inaccessible for many low-income seniors and would adversely affect seniors' overall quality of life. The City of Hamilton opposes the possibility of a 10% co-payment under the OSDCP.

***Recommendation:*** Receive.

- f) Date: 2019 October 30 [Received November 25]  
Topic: Request for Weekly Data Reports on Vaping Cases  
From: Fred Eisenberger, Mayor, City of Hamilton  
To: The Honourable Christine Elliott

***Background:***

On October 30, 2019, the City of Hamilton wrote to Minister Elliott to request that reports to the Ontario Chief Medical Officer of Health by Hamilton hospitals be shared with Hamilton's Medical Officer of Health in relation to the ill-effects of vaping on the health of those in Hamilton.

***Recommendation:*** Receive.

- g) Date: 2019 October 30 [Received November 25]  
Topic: Support for Seamless Provincial Immunization Registry  
From: Fred Eisenberger, Mayor, City of Hamilton  
To: The Honourable Christine Elliott, Dr. David Williams

***Background:***

On October 30, 2019, the City of Hamilton wrote to Minister Elliott and Dr. Williams in support of the Council of Ontario Medical Officers of Health's support of a seamless immunization registry. Refer to correspondence item v) in the [June 20, 2019 Board of Health agenda](#).

***Recommendation:*** Receive.

- h) Date: 2019 November 19  
Topic: Summary – Emergency Health Services and Public Health Modernization Webinar  
From: Association of Local Public Health Agencies (alPHa)  
To: All Health Units

***Background:***

On November 18, 2019, a live webcast was held to launch the first phase of the Emergency Health Services and Public Health Modernization consultation process featuring remarks from Christine Elliott, Minister of Health and Deputy Premier; Dr. David Williams, Chief Medical Officer of Health; Alison Blair, Executive Lead for Public Health Modernization; and Jim Pine, Special Advisor, Public Health Modernization. The Association of Local Public Health Agencies (alPHa) issued a summary of the webcast on November 19, 2019, and it was confirmed during the question and answer period that the April 2020 dates for implementation of public health modernization are no longer valid.

***Recommendation:*** Receive.

- i) Date: 2019 November 26  
Topic: Proceedings – alPHa Fall Symposium, Wednesday November 6, 2019  
From: Association of Local Public Health Agencies (alPHa)  
To: All Health Units

***Background:***

The Association of Local Public Health Agencies (alPHa) hosted its Fall Symposium on November 6, 2019, in Toronto Ontario. The session summaries included topics related to updates on public health modernization, alPHa's strategic plan, transformation and change, public health and the news and remarks from Minister Christine Elliott.

***Recommendation:*** Receive.

- j) Date: 2019 November 27  
Topic: City Appointment to the Board of Health  
From: Cathy Saunders, City Clerk, City of London  
To: Chair and Members, Middlesex-London Health Unit Board of Directors

***Background:***

On November 26, 2019, the City of London appointed Councillor A. Kayabaga to the Middlesex-London Health Unit Board of Directors for the term ending November 15, 2022.

***Recommendation:*** Receive.

- k) Date: 2019 November 29  
Topic: Impact of vaping on non-smokers and youth  
From: Peterborough Public Health  
To: The Honourable Patty Hadju, All Health Units

***Background:***

On November 29, 2019, the Board of Health for Peterborough Public Health wrote to Minister Hadju regarding concerns on the impact of vaping on non-smokers and youth. The Board of Health for Peterborough Public Health urges the Federal Government to place the same restrictions on vaping products that are currently in place for tobacco products.

***Recommendation:*** Receive.

- l) Date: 2019 December 2  
Topic: Vapor product use among youth  
From: Leeds, Grenville & Lanark District Health Unit  
To: The Honourable Christine Elliott, All Health Units

***Background:***

On December 2, 2019, the Board of Health of the Leeds, Grenville and Lanark District Health Unit wrote to Minister Elliott in support for Bill 151, the Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2019.

***Recommendation:*** Receive.

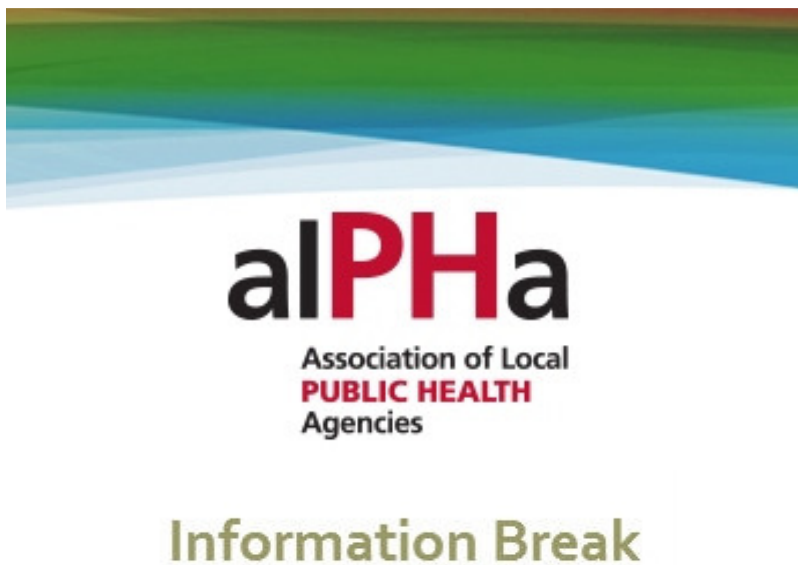
**Elizabeth Milne**

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**From:** Susan Lee <susan@alphaweb.org>  
**Sent:** Monday, November 18, 2019 1:28 PM  
**To:** All Health Units  
**Subject:** alPHa Information Break - November 18, 2019

**PLEASE ROUTE TO:**

**All Board of Health Members / Members of Health & Social Services Committees**



November 18, 2019

*This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence and events.*

### **Update on Public Health Modernization**

Today, via webinar, the Ministry of Health launched the long-awaited consultation process for public health and emergency health services modernization. The Deputy Premier and Minister of Health, the Hon. Christine Elliott, announced there would be two discussion papers that will "anchor consultations in the coming weeks." Jim Pine, Special Advisor on Public Health and Emergency Health Services, noted the ministry was keen on meeting with as many stakeholders as possible and looked forward to "thoughtful input and dialogue" with stakeholders, who will be invited to make written submissions via email and a Ministry survey during the process. Chief Medical Officer of Health Dr. David Williams outlined a few of the key challenges in the public health discussion paper

after speaking to the need for changing the current systems. Alison Blair, ADM, Emergency Health Services and Executive Lead for Public Health Modernization, also spoke to the key challenges facing the emergency health services sector that will be addressed in the consultations. In our ongoing efforts to help members stay updated on the latest news, aPHa will draft a summary shortly on the information presented at the webinar and share it broadly with the membership, so please stay tuned.

On November 15, aPHa submitted a foundational document, *Statement of Principles for Public Health Modernization*, to the Minister of Health, the Chief Medical Officer of Health, and the Special Advisor and the Executive Lead for Public Health Modernization. Approved by the aPHa Board, the document will inform the association's contributions to the upcoming consultations and is in advance of responses that will be submitted.

[View the Statement of Principles here](#)

[Go to aPHa's web page on Public Health Modernization](#)

The recently concluded aPHa Fall Symposium, held on November 6, featured many key figures in public health modernization. Minister Christine Elliott provided welcoming remarks to the assembled delegates and confirmed that keeping patients as healthy as possible in their communities and out of hospitals through investments in health protection and promotion is a key pillar in Ontario's comprehensive plan to end hallway health care. She also provided updates on the Public Health Modernization consultations, approaches to reducing youth vaping and the launch of this year's Universal Influenza Immunization Program. Dr. David Williams, along with Alison Blair and Jim Pine, led a panel to update members on the upcoming consultations.

At their November 5 meeting, aPHa Board members met with Jim Pine, Alison Blair and Colleen Kiel from the Ministry of Health. Mr. Pine looked forward to working with the sector during the consultations, noting that he and staff had been given a mandate by the Minister to meet with many stakeholders and to listen to as much feedback as possible. He also shared his expectation that the consultations would be fairly broad in scope and cover much ground on system-related issues.

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## **Fall 2019 Symposium**

aPHa held its best-attended Fall Symposium last week in Toronto. More than 130 attendees gathered at the Dalla Lana School of Public Health to hear from high-profile speakers in government and partner organizations on transformation and change management. Ending the day was a reception and guest lecture by Dr. Peter Donnelly, President and CEO of Public Health Ontario. His message was that catastrophic biological risks are ever-present and that investment, vigilance and the capacity to apply lessons learned can only reinforce public health's resident experience and expertise to respond to them.

Many thanks to the members and speakers for participating and the Dalla Lana School of Public Health for providing the venue, all of which helped to make the day a successful event.

Please click the link below to view the slide decks from November 6 and the Section meetings of November 7 (login and password required).

[Download the Fall 2019 Symposium & Section Meeting presentations](#)

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### **alPHA Strategic Plan**

The alPHA Board of Directors approved a new 2020-2023 strategic plan at its meeting in November. The three-year plan builds on the previous one, which focused on member relations, and adds an external component that will see alPHA leading the dialogue and engaging with government and ministries to advocate for the health of Ontarians through a strong local public health system. Click the link below to view the updated alPHA Strategic Plan.

[Learn more about alPHA's 2020-2023 Strategic Plan here](#)

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### **Rapid Risk Factor Surveillance System (RRFSS) Update**

It's not too late to sign up for the Rapid Risk Factor Surveillance System (RRFSS) 2020 data collection! There are more reasons than ever to be a member of RRFSS: Survey questions can be added at any time during the year on new/emerging issues (such as e-cigarettes and cannabis) and RRFSS sample area/size can be adapted very quickly if needed. Contact Lynne Russell, RRFSS Coordinator, at [lynnerrussell@rrfss.ca](mailto:lynnerrussell@rrfss.ca) for more information.

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### **News Roundup**

[Province reorganizes LHINs to five transitional regions and transfers five provincial agencies to new Ontario Health](#) - 2019/11/13

[Ontario announces Digital First for Health Strategy to improve patient experience](#) - 2019/11/13

[Expert panel releases report, When Antibiotics Fail, on socioeconomic impacts of antimicrobial resistance](#) - 2019/11/12

[Ontario undertakes multi-sector provincial climate impact assessment](#) - 2019/11/07

[Province releases 2019 Ontario Economic Outlook and Fiscal Review](#) - 2019/11/06

[Standing Committee on Public Accounts' Report on Public Health: Chronic Disease Prevention](#) - 2019/11/05

[Ontario legislature resumes and announces priorities for upcoming session](#) - 2019/10/28

[Province gives \\$143M funding to municipalities to help lower costs and improve municipal services](#) - 2019/10/25

[Government of Ontario bans vaping product promotion outside of specialty stores](#) - 2019/10/25

[Ministry of Finance allocates 2020 Ontario Municipal Partnership Fund](#) - 2019/10/24

[CIHI releases data on changing opioid prescribing practices](#) - 2019/10/17

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### **Current Consultations of Public Health Interest**

Health units and boards of health are invited to provide comments this month on a number of provincial regulatory amendments affecting public health practice. For many of these, the deadline to submit input is November 27, 2019. Click the link below to see a list of proposed amendments.

[Go to alPha's Current Consultations web page](#)

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### **Upcoming Events - Mark your calendars!**

**Winter 2019 Symposium/Section Meetings** -Tentative dates: February 20 & 21, 2020, Toronto.

**The Ontario Public Health Convention (TOPHC) 2020** - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. [www.tophc.ca](http://www.tophc.ca)

**June 2020 Annual General Meeting & Conference** - June 10-12, 2020; Toronto.

alPha is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

Susan Lee  
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Association of Local Public Health Agencies (alPha)  
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## **BACKGROUND**

On April 11, 2019 the Minister of Finance announced the 2019 Ontario Budget, which included a pledge to modernize “the way public health units are organized, allowing for a focus on Ontario’s residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention”.

Plans announced for this initiative included regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, adjustments to the provincial-municipal cost-sharing of public health funding and an emphasis on digitizing and streamlining processes.

On November 6, 2019, further details were presented as part of the government’s Fall Economic Statement, which reiterates the Province’s consideration of “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”. To this end, the government is renewing consultations with municipal governments and the public health sector under the leadership of Special Advisor Jim Pine, who is also the Chief Administrative Officer of the County of Hastings. The aim of the consultation is 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.

In preparation for these consultations and with the intent of actively supporting positive systemic change, the alPHa Board of Directors has agreed on the following principles as a foundation for its separate and formal submissions to the consultation process.

## **PRINCIPLES**

### *Foundational Principle*

- 1) Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

### *Organizational Principles*

- 2) Ontario's public health system must remain financially and administratively separate and distinct from the health care system.
- 3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.
- 4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".
- 5) The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.
- 6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

### *Capacity Principles*

- 7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.
- 8) Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.
- 9) Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

## *Governance Principles*

- 10) The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.
- 11) The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.
- 12) The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership or authority.

## **DESIRED OUTCOMES**

- Population health in Ontario will benefit from a highly skilled, trusted and properly resourced public health sector at both the provincial and local levels.
- Increased public and political recognition of the critical importance of investments in health protection and promotion and disease prevention to population health and the sustainability of the health care system.
- Local public health will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at at-risk / vulnerable / priority populations.
- The geographical and organizational characteristics of any new local public health agencies will ensure critical mass to efficiently and equitably deliver public health programs and services in all parts of the province.
- The geographical and organizational characteristics of any new local public health agencies will preserve and improve relationships with municipal governments, boards of education, social services organizations, First Nations communities, Ontario Health Teams and other local stakeholders.
- The geographical and organizational characteristics of any new local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve in order to ensure that local public health needs are assessed and equitably and efficiently addressed.
- Local public health will benefit from strong provincial supports, including a robust Ontario Agency for Health Protection and Promotion (Public Health Ontario) and a robust and independent Office of the Chief Medical Officer of Health.
- The expertise and skills of Ontario's public health sector will be recognized and utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.

November 21, 2019

Honourable Patty Hajdu  
Minister of Health, Canada  
House of Commons  
Ottawa, ON K1A 0A6  
Sent via email: [patty.hajdu@parl.gc.ca](mailto:patty.hajdu@parl.gc.ca)

Honourable Christine Elliott, Deputy Premier  
Minister of Health, Ontario  
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,  
ON M7A 1E9  
Sent via email: [christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Minister Hajdu/Minister Elliott:

The Haliburton, Kawartha, Pine Ridge District Health Unit would like to commend the Ontario Government on the decision to prohibit the promotion of vapour products in convenience stores and gas stations as of January 1, 2020. However, we believe that further steps are necessary to protect our youth and prevent the continued rise in vapour product use in youth and other vulnerable populations.

Vaping has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018<sup>1</sup>. While vaping products have been regarded as safer than combustible tobacco cigarettes, recent reports of severe pulmonary illness associated with vaping in the United States and Canada have given rise to concerns about the use of vaping products, especially among youth. Most vaping products contain nicotine at varying levels. This is concerning as children and youth may become dependent on nicotine more rapidly than adults leading to addiction and physical dependence<sup>2</sup>. Research has demonstrated that youth are especially susceptible to the negative effects of nicotine, as it can alter their brain development and can affect memory and concentration.<sup>2,3</sup> There are thousands of flavours of e-liquids available, including candy and fruit flavoured varieties that are greatly appealing to youth, and 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>4</sup>.

<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. *BMJ*, 365, I2219.

<sup>2</sup> Health Canada. (2019-02-04). Vaping: Get the Facts. Retrieved November 2019 from: [tobacco/vaping/risks.html?utm\\_source=google&utm\\_medium=cpc\\_en&utm\\_content=risks\\_2&utm\\_campaign=vapingprevention2019&utm\\_term=%2Bvape](https://www150.com/eng/11333-11333-0001.html?utm_source=google&utm_medium=cpc_en&utm_content=risks_2&utm_campaign=vapingprevention2019&utm_term=%2Bvape)

<sup>3</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>4</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.

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Minister Hajdu  
Minister Elliott  
November 21, 2019  
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At its meeting held on November 21, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit approved a motion to write to you to request more stringent vaping regulations, similar to those regulating tobacco products, to address the rise in vapour product use in youth and other vulnerable populations.

These recommended regulations include:

- Require a ban on flavoured e-cigarettes to help prevent the further uptake of vaping by youth.
- Restrict the nicotine concentration in all vaping products.
- Require health and toxicity warnings on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Require standardized and tamper proof packaging on all vapour products.
- Require an age of 21 years for tobacco, vaping and cannabis sales.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance.
- Revise the Federal *Tobacco and Vaping Products Act* (TVPA) to ban display, promotion and advertising, mirroring the restrictions on tobacco in the TVPA.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely

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



Doug Elmslie, Chair, Board of Health

DE/lm

Cc (via email): The Hon. Doug Ford, Premier  
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock  
Philip Lawrence, MP, Northumberland-Peterborough South  
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
David Piccini, MPP Northumberland-Peterborough South  
Dr. David Williams, Ontario Chief Medical Officer of Health  
Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health  
Ontario Boards of Health  
Loretta Ryan, Association of Local Public Health Agencies

The questions that are posed in the [Public Health Modernization Discussion Paper](#) are reproduced below, sorted by theme. Please provide answers that you believe should be included in alPHa's written submission, which is intended to reflect the themes and priorities that are common to the local public health sector throughout the province.

Please note that this document is being provided only to capture responses to the Discussion Paper questions, which are preceded by important contextual information in the Discussion Paper itself. We ask that you carefully review the Paper prior to submitting your answers.

Feedback will be synthesized, condensed and edited for clarity and respondents will not be identified. Responding to these questions here is not meant to pre-empt any of our members' own responses to the survey. alPHa strongly encourages its members to submit separate responses to the discussion paper to ensure that unique local circumstances and priorities are captured.

### **Theme: Insufficient Capacity**

What is currently working well in the public health sector?

What are some changes that could be considered to address the variability in capacity in the current public health sector?

What changes to the structure and organization of public health should be considered to address these challenges?

### **Theme: Misalignment of Health, Social, and Other Services**

What has been successful in the current system to foster collaboration among public health, the health sector and social services?

How could a modernized public health system become more connected to the health care system or social services?

What are some examples of effective collaborations among public health, health services and social services?

### **Theme: Duplication of Effort**

What functions of public health units should be local and why?

What population health assessments, data and analytics are helpful to drive local improvements?

What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?

What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

### **Theme: Inconsistent Priority Setting**

What processes and structures are currently in place that promote shared priority setting across public health units?

What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

What models of leadership and governance can promote consistent priority setting?

### **Theme: Indigenous and First Nation Communities**

What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

### **Theme: Francophone Communities**

What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?

What improvements could be made to public health service delivery in French to Francophone communities?

### **Theme: Learning from Past Reports**

What improvements to the structure and organization of public health should be considered to address these challenges?



What about the current public health system should be retained as the sector is modernized?

What else should be considered as the public health sector is modernized?



OFFICE OF THE MAYOR  
CITY OF HAMILTON

October 30, 2019

**VIA:** Email

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, ON M7A 2J3  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

**RE: Opposition to Co-Payment for Dentures under the New Ontario Seniors  
Dental Care Program**

Dear Minister Elliott,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the Ontario Senior's Dental Program. As a result, the Board of Health was very happy to have this new program, but concerned about a possible co-payment for dentures.

Many seniors in Hamilton cannot afford dental care and either pay out of pocket or forgo regular dental care. As a result, many seniors increasingly seek dental care in hospital emergency departments. Seniors living in low-income areas are two times more likely to visit hospitals than those living in high income areas.

Oral health is linked to overall health and is an important health matter for many seniors in the community. As people age, their oral health may become worse due to medications, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation.

In Hamilton there are approximately 10,230 seniors who could be eligible for the new Ontario Seniors Dental Care program (OSDCP). Local population health data indicates that 47% of all seniors wear dentures, and without regular dental care it could be surmised that the proportion of low-income seniors would be greater than the overall 47%. Dentures are important functional appliances to replace missing teeth. Dentures allow people to speak and chew properly therefore supporting good nutrition, communication, social interaction and self esteem.

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The purpose of the new OSDCP program is to increase access and reduce barriers to care so low-income seniors could be provided with proper dental care and maintain good oral health, without the cost of dental care being a factor.

Given that the cost of dental care has been identified as one of the main barriers to care, imposing a 10% co-payment would compound this barrier and dentures would remain inaccessible for many low-income seniors. This would adversely affect seniors' overall quality of life and is contrary to the original purpose of the program. Due to the factors listed above, we are opposed to the possibility of a 10% co-payment for the OSDCP.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a long horizontal flourish extending to the right.

Fred Eisenberger  
Mayor

**CC:**

Hon. Donna Skelly, MPP, Flamborough – Glanbrook  
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre  
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek  
Hon. Monique Taylor, MPP, Hamilton Mountain  
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas  
Council of Ontario Medical Officers of Health  
Association of Local Public Health Agencies (ALPHA)  
Ontario Boards of Health



OFFICE OF THE MAYOR  
CITY OF HAMILTON

October 30, 2019

**VIA:** Email

Hon. Christine Elliot  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, Ontario M7A 2J3  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

**RE: Request for Weekly Data Reports on Vaping Cases**

Dear Minister Elliott,

At its meeting on October 18, 2019 the City of Hamilton Board of Health discussed the potential health effects associated with the use of electronic cigarettes, in particular, the current outbreak of severe pulmonary disease, and your recent order for hospitals to report such cases to Ontario's Chief Medical Officer of Health.

In order to enable Hamilton's Board of Health to better assess the extent of the ill-effects of vaping on the health of those in Hamilton, I am writing on behalf of the Hamilton Board to request that any such reports to Ontario's Chief Medical Officer of Health by Hamilton hospitals be shared with Hamilton's Medical Officer of Health.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a long horizontal flourish extending to the right.

Fred Eisenberger  
Mayor

**CC:**

Hon. Donna Skelly, MPP, Flamborough – Glanbrook  
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre  
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek  
Hon. Monique Taylor, MPP, Hamilton Mountain

.../2

Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas  
Council of Ontario Medical Officers of Health  
Association of Local Public Health Agencies (alPHA)  
Ontario Boards of Health



OFFICE OF THE MAYOR  
CITY OF HAMILTON

October 30, 2019

**VIA: Email**

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, ON M7A 2J3  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dr. David Williams  
Chief Medical Office of Health  
Ministry of Health and Long-Term Care  
21st Flr, 393 University Avenue, 21<sup>st</sup> Floor  
Toronto, ON M5G 2M2  
[dr.david.williams@ontario.ca](mailto:dr.david.williams@ontario.ca)

**RE: Support for a Seamless Provincial Immunization Registry**

Dear Minister Elliott and Dr. David Williams,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the *Immunization of School Pupils Act* (ISPA). As a result, the Board of Health was happy to support the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry and asked that the report (BOH19029) be circulated to those copied on this letter.

Local public health units are responsible for the enforcement of the ISPA, a provincial law that requires children attending school to be vaccinated according to the Ontario immunization schedule. The Hamilton Public Health Vaccine Program engages in a screening and suspension process that ensures parents and guardians are adequately notified of ISPA requirements. The program is responsible for assessing and maintaining vaccine records for over 70,000 students enrolled in Hamilton elementary and secondary schools. For the 2018-2019 school year, at the completion of the screening and suspension process, the compliance rate ranged between 94.3% to 98.5% for 7 to 8 year-old school students and 93.1% to 99.8% for 17 to 18 year-old students.

Although ISPA is an effective tool to ensure individual and community level immunity, the process is resource intensive both from a staff and time perspective. This is a result of most vaccine records requiring manual input into the provincial database by program staff, and follow-up required on records received that are missing information such as date of administration, required demographics or fax error.

.../2

A major challenge to the administration of ISPA is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary and community health care providers, at the time a vaccine is given, to the Digital Health Immunization Repository. As a result, parents/guardians are responsible for reporting their child(ren)'s vaccine records to Public Health. Furthermore, public health units across Ontario do not have a process to verify information received from parents/guardians with their health care provider, as this would be both labour intensive and costly.

Support for a seamless immunization registry would address several of the challenges with the current system, including:

- Eliminating the burden on parents/guardians to report vaccines to Public Health;
- Reducing the risk of inaccurate information being reported by parents;
- Reducing staff time and resources needed to manually input vaccine records; and,
- Reducing the number of suspensions due to the lack of reporting by parents.

Immunizations remain one of the most successful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases in addition to providing community level protection. Hamilton Public Health Services is committed to protecting the health of the community by preventing vaccine-preventable diseases. To achieve this goal, Hamilton Public Health Services will continue to collaborate and support parents and local school boards to ensure compliance with the Immunization of School Pupils Act. Moving toward a seamless immunization registry would increase efficiencies in the screening and suspension process while reducing parental burden to report vaccines to public health.

Sincerely,



Fred Eisenberger  
Mayor

**CC:**

Hon. Donna Skelly, MPP, Flamborough – Glanbrook  
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre  
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek  
Hon. Monique Taylor, MPP, Hamilton Mountain  
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas  
Council of Ontario Medical Officers of Health  
Association of Local Public Health Agencies (aPHa)  
Ontario Boards of Health

A live webcast was held on November 18, 2019 to launch the first phase of the Emergency Health Services and Public Health Modernization consultation process, featuring remarks from Christine Elliott, Minister of Health and Deputy Premier; Dr. David Williams, Chief Medical Officer of Health; Alison Blair, Executive Lead for Public Health Modernization; and Jim Pine, Special Adviser, Public Health Modernization; followed by a question-and-answer period moderated by Colleen Kiel, Director (Acting), Strategy and Planning Branch, Ministry of Health.

The following is a summary of key messages. Content has been edited and condensed for clarity and to focus on issues of most interest to alPHa's members. A [recording](#) of the full webcast is available on the [consultation website](#) along with all of the resources referred to therein.

#### *Minister Elliott: Opening Remarks*

Minister Elliott characterized this initiative as part of the broader transformation of Ontario's health sector, the goal of which is to ensure that an integrated health system is available to everyone who needs care when they need it. She touched on the progress that has already been made with Ontario Health Teams before introducing the need to ensure that public health and emergency health services are modernized and strengthened in parallel.

She added that municipal partners have clearly communicated the need for a longer and more substantial consultation process, which is what is being launched today. She then introduced the team that will be leading the process to ensure that changes are informed by the expertise and daily experience of those who are on the front lines.

#### *Jim Pine: Remarks*

Jim Pine introduced the consultation plan, which he characterized as "resetting the discussion" to gather the best ideas that we can and learn from as many stakeholders as possible throughout the province to modernize these two sectors (EHS and Public Health). He clarified that the consultations for each are being carried out at the same time simply because of their respective integration with the municipal sector. Two separate discussion papers will be released later today, which will outline key challenges (i.e. the "why") and propose some ideas to address them (i.e. the "what").

Timing and location of the consultations are to be determined, and the aim will be to conduct them as part of existing meetings in a variety of settings and locations to make it as convenient for stakeholders as possible. Submissions in writing will also be welcome and there is a dedicated e-mail address to receive these. A survey tool will also be made available and regular updates will be posted on the Connected Care platform (subscribe to these here). He then reported that they are planning to provide a preliminary presentation of what the team has heard to date at the [Rural Ontario Municipal Association conference in January 2020](#).



### *David Williams: Remarks*

Dr. Williams indicated that neither the challenges facing public health nor the prospect of significant change are anything new, and this is another chance to examine the strengths of the existing system and the emerging issues that are confronting it to generate ideas for a vision of what we want the sector to look like in the long-term. The [Discussion Paper](#) will be a core aspect of these discussions, in that it will focus on improving capacity, strengthening alignments with other stakeholders, eliminating duplication and inefficiencies, fostering more consistent priority setting, and ensuring that responses to public health emergencies is robust throughout the province. The team will also be asking stakeholders to provide ideas on the consultation process itself.

### *Alison Blair: Remarks*

Alison Blair focused mainly on the EHS aspect of this consultation. She reiterated that this is in fact a reset and that there are no predetermined outcomes. Please see the recorded webinar if you are interested in more details about this (her remarks begin approximately 20 minutes in).

### *Colleen Kiel: Q&A*

#### **Is there a plan to merge PH and EHS?**

No. The discussion papers are separate and the consultations for each are being carried out at the same time simply because of their respective integration with the municipal sector.

#### **Is there consideration of the role of PHO?**

Yes. The concept of the “three-legged stool” (Ministry, PHO, local public health) remains foundational and the modernization is expected to touch on all three as part of an iterative process.

#### **What about First Nations and Indigenous communities?**

Specific consideration is being given. Please see the memo linked below.

#### **Where and when will consultations take place?**

The goal is to start meetings towards the end of this month. Plenty of notice will be provided to allow for proper preparation and every effort will be made to piggyback on existing meetings (e.g. conferences, board meetings etc.). The process itself will be flexible in this regard and ideas about specific timing, locations and engagement with other stakeholders will be welcome. The deadline for submitting responses to the discussion paper questions via the survey tool will be February 10. Initial set of recommendations will likely not happen until early spring 2020.

#### **Will written submissions be accepted?**

Written submissions are encouraged and can be transmitted via the [ehsmodernization@ontario.ca](mailto:ehsmodernization@ontario.ca) e-mail address.

#### **What are the major public health issues now?**

Coordination, updating and integration of technology, need for consistency and improving communications to ensure that each part of the system knows what the others are doing. Monitoring of health status is becoming imperative and we need improve the collection and analysis of data for more

timely and decisive responses, better targeting of resources and staff to ensure equity, addressing needs of high-risk groups, and how we apply our epidemiological knowledge to the health care system.

**Are the April 2020 dates for implementation that were announced in the 2019 Ontario Budget still valid?**

No. We can't implement what we don't know we're implementing.

**RESOURCES:**

- Consultation Website [English](#) and [French](#) (portal to most of what is included below).
- [Discussion Paper: Public Health Modernization](#)
- [November 18, 2019 Webcast recording](#)
- E-mail address: [ehsphmodernization@ontario.ca](mailto:ehsphmodernization@ontario.ca).
- [Survey Tool](#)
- [Memo to First Nations / Indigenous Communities](#)
- [Sign up here to receive Connected Care updates](#).

alPHA will be making a submission to the consultation and will be requesting feedback from our members to inform it. Please visit [alPHA's Public Health Modernization page](#) to view materials collected to date related to this initiative since the 2019 Budget announcement on April 11.

We hope you find this information useful.

**PROCEEDINGS**

**alPHa Fall Symposium, Wednesday, November 6<sup>th</sup>, 2019**  
**Dalla Lana School of Public Health, University of Toronto**  
**Health Sciences Building, 155 College Street, 6<sup>th</sup> Floor**  
**Toronto, ON M5T 3M7**

*Speaker Biographies are included following the session summaries.*

**Update on Public Health Modernization**

**Speakers:** **Dr. David Williams**, Chief Medical Officer of Health; **Alison Blair**, Public Health Modernization Executive Lead and Assistant Deputy Minister, Emergency Health Services; **Jim Pine**, Special Advisor on Public Health and Emergency Health Services. **Moderator:** **Dr. Robert Kyle**, Commissioner & Medical Officer of Health for the Regional Municipality of Durham.



Dr. Robert Kyle introduced the panelists from the Public Health and Emergency Health Services Modernization team and invited them to make introductory remarks prior to the discussion. Jim Pine spoke of his previous experiences in consultation and assured the assembly that the Government wants to do the right thing and that there are no predetermined outcomes.

Alison Blair indicated that her role is to support Jim and to ensure that the lines of communication remain open while also ensuring that the day-to-day work of public health at the provincial level can continue under the leadership of the CMOH. She also mentioned that the

common municipal link between EHS and PH is the only reason that both are being addressed in the same conversation and that there is no intent to amalgamate the two. She reiterated that the purpose of the consultation is entirely to seek our advice on what will make public health better and that the focus of the conversation will be on structures and practices, not content.

Dr. David Williams continued by reflecting on where we are in the process. He reminded delegates that different versions of this have arisen over the years, and the common question has always been about what systemic supports are required to address known shortcomings. He characterized this as a great opportunity, because the Government has demonstrated an understanding of public health's roles and responsibilities and an interest in making the system better in and of itself.

The consultation will be launched via webinar in the coming weeks and feedback will be guided by a discussion paper to be released around the same time. The consultation will be broad, and feedback will be

welcome in a variety of formats (regional visits, remote participation, written feedback). It will also be responsive to new ideas and questions that emerge along the way.

During the ensuing discussion, clarification was given that the approaches and timelines proposed in the original 2019 budget announcement no longer apply (other than the already-confirmed change to the cost-sharing) but also that the status quo is an unlikely end point. The impetus for this initiative is to ensure that issues that have been identified in several assessments of the public health system over the years can be appropriately addressed. These will be outlined in the discussion paper, which is designed to gather the best ideas and experience from the field to inform solutions. Jim Pine reiterated that his primary job is to listen and that the team is receptive to any and all ideas.



Members took the opportunity to provide preliminary advice on both the process and the content of the consultation, as well as to express ongoing concerns about the absence of information provided since the budget announcement, the potential effects of transformation on daily public health work, and the implication that “modernization” assumes that the public health system as a whole is out-of-date.

Alison Blair then outlined her best estimate of the consultation timeline, which will see the consultation launch in the coming weeks and continue into the winter, followed by a synthesis and communication of what they’ve heard along with some preliminary proposals for further comment. She guessed that presenting something to the government that is acceptable to the field will not occur until early spring.

### **alPHa Strategic Plan**

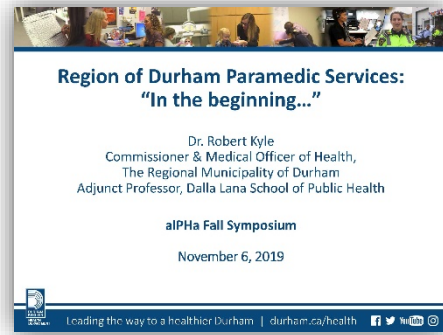


alPHa President Carmen McGregor announced that alPHa’s new strategic plan for 2020-2023 has just been finalized and endorsed. The previous Strategic Plan served the association well, putting members at the centre of activities and built upon five areas of focus: promoting members; representing members; enriching members; supporting members; and connecting members.

Following a review of the plan that began in 2018, which included member outreach, survey and consultation sessions as







### Minister of Health and Deputy Premier Christine Elliott

Minister Christine Elliott provided welcoming remarks to the assembled delegates and confirmed that keeping patients as healthy as possible in their communities and out of hospitals through investments in health protection and promotion is a key pillar in Ontario's comprehensive plan to end hallway health care. She also provided updates on the Public Health Modernization consultations, approaches to reducing youth vaping and the launch of this year's Universal Influenza Immunization Program.



Much of what she said about Public Health Modernization was reflected in the Government's [Fall Economic Statement](#), which was released later that day.

On vaping, she acknowledged that the Minister's Order to gather data about vape-related hospitalizations and the decision to ban point-of-sale promotion of vape products (effective January 1, 2020) were just first steps in an effort to curb vaping among youth in Ontario.

Finally, the Province is about to launch its annual Universal Influenza Immunization campaign, with the recognition that getting vaccinated is important not just for personal health but also that of the community, which is an important contributor to reducing hallway health care.

### **Public Health and the News – What’s Making the Front Page?**

**Panelists:** *Dr. Michael Rieder, CIHR-GSK Chair in Paediatric Clinical Pharmacology University of Western Ontario Professor; Professor Robert Schwartz, Dalla Lana School of Public Health, Executive Director, Ontario Tobacco Research Unit, University of Toronto; Professor Natasha Crowcroft, Dalla Lana School of Public Health, ICES and LMP, University of Toronto. Moderator: Dr. Paul Roumeliotis Medical Officer of Health and Chief Executive Officer, Eastern Ontario Health Unit; Chair, Council of Ontario Medical Officers of Health (COMOH).*



Dr. Paul Roumeliotis introduced the session with a slide deck capturing the themes of the panel discussion and invited panelists to provide their perspectives on these three areas where public health and mediated public perception are often misaligned.



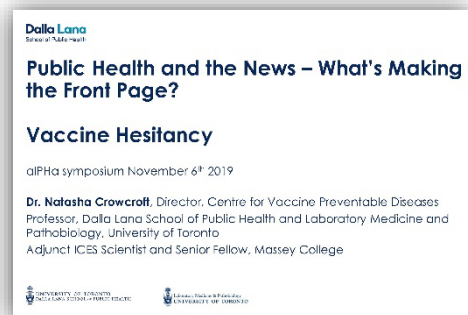
Dr. Michael Rieder gave an outline of the legalization and subsequent issues related to cannabis use.



Professor Robert Schwartz gave a timeline of the slow development and sudden emergence of e-cigarettes as a popular technology whose harm reduction attributes are grossly overstated when measured against alarming youth uptake.



Professor Natasha Crowcroft outlined the issue of vaccine hesitancy, its connection to political and social issues, and the proliferation of misinformation and eroding trust in science.

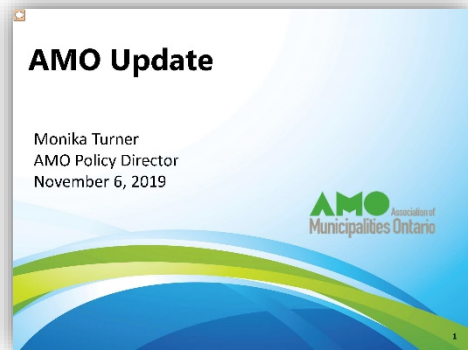


## Update from the Association of Municipalities of Ontario

**Speakers:** **Monika Turner**, Director, Policy, AMO and **Jamie McGarvey**, President, AMO

**Monika Turner's** updates are captured in detail in her accompanying slide deck and a full transcript of **Jamie McGarvey's** remarks is [available here](#).





**Death, disease and destitution: understanding global catastrophic biological risk.** Speaker: Dr. Peter Donnelly, President & CEO, Public Health Ontario. Co-hosted by the Dalla Lana School of Public Health, University of Toronto, and alPha.



As a special addition to the alPha Symposium, Dr. Peter Donnelly provided an informative and entertaining evening lecture on catastrophic biological risks, their potentially widespread effects on health, economy and society, and the importance of preparation. The central message was that such catastrophes can and do happen anywhere and at any time, and that investment, vigilance and the capacity to recall and apply lessons learned is essential to any kind of response.



## SPEAKER BIOGRAPHIES 2019 FALL SYMPOSIUM

### **The Honourable Christine Elliott Deputy Premier of Ontario and Minister of Health**

As a mother, lawyer, businesswoman, and entrepreneur, Christine Elliott knows how to bring people together. She knows the importance of balancing a family budget and how to manage a successful business.

Christine graduated from the University of Western Ontario with a Bachelor of Laws degree. She then built a successful career in business and law, working first as an auditor at one of Canada's largest banks. Christine later co-founded a law firm with her late husband Jim Flaherty, where she specialized in real

estate, corporate law, and estate law. Christine has worked tirelessly to help businesses all across the province expand and thrive.

Christine also used her business and legal expertise to pursue her commitment to public service. Her pro bono legal work for charitable organizations gained her the recognition as a Rotary International Paul Harris Fellow, the highest award with Rotary. As well, Christine is a co-founder of the Abilities Centre in Whitby, a facility built with the vision of celebrating all people, regardless of ability. The centre has become a hub of its community, hosting various Parapan Am Games events in 2015.

In 2006, Christine was elected MPP. She has won five elections, and for nine years has served the people of Ontario at Queen's Park, including six years as Deputy Leader of the PC Party.

In 2016, Christine became Ontario's Patient Ombudsman, where she fought for better access to health care for all.

She currently serves as the Deputy Premier of Ontario, Minister of Health and is the MPP for Newmarket-Aurora.

Christine has triplet sons, John, Galen and Quinn.

#### **Alison Blair**

##### **Assistant Deputy Minister, Emergency Health Services Division, and Executive Lead, Public Health Modernization, Ministry of Health**

Alison Blair is the Assistant Deputy Minister of the Emergency Health Services (EHS) Division, and Executive Lead, Public Health Modernization, in the Ministry of Health. The EHS division provides and regulates services to all Ontarians ranging from emergency health services in land and air ambulances, to advocacy and rights advice services to patients in psychiatric facilities across the province.

Alison was previously the Executive Director of the Emergency Health Services Office, Hospitals and Emergency Services Division in the Ministry of Health and Long-Term Care. Prior to this role, Alison served as the acting Assistant Deputy Minister, Direct Services Division of the Ministry of Health and Long-Term Care where she provided leadership and oversight on emergency health services in land and air ambulances, funding programs for assistive devices and medical supplies to Ontario residents with long term physical disabilities, programs under the OHIP program, advocacy and rights advice services to patients in psychiatric facilities across the province.

Alison brings with her a wealth of experience in strategy development, stakeholder management, and implementation, through roles within government and in the health sector. Alison has a Master of Business Administration, McMaster University, specialization in Health Services Management and a Bachelor of Arts and Sciences (Honours), McMaster University.

#### **Professor Natasha Crowcroft**

##### **Dalla Lana School of Public Health, ICS and LMP, University of Toronto**

Dr. Crowcroft is a public health medical practitioner with more than 25 years' experience in public health at local, national and global levels, and two decades of senior management and leadership experience in infectious disease surveillance, prevention, control and outbreak response. She has published over 250 peer-reviewed scientific papers including in Lancet, BMJ, NEJM, with an h-factor of 47 (Google scholar). She is an Associate Editor for Eurosurveillance and on the International Advisory

Board of Lancet Infectious Diseases. With a strong track record of research funding, she reviews for a variety of national and global funding bodies. Her research aims to maximize the health benefits of immunization.

Dr. Crowcroft's expert role includes as current co-chair of the Canadian Association for Immunization Research, Evaluation and Education (CAIRE), and member of the Canadian Immunization Research Network. Globally, she is an expert for PAHO, SEARO and WHO and also serves on the Independent Review Committee of Gavi.

Dr. Crowcroft trained in medicine and public health at the Universities of Cambridge and London, UK, and in field epidemiology in the European Programme for Intervention Epidemiology Training (EPIET) in Belgium. From 1997-2007 Dr. Crowcroft was a medical consultant in the Immunisation Department at the national centre for England. In 2007 she was recruited to be one of the founding leadership group at Public Health Ontario, Canada, helping to rebuild the public health system post-SARS. She became Director of Surveillance and Epidemiology in 2008, Chief of Infectious Disease in 2012, Chief of Applied Immunization Research and Evaluation in 2015, and Chief Science Officer in 2019. In 2019, Dr. Crowcroft launched the Centre for Vaccine Preventable Diseases at the University of Toronto as its inaugural Director.

**Dr. Peter Donnelly**  
**President and CEO, Public Health Ontario**

Dr. Donnelly is President and CEO of Public Health Ontario (PHO), which provides evidence for policy formulation and undertakes public health capacity building, as well as provides integrated public health laboratory and surveillance systems. Prior to joining PHO, Dr. Donnelly was the Professor of Public Health

Medicine at the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008 he was the Deputy Chief Medical Officer to the Scottish Government, providing senior leadership and coordination at a national level. As the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

**Dr. Robert Kyle**  
**Commissioner and Medical Officer of Health, Durham Region**

Dr. Kyle has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He is an active member of many provincial and regional health organizations. For example, he is currently Past President of the Association of Local Public Health Agencies, having assumed the presidency from June 2018 to June 2019. He is also Chair of the Durham Nuclear Health Committee; Past Chair of the Port Hope Community Health Centre; Past Chair of the Public Health Ontario Board of Directors and Past Chair of its Governance Committee. Dr. Kyle is a former Medical Officer of Health for the Peterborough County-City Health Unit and Associate Medical Officer of Health for the Borough of East York Health Unit. He is also an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto.

**Jamie McGarvey**  
**President, Association of Municipalities of Ontario**

Jamie was acclaimed President of the Association of Municipalities of Ontario (AMO) on August 22, 2018 at the Association's 2018 conference in Ottawa. He has served on municipal councils for more than 30 years, including the last nine as the Mayor of Parry Sound. Jamie has been on the AMO board for nine years. The AMO President serves as the voice of a 43-member Board made up of elected officials and senior municipal staff from across Ontario. The AMO Board represents a cross-section of Ontario's diverse municipalities, including rural, northern and urban communities from all regions of the province.

**Carmen McGregor**  
**President, alPHa**

Carmen is a Municipal Councillor with Chatham-Kent. She joined the alPHa Board in June 2015 as the South West region's Boards of Health Representative and became alPHa Vice President in June 2016. She served as alPHa President from June 2017 to June 2018 and Past President from June 2018 to June 2019.

Prior to municipal council, Carmen was a publicly elected School Board Trustee for the Lambton Kent District School Board for 11 years. She served as Chairperson for 3 years and Vice Chair for 2 years. Her responsibilities included many different committees including representing her board provincially as Director to the Ontario Public School Board Association (OPSBA) and Vice President of the Western Region group of Public School Boards.

Along with her political career Carmen is the Office Manager of a law firm and has continued to be an active volunteer within her community. She is the Past President and a current Director of the Wallaceburg and District Chamber of Commerce, a member of the Chatham-Kent Not-for-Profit Network, a member of the Age Friendly Committee, a Toastmaster and she has chaired the Wallaceburg, United Way of Chatham-Kent Campaigns, 1999, 2009 & 2013.

**Jim Pine**  
**Special Advisor on Public Health and Emergency Services**

Jim is currently the Chief Administrative Officer (A) of the County of Hastings, having been in the municipal affairs business for nearly 39 years. He has worked as a chief administrative officer in small municipalities, as a city administrator and, for the past seventeen years, has been leading the administration of the County of Hastings. Jim started his career with the Ministry of Municipal Affairs and Housing and served in various positions in his 9 years with the Ministry including as Regional Director for Eastern Ontario.

Jim is also co-chairing the ONWARD Initiative which includes major municipal staff organizations in Ontario dedicated to promoting local government as a career and supporting succession planning in municipalities across the province. He has also taken an active role in municipal advocacy through his work with the Association of Municipalities of Ontario, where he served in a number of roles including Secretary-Treasurer and member of the Board of Directors.

Jim is a past president of the Ontario Municipal Administrators' Association. He has participated in many municipal reform projects, including the *Provincial-Municipal Fiscal and Services Delivery Review*. Along

with his two panel partners, he authored a wide-ranging review of Ontario's water and waste water sector entitled: *Watertight: A Case for Change*.

**Dr. Michael Rieder**  
**CIHR-GSK Chair in Paediatric Clinical Pharmacology**  
**University of Western Ontario**

Dr. Rieder obtained his MD at the University of Saskatchewan in 1980 and his Ph.D. at the University of Toronto in 1992. His paediatric resident training was at the Children's Hospital of Michigan and he completed fellowships in Paediatric Clinical Pharmacology and Paediatric Emergency Medicine at the Hospital for Sick Children in Toronto.

Dr. Rieder is a Professor with the Department of Paediatrics, Physiology and Pharmacology and Medicine at Western University and a Scientist at the Robarts Research Institute. He is the Past President of the Canadian Society of Pharmacology and Therapeutics and is a member of the Drug Therapy Committee of the Canadian Paediatric Society and has served as a consultant to Health Canada, the NIH, the MRC and the Canadian College of Academies. Dr. Rieder's research focuses on drug safety and adverse drug reactions as well as on optimal therapeutics in children. This includes studying genetic variations and their impact on drug efficacy and safety and mechanistic studies of drug hypersensitivity. He is the author of the CPS Statement on Medical Marijuana in Children and has spoken on this topic in many venues.

Dr. Rieder has been the recipient of many awards including the 1994 and 1996 Young Investigator of the Year for the Canadian and American Societies of Clinical Pharmacology, the Senior Investigator Award of the Canadian Society of Clinical Pharmacology and the Academic Leadership Award in Clinical Investigation from the Paediatric Chairs of Canada as well as Sumner Yaffe Lifetime Achievement Award for Pediatric Pharmacotherapy. Other distinguished awards include the Harvard Macy Scholar Award, the Douglas Bocking Award, several Teacher of the Year Awards, Fellowships from the Royal Colleges of Physicians and Surgeons of Glasgow and Edinburgh and a Distinguished University Professor award at Western. He holds the CIHR-GSK Chair in Paediatric Clinical Pharmacology, the only endowed Chair in Paediatric Clinical Pharmacology in Canada.

**Dr. Paul Roumeliotis**  
**Medical Officer of Health and CEO, Eastern Ontario Health Unit & COMOH Section Chair**

Dr. Roumeliotis is the Medical Officer of Health and Chief Executive Officer of the Eastern Ontario Health Unit since 2017. He received his medical degree in 1983 at McGill University and trained as a pediatrician at the Montreal Children's Hospital. He was Director of Continuing Medical Education in the Department of Pediatrics and founding Director of Multiformat Health Communications at McGill. Dr. Paul created and directed the Montreal Children's Hospital Asthma Centre and Pediatric Consultation Centre in 1990. He also holds a Master of Public Health (MPH) Degree from the Johns Hopkins School of Public Health, where he is now an Associate Faculty member. In May 2013, he completed the Advanced Management Diploma program at the Harvard Business School. In February 2018, he received the Canadian Certified Physician Executive (CCPE) credential designation by the Canadian Society of Physician Leaders.

**Trudy Sachowski****Vice Chair, Northwestern Board of Health & Boards of Health Section Chair, alPHA**

Trudy is a Provincial Appointee, is the Vice Chair of the Northwestern Board of Health and Chair of the Board's Executive Committee. Trudy is a retired corporate leadership consultant. Trudy's extensive community and volunteer involvement includes serving as: Chair of the Ontario Parent Council, Chair of the Northwestern Healthy Living Partnership, Chair of the Dryden Public Library Board, Vice-Chair of the Northwestern Early Years Steering Committee, Board member of Points North Family Health Team and numerous provincial, regional and local initiatives. She is also currently a member of the alPHA Board of Directors.

**Dr. Jackie Schleifer Taylor****President, Children's Hospital****Executive Vice President, Clinical Programs****London Health Sciences Centre**

With over 20 years' experience in local to international health sector leadership, Dr. Jackie Schleifer Taylor has been recognized for her demonstrated successes in systems development and strategy implementation. Jackie promotes and advances leadership/administrative best practices in operations management to support innovation in health sector business and practice management. Equally important to her is the call to volunteerism. She has served on a number of committees, boards, and think tanks. Her scope of service includes appointments on Boards of health care service provider agencies, advisory committees of government (regionally, provincially, nationally and internationally), regional agencies, international think tanks, regulatory bodies (provincially, nationally), and appointments at academic institutions. Currently, provincially Dr. Schleifer Taylor holds several appointments, including serving as Chair of the Provincial Council of Maternal and Child Health. Nationally, she serves on the Board of Children's Healthcare Canada. Her academic credentials include Baccalaureate degrees in Science, and Health Sciences from McMaster University, where she graduated from Physical Therapy. Jackie also holds two graduate degrees, a Master of Science and a PhD, from the University of Toronto.

**Professor Robert Schwartz****Dalla Lana School of Public Health****Executive Director, Ontario Tobacco Research Unit, University of Toronto**

Robert Schwartz is Executive Director of the Ontario Tobacco Research Unit, Professor at the Institute of Health Policy, Management and Evaluation in the Dalla Lana School of Public Health at the University of Toronto and Senior Scientist, Centre for Addiction and Mental Health. Dr. Schwartz is Director of the U of T Collaborative Specialization in Public Health Policy. At OTRU, Dr. Schwartz directs research, evaluation, knowledge exchange and capacity building programs. His research interests include (1) Tobacco Control Policy, (2) e-cigarettes (3) Strategy design and evaluation, (3) Evaluation of Tobacco Control Programs and Policies, (4) Public Health Policy (5) Accountability (6) The Politics and Quality of Evaluation, (7) Performance Measurement and Performance Auditing, He has published widely about tobacco control, accountability, public health policy, policy change, program evaluation and government – third sector relations.

**Janice Sheehy**  
**Commissioner, Human Services**  
**The Regional Municipality of Peel**

Janice joined the Region of Peel in March 2016 as Commissioner, Human Services. In this role she provides strategic leadership to programs and services in the areas of housing and homelessness, early learning and childcare, as well as social assistance and employment support. Janice shares accountability with the executive leadership team for successfully implementing Peel's strategy to achieve Regional Council's long-term vision.

Over the course of her 30-year career, Janice has had the opportunity to work in various leadership roles within the public sector. Before joining the Region of Peel, she was the General Manager of Finance and Treasurer with the City of Guelph and employed with Halton Region, the City of Hamilton, the Ministry of the Attorney General, and the Ministry of Municipal Affairs and Housing - all in senior management roles.

Throughout her career Janice has held positions that provide connections between her strong financial background and her desire to make an impact on the lives of residents. Janice's focus is on delivering the best possible customer service that will have a positive effect on clients and tenants.

Janice has a Bachelor of Commerce (B.Com.) and has achieved certified designations with the Association of Certified Fraud Examiners (CFE), Institute of Internal Auditors (CIA), and Institute of Chartered Professional Accountants (CPA).

**Cynthia St. John**  
**CEO, Southwestern Public Health**

Cynthia is the CEO of Southwestern Public Health, formed in 2018 by the merger of the former Oxford County Public Health and Elgin-St. Thomas Public Health. Prior to the merger, Cynthia presided as the Executive Director of Elgin-St. Thomas Public Health for 18 years. Cynthia now leads an organization of approximately 200 employees responsible for providing public health programming to a population of over 200,000 in southwestern Ontario. Cynthia began her career in the charitable sector having had the privilege of working with exceptional organizations such as the YWCA, the Anne Johnston Community Health Centre, and Dying with Dignity Canada. She holds a Masters of Business Administration with a specialization in Leadership and is currently a member of alPha's Board of Directors.

**Monika Turner**  
**Director of Policy, Association of Municipalities of Ontario**

Monika is the Director of Policy for the Association of Municipalities of Ontario (AMO). She joined AMO in 2010 after 25 years with the Ontario Government as both a public servant and a political assistant. Monika worked at the Ministry of Health and Long-Term Care twice. From 1998 to 2003, she led a series of physician compensation negotiations on behalf of the province. In 2006, Monika returned to the MOHLTC as the Director of Public Health Standards and oversaw the development of the 2008 Ontario Public Health Standards. She has a Masters of Law degree (ADR) from Osgoode Law School and received her Masters of Public Health from the University of Waterloo in 2011.

**Dr. David Williams**  
**Chief Medical Officer of Health, Ontario Ministry of Health**

Dr. Williams is currently the Chief Medical Officer of Health for the province of Ontario and was appointed on February 16, 2016. Dr. Williams assumed the Interim Chief Medical Officer of Health position on July 1, 2015 having been in the position of Medical Officer of Health for the Thunder Bay District Board of Health from October 2011 to June 30, 2015. Prior to that, Dr. Williams had been at the Ontario Ministry of Health and Long-Term Care from 2005 to 2011 as the Associate Chief Medical Officer of Health, Infectious Disease and Environmental Health Branch Director. During this time he was also the Acting Chief Medical Officer of Health for Ontario from November 2007 to June of 2009. Before working at the province Dr. Williams was the Medical Officer of Health and CEO for the Thunder Bay District Health Unit from 1991 to 2005.





P.O. Box 5035  
300 Dufferin Avenue  
London, ON  
N6A 4L9

**London**  
CANADA

November 27, 2019

Chair and Members  
Middlesex-London Health Unit Board of Directors

I hereby certify that the Municipal Council, at its meeting held on November 26, 2019 resolved:

That Councillor A. Kayabaga BE APPOINTED to the Middlesex-London Health Unit Board of Directors for the term ending November 15, 2022. (4.2/22/SPPC) (2019-C12)

A handwritten signature in black ink, appearing to read 'C. Saunders', is written over the text.

C. Saunders  
City Clerk  
/hw

cc: Councillor A. Kayabaga

November 29, 2019

The Honourable Patty Hajdu  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6

**Sent via e-mail: [Patty.Hajdu@parl.gc.ca](mailto:Patty.Hajdu@parl.gc.ca)**

Dear Minister Hajdu,

Congratulations on your appointment as Federal Minister of Health. We look forward to working with you to advance the health and well-being of all Canadians.

Peterborough Public Health (PPH) has been long involved in raising concerns regarding the impact of vaping on non-smokers and in particular, youth. Continuing with this advocacy in order to protect youth in our community is critical. At the October 9, 2019 meeting of the Board of Health, communications from both the Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Boards of Health (attached) were reviewed regarding vaping in Ontario.

PPH has provided feedback to a number of Health Canada consultations related to vaping and youth including advertising of vaping products (March 2019), regulatory measures to reduce youth access and appeal of vaping products (June 2019) and labelling and packaging of vaping products (August 2019). PPH responses to these consultations have noted that while vaping may be less harmful than smoking tobacco, it is not harm free. This has been demonstrated most recently by the hospitalization of a young person in the Middlesex-London Health Unit area, following hundreds of hospitalizations and deaths in the United States as a result of vaping-related pulmonary illness.<sup>1</sup>

On September 19, 2019, representatives from eight health organizations (Action on Smoking and Health, Canadian Cancer Society, Canadian Medical Association, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, Ontario Campaign for Action on Tobacco and Physicians for a Smoke-Free Canada) made an appeal for immediate federal action to curb the marketing of vaping products.<sup>2</sup> These groups urged all federal political parties to commit to an urgent interim order that would put vaping products under the same kind of restrictions that are currently in place for tobacco products. Acceptance of this interim order would result in having protective restraints in place this calendar year using the powers of the Department of Health Act within sixty (60) days of a forming government.

We ask that action using the interim order is taken immediately to curb the marketing of vaping products in order to protect youth and reverse the current trend in both youth vaping and tobacco rates. Vaping products must be under the same kind of restrictions that are currently in place for tobacco products. Acceptance of an interim order using the powers of the Department of Health Act would result in having protective restraints in place this calendar year. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Sincerely,

**Original signed by**

Councillor Kathryn Wilson  
Chair, Board of Health

/ag  
Encl.

cc: Hon. Christine Elliott, Ontario Minister of Health  
Dr. Theresa Tam, Chief Public Health Officer of Canada  
Dr. David Williams, Chief Medical Officer of Health, Ontario  
Local MPs and MPPs  
Ontario Boards of Health  
Association of Local Public Health Agencies

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<sup>1</sup> CBC London (September 2019) Ontario teen was on life-support after respiratory illness linked to vaping. Retrieved from:  
<https://www.cbc.ca/news/canada/london/middlesex-london-health-unit-vaping-respiratory-illness-1.5288065>

<sup>2</sup> CTV News (September 2019) Canadian health groups concerned about teen vaping call for urgent government action. Retrieved from: <https://www.ctvnews.ca/health/canadian-health-groups-concerned-about-teen-vaping-call-for-urgent-government-action-1.4601027>

December 2, 2019

**VIA EMAIL**

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

Dear Minister Elliott:

**Subject: Vapour Product Use Among Youth**

On behalf of the Board of Health of the Leeds, Grenville and Lanark District Health Unit, I congratulate you on taking an important first step to address the serious problem of vapour product use (with e-cigarettes) among youth in our communities by restricting the advertising of vaping products to adult access stores.

Since 2017 there has been a dramatic increase in the number of youth who are now using vapour products, including youth who are non-smokers. New high tech vapour products, the addition of flavours that appeal to youth, easy access, its marketing as being safe, as well as high levels of nicotine leading to addiction are all contributing to this increase. Nicotine affects the growth and development of the youth brain, and the other inhaled, unregulated vaping compounds likely have a serious impact on the respiratory system.

Our Board of Health urges you to continue your work to protect the youth by supporting Bill 151, the *Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2019*. The Bill includes the following measures concerning vapour products:

- Banning promotion
- Banning flavours unless exempted by regulation
- Setting a maximum nicotine level in pods and liquids of 20 mg/ml
- Banning sales except in adult-only specialty vape stores
- Requiring specialty vape stores to be approved by the local Board of Health
- Authorizing the Health Minister to direct that tax revenue from e-cigarette sales in specialty vape shops be directed to public education, provided that the Legislature appropriates funds for this purpose
- Requiring Ontario Health to prepare an annual report to the Health Minister on youth vaping with information and recommendations

Sincerely,



Doug Malanka  
Board Chair

cc: Ontario Boards of Health  
Randy Hillier, MPP, Lanark-Frontenac-Kingston  
Steve Clark, MPP, Leeds-Grenville-Thousand Islands & Rideau Lakes