

CORRESPONDENCE – March and April 2020

- a) Date: 2020 February 24
Topic: 2020 municipal cost share of public health funding
From: Eastern Ontario Health Unit
To: The Honourable Christine Elliott

Background:

On February 12, 2020, the Board of Health for the Eastern Ontario Health Unit (EOHU) passed a motion to resolve that, for the calendar year 2020, the provincial Ministry of Health reverse the 30% cost-share formula and return to the municipal share of 25% applicable only to previously shared mandatory programs, as in prior years. EOHU is forwarding this motion in the context of the Public Health Modernization consultation process, which is still ongoing.

Recommendation: Receive.

- b) Date: 2020 February 28
Topic: Ontario measures for protecting children and youth from dangers of vaping
From: Ontario Ministry of Health
To: All Health Units

Background:

On February 28, 2020, the Ministry of Health announced a proposal for new regulations to further restrict youth access to vapour products in Ontario. If approved, the new regulations would limit where flavoured and high-nicotine vapour products may be sold at retail. In addition, the Province will expand prevention initiatives and services to quit vaping, including enhancement of mental health and addiction services and resources, as well as the establishment of a Youth Advisory Committee.

Recommendation: Receive.

- c) Date: 2020 March 2
Topic: Discussion paper: Public Health Modernization
From: Leeds, Grenville and Lanark District Health Unit
To: All Health Units

Background:

On March 2, 2020, the Leeds, Grenville and Lanark District Health Unit shared their new report, which includes recommendations to address the Ministry of Health's concerns as identified in its November 2019 *Discussion Paper: Public Health Modernization*.

Recommendation: Receive.

- d) Date: 2020 January 20 (received February 18)
Topic: Endorsement of correspondence regarding vaping recommendations
From: Office of the Mayor, City of Hamilton
To: All Health Units

Background:

On January 20, 2020, the City of Hamilton Board of Health endorsed correspondence from several boards of health, including MLHU, regarding comprehensive measures to address the rise of vaping in Ontario.

Recommendation: Receive.

- e) Date: March 3, 2020
Topic: Comprehensive Measures to Address the Rise of Vaping in Canada
From: Grey Bruce Health Unit
To: Honourable Patty Hadju

Background:

On November 22, 2019, the Board of Health for Grey Bruce Health Unit endorsed correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding comprehensive measures to address the rise of vaping in Canada. Refer to correspondence item f) in the [November 21, 2019 Board of Health agenda](#).

Recommendation: Receive.

- f) Date: March 3, 2020
Topic: The Harms of Vaping and the Next Steps for Regulation
From: Grey Bruce Health Unit
To: Minister Christine Elliott

Background:

On November 22, 2019, the Board of Health for Grey Bruce Health Unit endorsed correspondence from the Windsor-Essex County Health Unit regarding the harms of vaping and the next steps for regulation. Refer to correspondence item o) in the [November 21, 2019 Board of Health agenda](#).

Recommendation: Receive.

- g) Date: March 5, 2020
Topic: Support for a Seamless Provincial Immunization Registry
From: Peterborough Public Health
To: Honourable Christine Elliott

Background:

On February 12, 2020, the Board of Health for Peterborough Public Health endorsed correspondence from the City of Hamilton Board of Health and the Council of Ontario Medical Officers of Health (COMOH) in support of a seamless provincial immunization registry. Refer to correspondence item g) in the [December 12, 2019 Board of Health agenda](#).

Recommendation: Receive.

- h) Date: April 3, 2020
Topic: Ontario Increasing Public Health Unit's Capacity to Stop COVID-19
From: Ministry of Health
To: All Health Units

Background:

On April 3, 2020, the Ministry of Health announced that further action is being taken to allow public health units to increase their capacity. A new online portal has been launched for the public to access COVID-19 lab test results. Ontario has also issued a new emergency order to provide health units with the authority and flexibility to make staffing decisions to support the outbreak of COVID-19. All public health units are to implement aggressive contact tracing and management in response to the increase of community transmission.

Recommendation: Receive.

- i) Date: April 1, 2020
Topic: Emergency Management and Civil Protection Act
From: Province of Ontario
To: All Health Units

Background:

On April 1, 2020, an order was issued under the Emergency Management and Civil Protection Act stating that Boards of health shall and are authorized to take, with respect to work deployment and staffing, any reasonably necessary measure to respond to, prevent and alleviate the outbreak of the coronavirus (COVID-19) (the "Virus").

Recommendation: Receive.

- j) Date: March 30, 2020
Topic: 20-MAG001, Cannabis Consumption Establishments/Special Occasion Permits
From: Simcoe-Muskoka District Health Unit
To: Mr. Alexander Bishop, Director, Legalization of Cannabis branch

Background:

On March 30, 2020, the Board of Health for Simcoe-Muskoka District Health Unit (SMDHU) wrote to Mr. Bishop in support of the concerns expressed by the Association of Local Public Health Agencies (alPHa) over 20-MAG001 Cannabis Consumption Establishments/Special Occasion Permits. Allowing cannabis consumption establishments and special occasion permits would contribute to the normalization of cannabis use which increases health and social harms. The SMDHU urges the government to monitor and assess the impact of the regulatory changes before considering or allowing any further expansion.

Recommendation: Receive.

- k) Date: March 27, 2020
Topic: COVID-19 Action Plan and Public Health
From: Association of Local Public Health Agencies (alPHa)
To: Honourable Doug Ford

Background:

On March 27, 2020, the Association of Local Public Health Agencies (alPHA) wrote to Premier Ford in support of the COVID-19 Action Plan and the commitment to provide further financial certainty to public health units in order to address urgent public health needs.

Recommendation: Receive.

- l) Date: March 25, 2020
Topic: Ontario's Action Plan: Responding to COVID-19
From: Ministry of Health
To: All Health Units

Background:

On March 25, 2020, Finance Minister Rod Phillips and Premier Doug Ford released Ontario's Action Plan: Responding to COVID-19, which includes additional resources for the health care system and direct support for people and jobs. The plan includes a dedicated \$1 billion COVID-19 contingency fund as part of the additional health care investments. The plan also includes \$3.3 billion in additional health care resources to protect the health and well-being of the people of Ontario.

Recommendation: Receive.

- m) Date: March 24, 2020
Topic: alPHA Communication to Members
From: Association of Local Public Health Agencies (alPHA)
To: All Health Units

Background:

On March 24, 2020, the Association of Local Public Health Agencies (alPHA) advised its members to refer to the official government resources for the most up-to-date information on COVID-19. Sincere appreciation and admiration for all of Ontario's Medical Officers of Health, Associate Medical Officers of Health, and Affiliate members in Public Health Units along with other program staff, support and administrative workers, members of the Boards of Health and everyone else who is working so hard to respond to the unprecedented public health crisis.

Recommendation: Receive.

- n) Date: March 20, 2020
Topic: Amendments to the Municipal Act and City of Toronto Act
From: Ministry of Health
To: Board of Health Chairs, All Medical Officers of Health

Background:

On March 20, 2020, the Ministry of Health announced an amendment to the Municipal Act which provides that during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, members of councils, local boards and committees who participate electronically in open or closed meetings may be counted for the purposes of quorum.

Recommendation: Receive.

- o) Date: March 20, 2020
Topic: Amendments to the Municipal Act and City of Toronto Act
From: Dr. David Williams, Chief Medical Officer of Health
To: All Health Units

Background:

On March 20, 2020, Dr. David Williams released the memorandum and information sheet on amendments to the Municipal Act and City of Toronto Act. This is in response to recent legislative changes that permit Boards of Health to meet and make decisions virtually during declared emergencies.

Recommendation: Receive.

- p) Date: March 19, 2020
Topic: New Provincial Legislation to Allow Virtual Municipal Council Meetings
From: Association of Municipalities Ontario
To: All Health Units

Background:

On March 19, 2020, the Association of Municipalities Ontario (AMO) announced the Municipal Act, 2001 and the City of Toronto Act, 2006, have been amended to provide that, during municipal or provincial emergencies, members of councils, local boards and committees who participate electronically in open and closed meetings, may be counted for the purposes of quorum.

Recommendation: Receive.

- q) Date: March 19, 2020
Topic: New Provincial Legislation to Allow Virtual Municipal Council Meetings
From: Association of Local Public Health Agencies
To: All Health Units

Background:

On March 19, 2020 the Association of Local Public Health Agencies announced amendments to the Municipal Act and the City of Toronto Act. Refer to correspondence items o) and p) above.

Recommendation: Receive.

- r) Date: March 17, 2020
Topic: Board Meetings and Social Distancing
From: Association of Local Public Health Agencies
To: Honourable Doug Ford

Background:

On March 17, 2020 the Association of Local Public Health Agencies (ALPHA) wrote to Premier Ford requesting a revision of Ontario Municipal Act requirements that prevent remote participation in Board meetings, at least until the COVID-19 crisis has resolved.

Recommendation: Receive.

- s) Date: April 2, 2020
Topic: Emergency Order to Support Public Health Units with Human Resource Capacity
From: Ministry of Health
To: Board of Health Chairs, Medical Officers of Health

Background:

On April 2, 2020, the government enacted the new emergency order under the Emergency Management and Civil Protection Act to enhance public health human resources capacity specific to COVID-19. The order gives boards of health the authority and flexibility to make human resource decisions as necessary to respond to, prevent, and alleviate the outbreak of COVID-19, despite any collective agreements in place.

Recommendation: Receive.

Cornwall, February 12, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto ON M7A 1E9

Dear Minister Elliott:

RE: 2020 Municipal Cost Share of Public Health Funding

At its meeting on January 30, 2020, the Eastern Ontario Health Unit (EOHU) Board of Health unanimously passed the following motion number 2020-1393:

***WHEREAS** the Ontario Government's Public Health Modernization Consultation process is still ongoing and in fact delayed;*

***WHEREAS** the Public Health Modernization Consultation process does not address public health funding models including municipal cost-share;*

***WHEREAS** without prior consultation nor discussion with health units or municipalities and before a new public health structure model has been devised and implemented, the municipal public health funding share for 2020 has been increased to 30% and now extends to include programs not previously cost-shared with municipalities;*

***WHEREAS** the 30% share across all programs, including those previously not cost-shared will result in significant and likely unsustainable increase of close to 50% to the EOHU's 3 obligated, mostly rural municipalities which have a limited tax base;*

***WHEREAS** the EOHU's obligated municipalities have planned for a 2020 modest overall contribution increase of up to 2% which is less than their new 30% cost-share formula 2020 contribution, even offset by verbally confirmed one-time transitional funding by the Ministry of Health;*

***THEREFORE, BE IT RESOLVED THAT** for the calendar year of 2020 the provincial Ministry of Health reverse the 30% cost-share formula and return to previous years' municipal share of 25% applicable only to previously shared mandatory programs;*

and

***FURTHERMORE THAT** copies of this motion be forwarded to local municipalities, the Wardens Caucus of Eastern Ontario, the Association of Municipalities of Ontario (AMO), ROMA, local MPPs, MPP Steven Clark, all Ontario Boards of Health, the Association of Public Health Agencies (alPHa) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.*

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www.EOHU.ca • 1 800 267-7120 • www.BSEO.ca

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.
Si les renseignements sont requis dans un autre format, veuillez appeler au 1 800 267-7120 et faire le 0.

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

Sincerely,



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy: Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
Warden's Caucus of Eastern Ontario
Association of Municipalities of Ontario (AMO)
ROMA
City of Cornwall
Ontario Boards of Health
Association of Public Health Agencies (aPHa)
Office of the Chief Medical Officer of Health
Jim McDonnell, MPP, Stormont - Dundas - South Glengarry
Amanda Simard, MPP, Glengarry - Prescott-Russell
Steven Clark, Minister of Municipal Affairs

Ontario Protecting Children and Youth from Dangers of Vaping
*Province Building Healthier and Safer Communities by Expanding Prevention Initiatives
and Services to Help Quit Vaping*
February 28, 2020 1:05 P.M.

TORONTO — Following extensive consultation, Ontario is taking further action to protect children and youth from the health risks of vaping, while maintaining adults' access to smoking cessation options.

Today, Christine Elliott, Deputy Premier and Minister of Health, announced that Ontario is proposing regulatory changes that, if approved, would limit where flavoured and high nicotine vapour products are sold at retail. At the same time, the province will expand prevention initiatives and services to quit vaping.

"Young Ontarians are increasingly using and becoming addicted to nicotine vaping products, putting their health at risk," said Elliott. "I've heard directly from concerned parents who grow more worried each and every day about the health of their kids. As a mother myself, I know there's a clear case for action to curb the alarming increase in youth vaping. That's why we are taking a balanced approach that protects our children and youth while also avoiding fuelling an underground market for unsafe vapour products."

Ontario has consulted with health care experts, industry partners, parents and youth to develop protective measures to help keep children and youth safe. The proposed changes include:

1. Increasing access to services to help people quit vaping by expanding Telehealth Ontario;
2. Restricting the retail sale of flavoured vapour products to specialty vape stores and cannabis retail stores, which are restricted to people aged 19 and over, with the exception of menthol, mint and tobacco flavours;
3. Restricting the retail sale of high nicotine vapour products (more than 20mg/ml) to specialty vape stores;
4. Working with major online retailers of vapour products and stakeholders to ensure compliance with age-based sales restrictions for online sales;
5. Requiring specialty vape stores to ensure that vapour product displays, and promotions are not visible from outside their stores;
6. Enhancing mental health and addiction services and resources to include vaping and nicotine addiction; and
7. Establishing a Youth Advisory Committee to provide advice on vaping issues.

Ontario is also calling on the federal government to implement a national tax on vaping products.

"Vaping and the associated risks are a national health concern," said Rod Phillips, Minister of Finance. "I have strongly advocated to the federal government to work with Ontario and other provinces and territories on a national approach to taxing vapour products. Keeping kids safe is a national health concern and the evidence is clear - a tax could be an effective way to deter young people from vaping."

A national vaping tax would minimize regulatory burden and ensure a consistent tax treatment across the country.

Ontario expects the proposed regulation changes, if approved, would come into effect on May 1, 2020, except for the regulatory amendment to restrict the retail sale of high nicotine vapour products, which the province expects would come into effect on July 1, 2020, if approved, to align with the federal changes to labelling of nicotine on products.

QUICK FACTS

- These proposals are in addition to previous action to ban the promotion of vapour products in non-specialty stores, as well as a Minister's Order requiring public hospitals in Ontario to report statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease.
- Evidence indicates there has been a 74 per cent increase in vaping among Canadian youth between the ages of 16 to 19 from 2017 to 2018 (Hammond et al, 2019).
- In 2017, nearly 11 per cent of Ontario youth between grades 7 to 12 used e-cigarettes in the past year, with 19 per cent in grade 12 (Ontario Student Drug Use and Health Survey, 2017).
- Experience suggests increasing costs could be an effective way to reduce vaping use by young people as they are more price-sensitive than other consumers. Higher prices would further deter those who have never smoked from trying these products in the first place, helping to reduce the risks of nicotine addiction and unknown long-term health effects.

LEARN MORE

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

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DISCUSSION PAPER: PUBLIC HEALTH MODERNIZATION

*Recommendations from the
Leeds, Grenville and Lanark District Health Unit
February 2020*



Working Together

The Leeds, Grenville and Lanark District Health Unit is committed to working with the Ministry of Health, Public Health Ontario, its fellow local public health agencies, community partners, and members of the public to enhance the current public health system in Ontario.

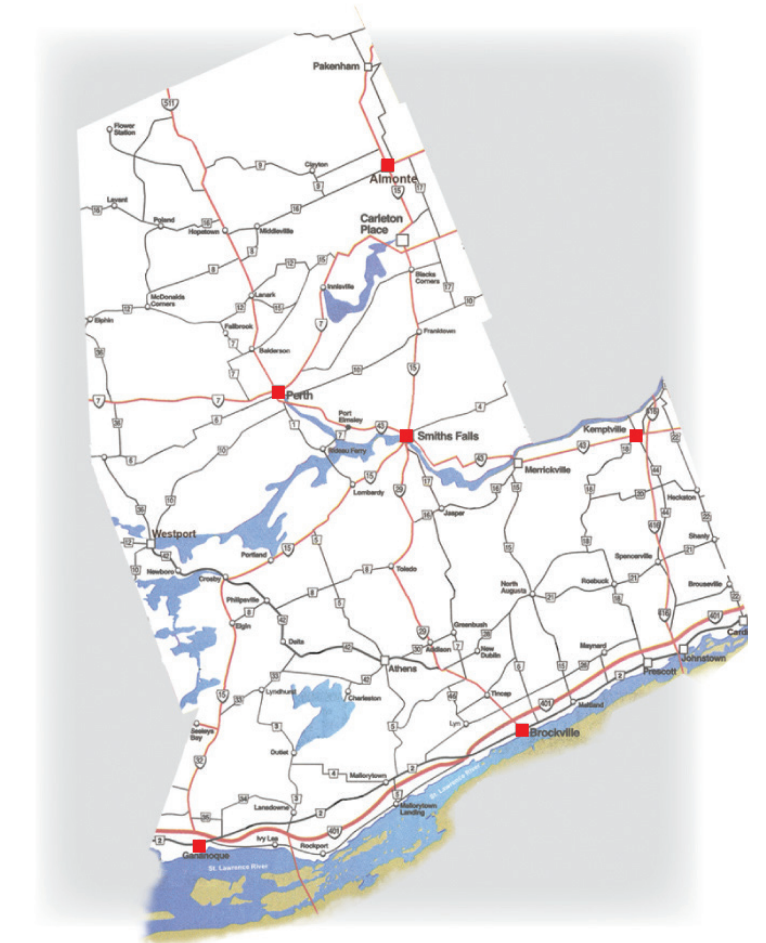
The Ministry of Health's November 2019 Discussion Paper: *Public Health Modernization* identified provincial concerns related to insufficient capacity, misalignment of health, social, and other services, duplication of effort and inconsistent priority setting in local public health agencies, as well as interest in improving Francophone services and engagement with Indigenous Peoples.

This report includes recommendations of the Leeds, Grenville and Lanark District Health Unit to address the Ministry of Health's concerns listed above. We think that these recommendations will enhance the ability and strength of the current public health system to improve the health of the population.

We look forward to the next phase of this collaborative journey.

Paula Stewart MD, FRCPC
Medical Officer of Health /CEO

Doug Malanka
Board Chair



169,244 people and 6,419 km² according to 2016 Census

Leeds, Grenville and Lanark are located on the traditional territory of Algonquin and Haudenosaunee Peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

Public Health Modernization

Ontario local public health units play a crucial role in ensuring the safety, health and wellbeing of Ontario communities and their residents. Public Health employees work daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and wellbeing. These services are centred on Ontario's Public Health Standards and ensure that our population remains healthy, and does not end up requiring costly care and treatment in hospital emergency rooms and wards. The health needs of Ontarians are variable and preserving local partnerships with municipalities, health services, community partners, education, and the social service sector agencies is essential to ensuring the effectiveness of public health programs.

The Board of Health welcomes the Ministry of Health's consultation to realize the provincial vision for Public Health Modernization which includes a coordinated public health sector that is nimble, resilient, efficient, and responsive to the province's evolving health with:

- Meaningful municipal engagement;
- A more efficient public health system;
- Stronger public health collaboration with the health care system; and
- Sustained focus on effective public health protection, promotion, and prevention;
- Greater coordination within public health and between local public health agencies and health care;
- Greater consistency in public health programs and services; and
- Increased system capacity.

The Board of Health also agrees that more work can be done on the following areas of concern identified in the 2017 Report on Public Health: Chronic Disease Prevention from the Ontario Auditor General¹:

- Greater strategic direction and oversight from the province on chronic disease prevention;
- Enhanced coordination among provincial ministries;
- Adequate capacity in all health units for chronic disease prevention;
- Enhanced coordination among health units to reduce duplication;
- Sufficient technical and scientific advice available to health units; and
- Greater emphasis on performance measurement and program evaluation.

Principles for Public Health Modernization

The Leeds, Grenville and Lanark District Health Unit Board of Health identified the following key principles related to public health modernization.

- 1 Appropriate municipal role in governance** – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health. It is important that obligated municipalities continue to have a significant governance role.
- 2 No loss of service to our community** – Local public health program and services must be maintained so that local public health needs are responded to by building on local assets and partnerships.
- 3 Meaningful involvement in planning** – The needs and assets of the Leeds, Grenville and Lanark communities are considered in the planning of any public health programs and services for the community.
- 4 Integrity of the Health Unit** - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is divided.
- 5 Like Health Unit Populations Grouped Together** – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
- 6 Effective administration services** – All administration services be at the same quality or better than currently exist in the Health Unit.

The Board of Health also supports the November 2019 Statement of Principles for Public Health Modernization from the Association of Local Public Health Agencies (ALPHA).

https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alpha_Letter_PH_Principles_151119.pdf

¹AG report

Recommendations

The Leeds, Grenville and Lanark District Health Unit undertook a formal consultation process with Board of Health members, management and staff to discuss the *Discussion Paper: Public Health Modernization*. Sixty-two individuals participated in one of two forums held on January 8 and 9, 2020. A few others participated by survey, and discussions were also held with key partners.

The following recommendations support enhancing the abilities of local public health agencies to deliver quality programs and services that would improve health and prevent health problems.

- ▶ **Priority setting with both provincial and local perspective:** Some public health issues are common across public health units, while others vary in permeation or context. Priority setting across the province would thus be best served by a balance of provincial and local determination. The public health system would benefit from the continued support of provincial public health standards (i.e. Ontario Public Health Standards) that provide provincial direction while allowing for adaptation of programs and services to meet locally identified needs, through application of the foundational principles of need, impact, capacity and partnerships. Public Health Ontario could facilitate local priority setting through data collection and analysis, literature reviews, research, and coordination of collaboration among health units with similar identified needs. Public health priority setting should not be completed in isolation from other fields, but rather could reflect consistent health-related mandates across Provincial Ministries.
- ▶ **Recognize urban and rural differences:** It is important to consider differences in need and capacity between urban and rural communities when collecting data, setting priorities, and adapting resources and program implementation strategies for these communities. Rural representation could be considered in health data collection, such as through oversampling methods. Decision-making regarding program and service priorities and implementation strategies could be a local responsibility to ensure that local need and capacity are considered, thereby increasing the likelihood of success. Facilitated collaborations between public health units should respect urban and rural differences.
- ▶ **Local relationships supported:** The success of many public health interventions is dependent upon the development of strong relationships with local partnering agencies and with community members. Front-line client service must remain locally provided, and may include the assignment of dedicated public health providers to specific areas (e.g. a school, a municipality, etc.). Local public health units could ensure adequate visibility and representation within communities, and engage in opportunities to build relationships with Indigenous communities and other locally-identified priority populations.
- ▶ **Coordination across provincial Ministries:** Public health interventions will be most effective when messaging and other strategies are consistent across health-related provincial Ministries. Examples include the Ministries of Health; Education; Agriculture, Food and Rural Affairs; Attorney General; Children, Community and Social Services; Indigenous Affairs; Municipal Affairs and Housing; Seniors and Accessibility; and Transportation. Mandates of various Provincial Ministries could be reviewed to ensure that they are congruent and share similar desired outcomes. Collaboration between Ministries would be enhanced through the use of a consistent platform for data sharing and analysis, and through an online portal that enables communication and sharing of ideas.

- ▶ **Public health and primary care system coordination:** Efficiency and effectiveness of public health practice requires upstream interventions to address the social determinants of health and risk factors for disease. This can be facilitated through embedding the principles of public health into existing and emerging primary care systems. Local public health could be involved in the planning and implementation of Ontario Health Teams, to allow integration of health promotion and prevention strategies into the delivery of primary care. Technology could be leveraged to allow for efficiencies in providing collaborative preventive care, such as through automatic reporting of immunizations to local public health units.
- ▶ **Coordinated resource development, research, and training:** Many public health issues are common across health units and would benefit from regional or central coordination of activities. Some services could be shared regionally among public health units, such as those found in the Foundational Standard (i.e. epidemiology, continuous quality improvement, and communications), procurement, and other financial services. Regional sharing of services could be modeled after the sharing of library services that is currently being coordinated by Public Health Ontario. Mechanisms could be developed to coordinate the sharing of resources and activities between public health units, including resurrection and expansion of Public Health Ontario's Locally Driven Collaborative Projects (LDCP) program. For topics that affect a majority of public health units, provincial (i.e. Public Health Ontario) support of research, public health workforce development, training, and resource and guideline development would reduce duplication of effort and improve consistency in messaging. Resurrection of the former provincial resource centres would help to address this need.
- ▶ **Coordinated training and professional development:** A strong public health system is supported by skilled public health providers who are able to respond quickly and effectively to ongoing and emerging public health issues. Central development and coordination of training programs could be considered for topics that affect several public health units, which would decrease duplication of effort and improve capacity and consistency across regions. In particular, provincial coordination of training programs could be provided for programs and services that are mandated by the Ontario Public Health Standards. Routine cross-training practices at local public health units would improve overall capacity. Increased collaboration between provincial entities (i.e. Public Health Ontario) and local public health units would allow for bilateral professional development opportunities that could strengthen service provision by all those involved.
- ▶ **Adequate stable funding:** Capacity for local public health programs and services is highly dependent on adequate funding from both obligated municipalities and the province. The recent change in the provincial/municipal funding ratio for mandatory programs from 2019 to 2020 from 75/25 to 70/30 and from 100% provincial to 70/30 for allied programs has had a major impact on local obligated municipalities. It will be very difficult to absorb any further increase, and their strong preference is to have the province revert to the 2019 funding ratio.

Enhancing the Organization of the Ontario Public Health System

The Leeds, Grenville and Lanark District Health Unit Board of Health would like to suggest the following organizational proposal to enhance an Ontario Public Health System that builds on the strengths of the existing system, and adds structures and processes to support capacity, build effective relationships with the health and social services systems, avoid duplication, and improve effective and consistent priority setting. This proposal builds on ideas generated at a meeting held in July 2019 with small urban/rural health units in Eastern Ontario and CAO's from Counties of Eastern Ontario, a meeting of Medical Officers of Health held in Kingston in December 2019, along with ideas discussed at the Health Unit Consultation Forums.

The proposed Enhanced Ontario Public Health System (Figure 1) would have local, regional and provincial components:

Local

Municipalities would continue to have a strong governance role through local Boards of Health with local community representation. The Board would continue to report to the Ministry of Health and would be accountable for any direction regarding priorities set by the Ministry. A full-time Medical Officer of Health would remain responsible for implementing the Ontario Public Health Standards at the local level.

Health Units would arrange for shared services to support capacity and avoid duplication. Existing partnerships with the health care system, Boards of Education, Municipalities, social services, networks and coalitions would continue and be expanded with a particular focus on Ontario Health Teams.

Regional

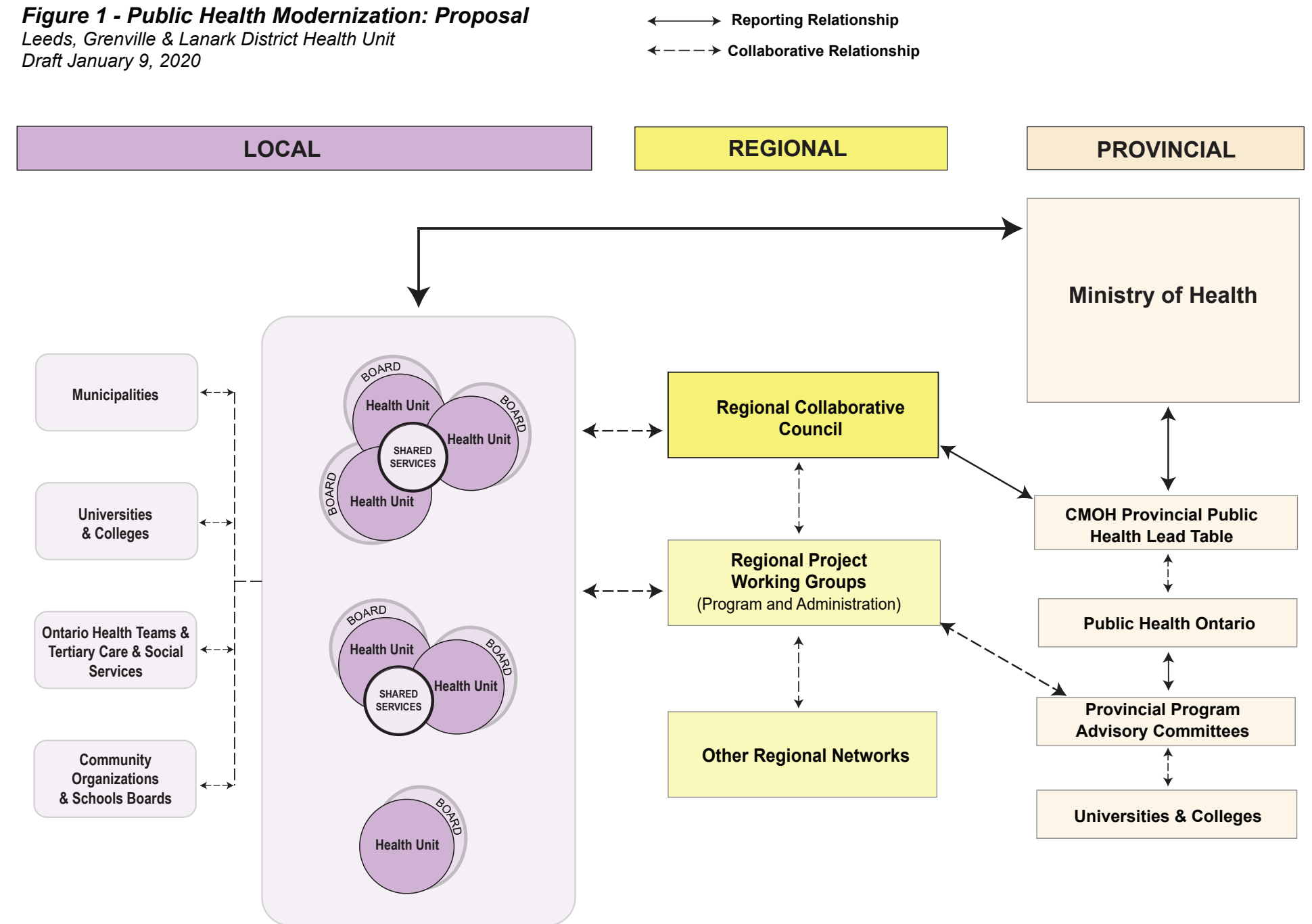
A network of Public Health Regional Collaborative Councils (RCC) (see details below) would be created across the province to facilitate health units working together and provide a mechanism for effective collaboration with the Chief Medical Officer of Health and the Ministry of Health. The RCC would be a vehicle for sharing information and would form working groups for specific administrative or program priorities jointly agreed to by some or all of the health units in the region. Associate MOH's and other senior leaders with specific content expertise would be leaders or participants on the working groups. These working groups build on the current experience of the East region for collaboration across health units. See more detail below.

Provincial

A CMOH Provincial Public Health Lead Table led by Dr. David Williams, CMOH, with representatives from each RCC would discuss priorities, coordinate provincial surveillance and program initiatives, provide input into provincial policy development, and provide input into federal public health initiatives.

Public Health Ontario would support Program Advisory Committees (like PIDAC) that would include subject matter expertise from PHO and local public health agencies to assist Public Health Ontario with the review and synthesis of evidence on public health topics, create guidelines and medical directives, education and training materials, and program resources for local public health agencies.

Figure 1 - Public Health Modernization: Proposal
Leeds, Grenville & Lanark District Health Unit
Draft January 9, 2020



Public Health Regional Collaborative Council: Initial Ideas

Purpose

The purpose of the Public Health Regional Collaborative Council (RCC) is to:

- Provide a formal structure and process for the Health Units in a region to identify, implement and evaluate initiatives to improve the efficiency and effectiveness of public health programs and services.
- Provide a mechanism for the Representatives from each RCC and the Chief Medical Officer of Health to collaborate on priority setting and support provincially-led initiatives through the CMOH Provincial Public Health Lead Table.

The RCC is built on the Collective Impact Framework which many health units use to effectively collaborate with local partners. The Framework contains “five core conditions including the development of a common agenda; using shared measurement to understand progress; building on mutually reinforcing activities; engaging in continuous communications and providing a backbone to move the work forward.” <http://www.tamarackcommunity.ca/collectiveimpact>

Using the Collective Impact Framework the Public Health Regional Collaborative Councils will facilitate meeting the ministry requirements for the modernization of public health in Ontario²

- Enhance system capacity;
- Guide the implementation of provincial priorities and develop regional priorities for collaborative work;
- Increase coordination and collaboration and decrease duplication;
- Increase responsiveness to provincial public health direction and priorities;
- Strong centralized evidence functions to support health system planning;
- Evidence-based public health interventions – improved ability to prevent infectious and communicable diseases; and
- Ability to coordinate with new Ontario Health Teams.

Composition

Membership on the Public Health Regional Collaborative Councils includes all Health Units in a defined geographic region:

- All Medical Officers of Health
- Representatives from the Corporate Service Directors
- Representatives from the Program Directors
- Others to be determined
- Rotating Executive Support

The Chair and Vice-Chair are elected by the Council itself. It meets twice a year and sets up effective communication systems with all Health Units. A consensus approach will be used to establish and build on priorities identified by each of the partner Health Units.

Local and Provincial Reporting

Medical Officers of Health report to their Boards of Health on the work of the Council and ask for the Board’s input into priorities for the year and report on work completed.

Two representatives from each Regional Collaborative Council are selected each year to attend the CMOH Provincial Public Health Lead Table led by Dr. David Williams and report back to the Council.

Working Groups

The Council sets up working groups to implement the priority work of the Council including priorities from the Provincial Lead Table. This builds on the current collaborative work across programs in the region. Each working group has a lead Health Unit that volunteers to coordinate the work. Participating Health Units contribute in-kind or provide other resources to support the work. Senior staff/management staff participate on the working groups.





OFFICE OF THE MAYOR
CITY OF HAMILTON

January 20, 2020

VIA: Mail and Email

Hon. Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Hon. Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
Sent via email: christine.elliott@pc.ola.org

RE: Endorsement of Correspondence re: Vaping Recommendations

Dear Ministers Hajdu and Elliott,

At its meeting on January 20, 2020, the City of Hamilton Board of Health endorsed correspondence regarding comprehensive measures to address the rise of vaping in Ontario (see attached) from the following Boards of Health:

- Public Health Sudbury & Districts
- Haliburton Kawartha, Pine Ridge District Health
- Middlesex-London Health Unit
- Peterborough Public Health
- Leeds, Grenville and Lanark District Health Unit

While aerosolized products, also known as e-cigarettes, are considered by some health authorities to be less harmful than combustible tobacco cigarettes, Health Canada and other health authorities have concluded that the long-term health effects from the use of aerosolized products are not yet fully known. Vaping aerosolized products has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018. In Hamilton, the amount of vapour product stores and inspections have increased as well as the sales of vapour product or e-cigarettes to persons under the age of 19 in 2019 in comparison to 2018. Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco and vaping use among children youth and young adults.

The City of Hamilton's Board of Health is supportive of the proposed regulations put forward by the Ontario's Ministry of Health to prohibit the promotion of vapour products

in convenience stores and gas stations effective January 1, 2020, as research shows that point of sale advertising has the strongest association with youth's interest in e-cigarette products. Despite this regulatory change, vapour products manufacturers are still able to promote their products in other settings (i.e. billboards, posters, public transit) provided they do not violate the federal Tobacco and Vaping Products Act. Commendably, on December 19, 2019 Honourable Patty Hajdu, Minister of Health, proposed that new regulations to prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth.

Flavoured vapour products are also appealing to youth and have been linked to uptake of vaping by youth, similar to the experience with flavoured tobacco, which is now prohibited. According to the Tobacco and Vaping Products Act, many of these popular flavours such as dessert, confectionery, soft drink, energy drink, or cannabis are prohibited from being used to promote e-cigarette products including its packaging and through illustrations and design elements. Despite this, the Ontario Tobacco Research Unit (OTRU) has found that many Canadian online e-cigarette retailers are in fact promoting these flavours.

While youth use is of concern, it is also important to consider the potential for cessation among adult smokers using e-cigarettes. A systematic review of consumer preference for e-cigarette products researched the relationship between flavours and quitting smoking. Two studies found greater quit success when using menthol flavoured products, another study found quit success when using coffee flavours, while another study found that flavoured e-cigarette use was associated with a lower intention to quit smoking.

E-cigarettes utilizing the salt-based nicotine pod systems such as JUUL are very popular among youth, with some of these products containing very high concentrations of nicotine (59 mg/mL). This is alarming as children and youth are especially vulnerable to nicotine addiction as the brain is still developing until the age of 25. The European Union has limited the amount of nicotine in e-cigarettes to 20 (mg/ml) to allow for a comparable amount of nicotine that would be found in a standard cigarette, this is much lower than the current nicotine levels permitted in Canada.

On behalf of the City of Hamilton's Board of Health, I endorse recommendations from the above stated Boards of Health as well as from Minister Hajdu and Health Canada for more stringent vaping regulations, similar to those regulating tobacco products.

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; and,
- Revise the Federal Tobacco and Vaping Products Act to ban display, promotion and advertising, mirroring the restrictions on tobacco in the Tobacco and Vaping Products Act.

Sincerely,



Fred Eisenberger
Mayor

CC:

Donna Skelly, MPP, Flamborough-Glanbrook
Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

David Sweet, MP, Flamborough-Glanbrook
Matthew Green, MP, Hamilton Centre
Bob Bratina, MP, Hamilton East – Stoney Creek
Scott Duvall, MP, Hamilton Mountain
Filomena Tassi, MP, Hamilton West-Ancaster-Dundas

Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health



March 3, 2020

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

Re: Comprehensive Measures to Address the Rise of Vaping in Canada

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding measures to address the rise in Vaping. The following motion was passed:

GBHU BOH Motion 2019-99

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding Comprehensive Measures to Address the Rise of Vaping in Canada as presented."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Twolan". The signature is fluid and cursive.

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

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca



October 16, 2019

Via E-mail: 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.

Kingston, Frontenac and Lennox & Addington Public Health

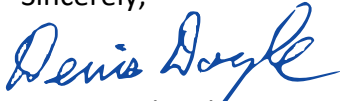
www.kflaph.ca

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Branch Offices Cloyne 613-336-8989 Fax: 613-336-0522
Napanee 613-354-3357 Fax: 613-409-6267
Sharbot Lake 613-279-2151 Fax: 613-279-3997

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*



March 3, 2020

Honourable Christine Elliott
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: The Harms of Vaping and the Next Steps for Regulation

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached Resolution from Windsor-Essex County Health Unit regarding the next steps for vaping regulation. The following motion was passed:

GBHU BOH Motion 2019-100

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the resolution from Windsor-Essex County Health Unit regarding The Harms of Vaping and the Next Steps for Regulation as presented."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Twolan". The signature is fluid and cursive.

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Dr. David Willians, Chief Medical Officer of Health, Ministry 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

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th 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

March 5, 2020

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

Dear Minister Elliott:

Re: Support for a Seamless Provincial Immunization Registry

At its meeting on February 12, 2020, the Board of Health for Peterborough Public Health received correspondence from City of Hamilton Board of Health, dated October 30, 2019, and correspondence from the Council of Ontario Medical Officers of Health (COMOH), dated March 19, 2019.

Peterborough Public Health supports the recommendations that a seamless provincial immunization registry would address several of the challenges with the current system, including:

- eliminating the burden of parents/guardians needing to report vaccines to local public health agencies;
- reducing the risk of inaccurate information being reported by parents/guardians;
- reducing staff time and resources needed to manually input vaccine records; and
- reduce the number of suspension due to the lack of reporting by parents/guardians.

In addition, this registry would assist in the investigation of outbreaks of vaccine preventable diseases when they occur as it would allow for quick identification of those individuals who are susceptible and vulnerable.

A seamless provincial immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population which aligns with Ministry of Health's intent to create efficiencies and improve outcomes by introducing technology solutions into health care.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
France G  linas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
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, 5th Floor
Toronto, ON M7A 2J3
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, 21st Floor
Toronto, ON M5G 2M2
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

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



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

ATTACHMENT 2

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

March 14, 2019

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

Dear Minister Elliott,

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

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

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

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

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

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

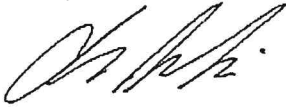
Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

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

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

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

Yours sincerely,



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

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

Ontario Increasing Public Health Units' Capacity to Stop COVID-19

April 3, 2020 7:30 A.M.

TORONTO — To support public health units' extensive efforts to stop the spread of COVID-19, Ontario is taking further action to redirect existing resources to focus squarely on the fight against this new virus while allowing for public health units to considerably increase their capacity.

Ontario has launched a [new user-friendly online portal](#) for the public to easily access their COVID-19 lab test results. By offering faster and secure access to test results on their computer or mobile device, this portal will help ease pressures on public health units and frontline workers to provide this information so that they can better focus on containing COVID-19.

"With this new portal, patients will be able to access their test results faster from the safety of their home," said Christine Elliott, Deputy Premier and Minister of Health. "It will help reduce the burden on our public health units and frontline health workers, allowing them to focus their efforts where they are needed most during this challenging time."

Ontario is also issuing a [new emergency order](#) under the *Emergency Management and Civil Protection Act*, effective immediately, to provide public health units the authority and flexibility they need to make staffing decisions that support their ongoing fight against the outbreak of COVID-19, despite any collective agreements. As a result, public health units will be able to significantly expand their capacity to implement critical public health functions, such as case and contact management, through the use of volunteers, including the thousands of retired nurses and medical students who have signed up through the province's website.

This latest order will support the recommendation made by Dr. David Williams, Chief Medical Officer of Health, for all public health units to implement more aggressive contact tracing and management in response to the increase of community transmission. The province's medical officers of health are also encouraged to use their authority under Section 22 of the *Health Protection and Promotion Act* to ensure isolation of cases and contacts of COVID-19.

"We are at a critical juncture in our fight against COVID-19," said Elliott. "Our success as a province depends on our ability to quickly and effectively stop the spread of this new virus. These actions offer considerable support to our local health units and give them the authority they need to act and contain COVID-19 in our communities."

QUICK FACTS

- Patients will be asked to verify their identity with the information on their photo health card. The portal will provide patients with their test results and offer guidance on next steps.
- On March 30, 2020, Dr. Williams issued a [statement](#) to strongly encourage Ontarians to stay home, limit the number of essential trips and adhere to physical distancing.
- If you think you may have COVID-19 symptoms or have been in close contact with someone who has it, first self-isolate and then use [Ontario's Self-Assessment Tool](#) to see if you need to seek further care.
- Take these everyday steps to reduce exposure to COVID-19 and protect your health:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer;
 - Sneeze and cough into your sleeve;
 - Avoid touching your eyes, nose or mouth;
 - Avoid contact with people who are sick; and
 - Stay home if you are sick.

LEARN MORE

- [Ontario's Action Plan: Responding to COVID-19](#)
- Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.
- Learn about [travel advisories](#) related to COVID-19.
- If you are a health care professional, learn how to protect yourself and your patients by reading our [guidance documents](#).

David Jensen Communications Branch
media.moh@ontario.ca
416-314-6197
Hayley Chazan Senior Manager, Media Relations
hayley.chazan@ontario.ca

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

ONTARIO REGULATION 116/20

made under the

EMERGENCY MANAGEMENT AND CIVIL PROTECTION ACT

Made: April 1, 2020 (5:00 pm)
Filed: April 1, 2020
Published on e-Laws: April 2 2020
Printed in *The Ontario Gazette*: April 18, 2020

ORDER UNDER SUBSECTION 7.0.2 (4) OF THE ACT - WORK DEPLOYMENT MEASURES FOR BOARDS OF HEALTH

Whereas an emergency was declared pursuant to Order in Council 518/2020 (Ontario Regulation 50/20) on March 17, 2020 at 7:30 a.m. Toronto time pursuant to section 7.0.1 of the *Emergency Management and Civil Protection Act* (the “Act”) and has been extended pursuant to section 7.0.7 of the Act;

And Whereas the criteria set out in subsection 7.0.2 (2) of the Act have been satisfied;

Now Therefore, this Order is made pursuant to subsection 7.0.2 (4) of the Act, in particular paragraphs 8, 9, 10, 12 and 14 of that subsection, the terms of which are set out in Schedule 1;

And Further, this Order applies generally throughout Ontario;

And Further, this Order shall be in effect for the duration of the declared emergency, subject to section 7.0.8 of the Act.

SCHEDULE 1

Application

1. This Order applies to every board of health within the meaning of the *Health Protection and Promotion Act*.

Work redeployment and staffing

2. Boards of health shall and are authorized to take, with respect to work deployment and staffing, any reasonably necessary measure to respond to, prevent and alleviate the outbreak of the coronavirus (COVID-19) (the “Virus”).

Measures

3. Without limiting the generality of section 2, and despite any other statute, regulation, order, policy, arrangement or agreement, including a collective agreement, boards of health shall and are authorized to do the following:

1. Identify staffing priorities and develop, modify and implement redeployment plans, including the following:
 - i. Redeploying staff within different locations in (or between) facilities of the board of health.
 - ii. Changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work.
 - iii. Changing the scheduling of work or shift assignments.
 - iv. Deferring or cancelling vacations, absences or other leaves, regardless of whether such vacations, absences or leaves are established by statute, regulation, agreement or otherwise.
 - v. Employing extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work.
 - vi. Using volunteers to perform work, including to perform bargaining unit work.
 - vii. Providing appropriate training or education as needed to staff and volunteers to achieve the purposes of a redeployment plan.
2. Conduct any skills and experience inventories of staff to identify possible alternative roles in priority areas.
3. Require and collect information from staff, contractors or volunteers about their availability to provide services for the board of health.
4. Require and collect information from staff, contractors or volunteers about their likely or actual exposure to the Virus, or about any other health conditions that may affect their ability to provide services.

5. Cancel or postpone services that are not related to responding to, preventing or alleviating the outbreak of the Virus or services that are not deemed to be critical by a board of health's business continuity or pandemic plans.
6. Suspend, for the duration of this Order, any grievance process with respect to any matter referred to in this Order.

Redeployment plans

4. For greater certainty, a board of health may implement redeployment plans without complying with provisions of a collective agreement, including lay-off, seniority/service or bumping provisions.

Français

[Back to top](#)

March 30, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Dear Director Bishop:

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

On behalf of the Board of Health at the Simcoe Muskoka District Health Unit (SMDHU), I am writing in support of ALPHA's letter dated February 27, 2020 and the concerns expressed re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits.

Currently there is a lack of research to support the opening cannabis consumption establishments or issuing special event permits. Also lacking is evidence to outline the long-term impacts of normalizing cannabis use.

Presently, individuals in Ontario are permitted to possess and consume cannabis in many public and private spaces; therefore, cannabis cafes, lounges and special event permits are not required at this time. Allowing cannabis consumption establishments and special occasion permits would contribute to the normalization of cannabis use and has been demonstrated with alcohol use in our society, normalization results in proliferation of usage which increases health and social harms.

Potential harms from use and normalization of cannabis could include risks of public/over-intoxication, increased impaired driving, potential for falls and other injuries, issues of liability, enforcement issues and ultimately potential for increased hospital ER visits and hospitalizations. Any of these harms would result in increased societal and health costs.

The SMDHU Board of Health also supports ALPHA's request for assurance that there will be no changes to the Smoke-Free Ontario Act regime as part of this consultation.

□ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

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

□ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ **Midland:**
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Since legalization of cannabis is very recent and the retail market is still expanding, it would be prudent for the government to monitor and assess the impact of these regulatory changes before considering or allowing any further expansion.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:CS:cm

Encl. (1)

cc. Association of Local Public Health Agencies
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
Hon. Christine Elliott, Minister of Health
Ontario Public Health Association
Local Members of Provincial Parliament in Simcoe Muskoka
Municipal Councils in Simcoe Muskoka

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

February 27, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

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 today to express our concerns about the consideration of permitting cannabis consumption establishments and issuing special occasion permits analogous to those issued for alcohol in Ontario.

We appreciate the note on the Regulatory Registry that changes to the Smoke-Free Ontario Act (SFOA) 2017 are not being considered as part of this consultation, but would appreciate assurances that there will be no loosening of any of the regulatory restrictions that protect Ontarians from second-hand smoke in public places in any circumstance.

The SFOA's added protections from exposure to cannabis smoke in enclosed spaces are based on the known and significant health risks of inhaling smoke of any kind. We would view any motion towards considering exemptions for combustible or vapourized cannabis in any enclosed public place as an unacceptable step backwards.

Irrespective of whether this proposal is intended to exclude combustible or vapourized cannabis, it also amplifies our concerns about the ongoing liberalization and normalization of the use of harmful substances without proper consideration of their health consequences. Retail expansion of alcohol sales, unrestricted promotion of e-cigarettes and proposals such as this one are concrete examples of the government's willingness to expand the markets for these substances without developing offsetting health promotion policies to mitigate their measurable negative health and social impacts.

We look forward to providing further input to this process as it develops to ensure that these impacts are carefully considered alongside the economic drivers. In the meantime, we are again asking for assurances that there will be no reversal of any of the SFOA prohibitions on smoking or vaping in public places at any time in the future. We are also asking that provincial strategies be considered to clearly communicate the health hazards associated with cannabis consumption in general and implement measures to mitigate them.

We hope that you will take these requests into careful consideration and we would be pleased to discuss them with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly distinguishable.

Carmen McGregor,
alPHA President

COPY: Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

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

alPHa Sections:

Boards of Health
Section

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Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

March 27, 2020

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281,
Queen's Park, Toronto,
ON M7A 1A1

Dear Premier,

Re: COVID-19 Action Plan and Public Health

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 today to thank you and the Minister of Finance for tabling *Ontario's Action Plan: Responding to COVID-19* in lieu of a traditional annual provincial budget.

Every Ontarian is deeply affected by the COVID-19 pandemic and we believe that the Action Plan and its swift passage in the legislature sends a clear signal that "business as usual" will be on hold for the foreseeable future, and that protecting people from the far-reaching impacts of this global health emergency is the first priority.

We were very pleased to hear Minister Phillips' words of support for Ontario's public health sector in the legislature yesterday, particularly regarding the expertise of our public health officials, both at the provincial and local levels, and the difference they are making to ensure that we are all well informed and taking appropriate actions in a constantly evolving situation.

Indeed, as representatives of the front-line public health professionals who are leading the response to COVID-19 in Ontario's communities, we would be remiss in not expressing sincere and immense gratitude of our own to our provincial colleagues. Dr. David Williams and the staff of the Office of the Chief Medical Officer of Health, Dr. Peter Donnelly and the staff of Public Health Ontario, and Clint Shingler and the staff of the Health System Emergency Management Branch have been and will continue to be instrumental to the effectiveness of our work.

We are also grateful that the COVID-19 Action Plan includes a commitment to providing further financial certainty to public health units as we weather this storm. As you are aware, the past year has been a period of extreme uncertainty for our members and we look forward to learning more about how the additional \$160M that is being reserved for urgent public health needs will be accessed and allocated. We also look forward to resuming discussions to ensure that the financial certainty required by our public health system to carry out its duties, both routine and extraordinary, is permanent.

We remain dedicated to our central duty to protect the health of the people in all of Ontario's communities in partnership with our provincial colleagues and we are very appreciative your government's clear demonstration of support.

We would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor
alPHA President

COPY: Hon. Christine Elliott, Minister of Health & Deputy Premier
Hon. Rod Phillips, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Clint Shingler, Director, Health System Emergency Management Branch

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Ontario's Action Plan: Responding to COVID-19

Premier Ford and Minister Phillips Announce Additional Health Care Resources and Support for People, Jobs and Employers

March 25, 2020 4:00 P.M.

TORONTO — Today, Finance Minister Rod Phillips released *Ontario's Action Plan: Responding to COVID-19 (March 2020 Economic and Fiscal Update)*.

The government's action plan is a first step in its response to COVID-19 and includes \$7 billion in additional resources for the health care system and direct support for people and jobs. It also will make available \$10 billion in support for people and businesses through tax and other deferrals to improve their cash flow, protecting jobs and household budgets.

This \$17 billion response is a critical first step to ensure our health care system, communities and economy are positioned to weather the challenges ahead. The plan includes historic levels of prudence, including a dedicated \$1 billion COVID-19 contingency fund, as part of the additional health care investments, as well as an unprecedented \$2.5 billion reserve and an increased contingency fund of \$1.3 billion to provide continued flexibility to respond to changing global circumstances.

The plan includes \$3.3 billion in additional health care resources to protect the health and well-being of the people of Ontario.

"As Finance Minister, my number one priority right now is ensuring that our front-line health care professionals have the resources they need to fight the COVID-19 outbreak," said Minister Phillips. "The people of Ontario can have confidence that we will do whatever it takes to protect their health and well-being. These additional resources will enhance hospital capacity, protect our loved ones in long-term care, and support our public health officials' work to flatten the curve and slow the spread."

Health

- Committing to a dedicated \$1.0 billion COVID-19 contingency fund for emerging needs related to the COVID-19 outbreak.
- Investing \$935 million for the hospital sector, including \$594 million to accelerate progress on the government's commitment to address capacity issues, as well as \$341 million for an additional 1,000 acute care and 500 critical care beds and additional assessment centres.
- Increasing public health funding by \$160 million to support COVID-19 monitoring, surveillance, and laboratory and home testing, while also investing in virtual care and Telehealth Ontario.

- Investing \$243 million for surge capacity in the long-term care sector, as well as funding for 24/7 screening, more staffing to support infection control, and supplies and equipment to help tackle the COVID-19 outbreak.
- Investing \$75 million to supply personal protective equipment and critical medical supplies to front-line staff to tackle COVID-19.

As part of the action plan, the Province also announced \$3.7 billion to directly and urgently support people and to protect jobs.

"During this global pandemic, I want the people of Ontario to be focused on their health — not worrying about losing their job or how to make ends meet as they deal with unexpected additional expenses," said Minister Phillips. "We are helping make life a little more manageable for every person in Ontario, while providing additional support to those who need it the most."

Key initiatives in the government's plan to strengthen its response to the COVID-19 outbreak and support people, families, workers and employers include:

People and Jobs

- Helping families pay for the extra costs associated with school and daycare closures during the COVID-19 outbreak by providing a one-time payment of \$200 per child up to 12 years of age, and \$250 for those with special needs, including children enrolled in private schools.
- Proposing to double the Guaranteed Annual Income System (GAINS) payment for low-income seniors for six months.
- Supporting more affordable electricity bills for eligible residential, farm and small business consumers, by providing approximately \$5.6 billion for electricity cost relief programs in 2020-21, which is an increase of approximately \$1.5 billion compared to the *2019 Budget* plan.
- Further supporting more affordable electricity bills by setting electricity prices for residential, farm and small business time-of-use customers at the lowest rate, known as the off-peak price, 24 hours a day for 45 days to support ratepayers in their increased daytime electricity usage as they respond to the COVID-19 outbreak, addressing concerns about time-of-use metering.
- Cutting taxes by \$355 million for about 57,000 employers through a proposed temporary increase to the Employer Health Tax (EHT) exemption.
- Providing \$9 million in direct support to families for their energy bills by expanding eligibility for the Low-income Energy Assistance Program (LEAP) and ensuring that their electricity and natural gas services are not disconnected for nonpayment during the COVID-19 outbreak.
- Providing emergency child care options to support parents working on the front lines, such as health care workers, police officers, firefighters and correctional officers.
- Expanding access to the emergency assistance program administered by Ontario Works to provide financial support to people facing economic hardship and help more people meet basic needs such as food and rent during this public health emergency.
- Enhancing funding by \$148 million for charitable and non-profit social services organizations such as food banks, homeless shelters, churches and emergency services to improve their ability to respond to COVID-19, by providing funding directly to Consolidated Municipal Service Managers and District Social Service Administration Boards who would allocate this funding based on local needs.
- Providing six months of Ontario Student Assistance Program (OSAP) loan and interest accrual relief for students, leaving more money in people's pockets.

- Helping to support regions lagging in employment growth with a proposed new Corporate Income Tax Credit, the Regional Opportunities Investment Tax Credit.
- Providing additional supports of \$26 million to Indigenous peoples and communities, including emergency assistance for urban Indigenous people in financial need, and costs for health care professionals and critical supplies to reach remote First Nations.

The government's plan also includes measures that will make available \$10 billion in support for people and businesses through tax and other deferrals to improve their cash flows over the coming months, including:

- Making available \$6 billion by providing five months of interest and penalty relief for businesses to file and make payments for the majority of provincially administered taxes.
- Over \$1.8 billion by deferring the upcoming June 30 quarterly municipal remittance of education property tax to school boards by 90 days, which will provide municipalities the flexibility to, in turn, provide property tax deferrals to residents and businesses, while ensuring school boards continue to receive their funding.
- Making available \$1.9 billion by the Workplace Safety and Insurance Board (WSIB) allowing employers to defer payments for up to six months.

"We're taking responsible steps to lessen the burden for businesses and people," said Minister Phillips. "Together, these actions can free up as much as \$10 billion in cash flows for businesses and people in these uncertain times, helping protect jobs and household budgets."

QUICK FACTS

- The *March 2020 Economic and Fiscal Update* provides planning assumptions for the year ahead. The government will provide regular updates of the Province's fiscal and economic outlook throughout the year.
- The Province is projecting a deficit of \$9.2 billion in 2019–20, an improvement of \$1.1 billion relative to the 2019 Budget. As a result of the response to the COVID-19 outbreak, the government is planning for a deficit of \$20.5 billion in 2020–21.
- Ontario's \$2.5 billion reserve in 2020–21 is the highest ever in history.
- The government will release a multi-year provincial Budget by November 15, 2020. This responsible approach will allow the government to continue assessing the economic situation and put forward a long-term outlook based on the most recent and reliable data.

LEARN MORE

- [Ontario's Action Plan: Responding to COVID-19 \(March 2020 Economic and Fiscal Update\)](#)
- [Information on COVID-19](#)

Dear alPHa Members,

Recognizing the rapidly evolving COVID19 situation, we are taking this opportunity to reach out to our members to assure you that we continue to play our role within Ontario's enviable public health system and are adapting that role as circumstances dictate. Our relationships with our communities, institutions and other partners are more important than ever to keep the public informed and as safe as can be. alPHa will continue to keep vital information flowing to and among its members.

As always, we direct members, stakeholders and the public to consult official government resources for the most up-to-date information on COVID-19. These include:

[Ontario Ministry of Health \(Public\)](#)
[Ontario Ministry of Health \(Health Care Providers\)](#)
[Public Health Ontario](#)
[Public Health Agency of Canada](#)

alPHa's Executive Director continues to participate in the daily COVID-19 teleconferences for associations as well as the COVID-19 Public Health Coordination teleconferences with Emergency Management Ontario. She has also been sharing the daily Situation Reports, press releases and information from AMO via the allhealthunits distribution list. We remind the recipients of these reports to distribute these within their health units.

The Chair of the Council of Ontario Medical Officers of Health (COMOH) has been serving as a point of contact to compile issues identified in communications and response strategies for consideration by the provincial leadership during the Public Health Coordination teleconferences. The COMOH chair also sits on the Provincial Stakeholders table, chaired by the Deputy Minister, informing the Command Table, and maintains direct regular contact with the Director of the Health System Emergency Management Branch. COMOH members have also been very active in discussions to coordinate local responses and messaging via their dedicated e-mail discussion list.

The Chair of alPHa's Boards of Health Section [wrote to the Premier on March 17th](#) requesting a suspension of the Municipal Act rules that prohibited virtual attendance at board meetings for the purposes of quorum. The government announced the requested suspension the following day, which will allow municipalities and their various boards to continue to conduct important business while practicing social distancing. [Information sheet is available here.](#)

alPHa Staff and the volunteers to its Board of Directors and Executive Committee have been and will remain hard at work to ensure that information continues to flow and questions and concerns are addressed as quickly and completely as possible. Please note, as is the case of many of you, alPHa staff are working remotely.

In closing, I would like to express my sincere appreciation and admiration for all of Ontario's Medical Officers of Health, Associate Medical Officers of Health, and Affiliate members in Public Health Units along with other program staff, support and administrative workers, members of our Boards of Health and everyone else who is working so hard to respond to this unprecedented public health crisis. I believe that Ontario's public health system is showing incredible dedication and leadership in this challenging and evolving time and I am confident that it will continue to do so as demands increase in the coming weeks.

Sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is written in a cursive style with a large initial 'C'.

Carmen McGregor,
alPHA President

March 20, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies
Board of Health Section Chair, Association of Local Public Health Agencies

CC: Alison Blair, Assistant Deputy Minister, Emergency Health Services, and Public Health Modernization Executive Lead

RE: Amendments to the *Municipal Act* and *City of Toronto Act*

As you know, the Government of Ontario recently declared an emergency under the *Emergency Management and Civil Protection Act* to help contain the spread of COVID-19 and protect the public. The public health sector continues to undertake incredible efforts to respond to this declared emergency in Ontario. Thank you for your action and commitment.

To better enable municipal and Board of Health responsiveness to COVID-19 and allow for adherence to current public health recommendations for social distancing, the government amended the *Municipal Act, 2001* and *City of Toronto Act, 2006* (through the *Municipal Emergency Act, 2020*). The legislation provides that, during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, should they choose to, members of councils, local boards and committees who participate electronically in open and closed meetings may be counted for purposes of quorum.

Please see the [News Release](#) and attached Information Sheet from the Ministry of Municipal Affairs and Housing for additional information and guidance.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or 437.993.2376, or Colleen Kiel, Director, Strategy and Planning Branch at colleen.kiel@ontario.ca if you have any questions.

Thank you again for your dedicated response.

Sincerely,



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health



Providing Flexibility For Municipalities To Hold Local Meetings During Emergencies

March 2020

This document is intended to give a summary of complex matters. It does not include all details and does not take into account local facts and circumstances. This document refers to or reflects laws and practices that are subject to change. Municipalities are responsible for making local decisions that are in compliance with the law such as applicable statutes and regulations. This document applies only to those municipalities whose meeting rules are governed by the *Municipal Act, 2001*. This document, as well as any links or information from other sources referred to in it, should not be relied upon, including as a substitute for specialized legal or other professional advice in connection with any particular matter.

The user is solely responsible for any use or application of this document.

What do these changes to the Municipal Act do?

The province is providing municipalities with the tools they need to ensure local decision making by municipal councils is not affected by existing quorum requirements during emergency situations, such as the one Ontario and its municipalities are currently facing.

These changes to the Municipal Act allow members of councils, committees and certain local boards who participate in open and closed meetings electronically to be counted for purposes of quorum during emergencies declared by the Province or a local Head of Council.

These provisions are optional, and municipalities continue to have the flexibility to determine if they wish to use these provisions and incorporate them in their individual procedure by-laws. Municipalities may wish to review their procedure by-laws to determine whether to provide for electronic participation in meetings, and whether to take advantage of the new provisions based on their local needs and circumstances.

What types of emergencies does this apply to?

These changes apply in the event of an emergency being declared by the Premier, Cabinet or the municipal Head of Council under the Emergency Management and Civil Protection Act. Once the emergency has ended, regular meeting rules apply.

How can a municipality use these changes?

These changes allow a municipality, should it choose to, to hold a special meeting during an emergency for the purposes of amending the procedure by-law to allow for electronic participation. During this special meeting, members participating electronically may be counted for the purposes of quorum.

Municipal councils, committees and boards can choose to amend their procedure by-laws to:

- allow the use of electronic participation at meetings,
- state whether members can participate in both open meeting and closed meetings; and
- state whether members participating electronically count towards quorum

It is up to municipalities to determine whether to use these provisions, the method of electronic participation and the extent to which members can participate electronically.

What technology should a municipality use for electronic meetings?

Municipalities, and their boards and committees can choose the technology best suited to their local circumstances to enable electronic participation of their members in decision making, as well as ensuring meetings can be open to the public.

Municipalities may want to engage with peers who have electronic participation in place on their best practices as they revise their procedure by-laws. Some municipalities may choose to use teleconferences while others may use video conferencing.

Do open meeting requirements still apply?

The Municipal Act specifies requirements for open meetings to ensure that most municipal business is conducted transparently, and with access for and in view of the public. There are limited circumstances under the Municipal Act when municipal meetings can be conducted in closed session.

Meetings held under these new provisions would still be required to follow existing meeting rules including providing of notice of meetings to the public, maintaining meeting minutes, and subject to certain exceptions, that meetings continue to be open to the public.

Which local boards are covered by this proposal?

Local boards subject to the meeting rules in the Municipal Act include municipal service boards, transportation commissions, boards of health, planning boards, and many other local boards and bodies.

Some local boards will not be covered, for example, police services, library and school boards have different rules about their meetings, which are found in other legislation. A municipality is best positioned to determine whether a local entity is considered a local board and if in doubt, can seek independent legal advice regarding the status of any local entities and whether these new provisions would apply to them.

What else can a municipality do to plan for an emergency?

Municipal councils, committees, and boards have the ability to delegate certain actions to staff, especially during an emergency, to ensure operational continuity in the event that they cannot meet. Municipalities can also consult with their Community Emergency Management Coordinator, the Medical Officer of Health of their local public health unit and seek legal advice to ensure the appropriate meeting procedures and delegations are in place to address emergency situations.

Select References

- Municipal Act, 2001: <https://www.ontario.ca/laws/statute/01m25>
- The Ontario Municipal Councillor's Guide 2018: <https://www.ontario.ca/document/ontario-municipal-councillors-guide-2018>

Key Concepts

Optional Use – these provisions are optional. With these changes in place, municipalities continue to locally determine the contents of procedure by-laws. Municipalities may wish to review the procedure by-laws to determine whether to provide for electronic participation in meetings, and whether to take advantage of the new provisions if they meet local needs.

Time Limited – Counting electronic participants for quorum purposes and allowing electronic participation in closed meetings are only available during emergencies. Once the emergency has ended, regular meeting rules will apply.

Special Meetings – These new provisions would allow municipalities to hold a special meeting with electronic participation in order to amend an applicable procedure by-law if amendments to the local procedure by-law have not been made prior to the declaration of an emergency.

Ministry Contacts

If you have questions regarding how these new provisions may impact your municipality, contact your local Municipal Services Office with the Ministry of Municipal Affairs and Housing.

- **Central Municipal Services Office**
Telephone: 416-585-6226 or 1-800-668-0230
- **Eastern Municipal Services Office**
Telephone: 613-545-2100 or 1-800-267-9438
- **Northern Municipal Services Office (Sudbury)**
Telephone: 705-564-0120 or 1-800-461-1193
- **Northern Municipal Services Office (Thunder Bay)**
Telephone: 807-475-1651 or 1-800-465-5027
- **Western Municipal Services Office**
Telephone: 519-873-4020 or 1-800-265-4736

Additional Resources

For information about the 2019 Novel Coronavirus (COVID-19) municipalities may wish to contact their local public health agencies or visit www.ontario.ca/coronavirus for up-to-date information on cases, and how Ontario is working to protect the health and well-being of all Ontarians.

March 20, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies
Board of Health Section Chair, Association of Local Public Health Agencies

CC: Alison Blair, Assistant Deputy Minister, Emergency Health Services, and Public Health Modernization Executive Lead

RE: Amendments to the *Municipal Act* and *City of Toronto Act*

As you know, the Government of Ontario recently declared an emergency under the *Emergency Management and Civil Protection Act* to help contain the spread of COVID-19 and protect the public. The public health sector continues to undertake incredible efforts to respond to this declared emergency in Ontario. Thank you for your action and commitment.

To better enable municipal and Board of Health responsiveness to COVID-19 and allow for adherence to current public health recommendations for social distancing, the government amended the *Municipal Act, 2001* and *City of Toronto Act, 2006* (through the *Municipal Emergency Act, 2020*). The legislation provides that, during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, should they choose to, members of councils, local boards and committees who participate electronically in open and closed meetings may be counted for purposes of quorum.

Please see the [News Release](#) and attached Information Sheet from the Ministry of Municipal Affairs and Housing for additional information and guidance.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or 437.993.2376, or Colleen Kiel, Director, Strategy and Planning Branch at colleen.kiel@ontario.ca if you have any questions.

Thank you again for your dedicated response.

Sincerely,



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Elizabeth Milne

From: Loretta Ryan <loretta@alphaweb.org>
Sent: Thursday, March 19, 2020 4:14 PM
To: All Health Units
Cc: Board
Subject: Fwd: Queen's Park Update: New Provincial Legislation to Allow Virtual Municipal Council Meetings

FYI

Loretta Ryan
Executive Director
Association of Local Public Health Agencies (alPHA)
647-325-9594

Begin forwarded message:

From: AMO Communications <Communicate@amo.on.ca>
Date: March 19, 2020 at 3:42:18 PM EDT
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Queen's Park Update: New Provincial Legislation to Allow Virtual Municipal Council Meetings
Reply-To: Communicate@amo.on.ca

AMO Policy Update not displaying correctly? [View the online version](#)
Add Communicate@amo.on.ca to your safe list



March 19, 2020

Queen's Park Update: New Provincial Legislation to Allow Virtual Municipal Council Meetings

During today's emergency legislative session at Queen's Park, the Province introduced the *Municipal Emergency Act, 2020* to assist municipal governments and local boards during the COVID-19 emergency ([Ontario News Release](#)). This legislation, and the *Employment Standards Amendment Act (Infectious Disease Emergencies), 2020*, have now received unanimous consent in the Legislature.

Top of mind for municipal governments has been the ability to ensure councils, council committees, and municipal boards can meet virtually to make key decisions without

needing to meet physically – given societal necessity for social distancing and isolation.

The *Municipal Act, 2001* and the *City of Toronto Act, 2006*, have been amended to provide that, during municipal or provincial emergencies, members of councils, local boards and committees who participate electronically in open and closed meetings, may be counted for the purposes of quorum. Use of this emergency provision will be at each municipal council's discretion. At this point, today's legislation has not been publicly posted. The House is now recessed until March 25th at 4pm when the Finance Minister will deliver an economic update.

"Municipalities have a key role to play in COVID-19 response, management, and recovery. If passed, this legislation will ensure municipal councils can continue to conduct the important business of municipal government and maintain the local and regional services Ontarians rely on most".

Jamie McGarvey, AMO President, and Mayor, Parry Sound

AMO would like to thank the Province and all parties for their support of today's legislation.

Also, under the *Municipal Emergency Act, 2020* is an amendment to allow the Lieutenant Governor in Council (i.e., Cabinet) to make regulations imposing limits and conditions on the powers of a municipality with respect to s. 129 of the *Municipal Act*. This will allow the Province to make a regulation overriding noise by-laws enabling 24-hour delivery of critical goods throughout Ontario for up to 18 months. This will support the supply chains of grocery stores and pharmacies and other key services.

We also understand that previously stated deadlines for current provincial consultations are being reconsidered in light of the COVID-19 emergency, such as an extension of the DC/CBC consultation. As AMO learns of consultation extensions of municipal interest, we will update members.

AMO will continue to work closely with the provincial government to make sure municipal governments have the ability to respond effectively to the COVID-19 and keep their communities safe and healthy. The Province today has dealt with the priority municipal concern, and they are aware of other municipal concerns such as the need to pause the statutory clocks under some provincial legislation at this time. Please continue to make us aware of any provincial legislative or regulatory barriers municipalities may be encountering that inhibit your ability during this emergency.

AMO Contact: Monika Turner, Director of Policy, mturner@amo.on.ca.

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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

March 17, 2020

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281,
Queen's Park,
Toronto, ON M7A 1A1

Dear Premier Ford,

Re: Board Meetings and Social Distancing

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Boards of Health, I am writing today to ask for a revision of Ontario Municipal Act requirements that prevent remote participation in Board meetings, at least until the COVID-19 crisis has resolved.

As the need for social distancing and limiting travel becomes increasingly clear in efforts to minimize this pandemic's impact, Ontario's boards of health members strongly support the recommendations from Dr. Williams, Ontario's Chief Medical Officer of Health, to avoid gatherings, conduct only essential travel, and to ensure social distancing. We are clearly communicating these messages within our communities but are legally prevented from setting the example

Boards of Health, which fall under Ontario's Municipal Act, are unable to hold remote or electronic meetings unless the Chair and a quorum of members are physically present at the meeting site. Members may participate remotely in discussions leading to decisions but cannot vote on the decisions themselves.

For many of our remote, rural and northern boards of health, the Act's restrictions are a problem at the best of times, as members may have to travel several hours to attend board meetings, which often requires an overnight stay, to ensure travel safety during the shortened daylight hours and potentially poor weather. The COVID-19 recommendations on social distancing and travel are now additional issues for public health decision makers at a highly critical time for our public health agencies.

This is a time that Ontario's municipalities and boards of health need to show strong leadership - to be fully supportive of the provincial directives to mitigate COVID-19 and to be fully supportive of public health work in their regions. Suspending board of health meetings does not seem like a responsible action given the circumstances.

We are therefore asking that restrictions on technologically-mediated meetings under the Municipal Act be lifted during the COVID-19 crisis. It could certainly be proven that a board of health (or a municipal council) was acting in good faith and setting a precedent for the organization and for those they serve. It would be a bold move, done not to circumvent the legislation and rules, but to protect the public and the board members or council members and their senior staff.

Premier Ford, we would like to thank you to you and your government for taking bold and significant steps to protect Ontarians and to support Ontario's public health system during this time of crisis. We understand that these steps are being taken quickly in response to a rapidly-evolving situation, and we believe that this is another opportunity for the Ontario government set another example by suspending the normal rules of attendance in these emergent circumstances for municipalities and governing boards, such as boards of health, that fall under Ontario's Municipal Act by ensuring we can indeed meet electronically without fear of reprisal.

Once again, sincere thanks to you, your government, the Honourable Christine Elliott, Dr. Williams, Ontario's Chief Medical Officer of Health and the Ministry of Health - for the strong and precedent setting leadership during this critical time.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Trudy Sachowski'.

Trudy Sachowski
Chair, aPHa Boards of Health Section

Copy: Hon. Christine Elliott, Deputy Premier, Minister of Health
Hon. Steve Clark, Minister of Municipal Affairs and Housing
Dr. David Williams, Chief Medical Officer of Health, ADM Ministry of Health
aPHa Board of Directors

The Association of Local Public Health Agencies (aPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. aPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, aPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Ministry of Health

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Health, Public Health
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Tél. : 416 212-3831
Télééc. :416 325-8412

April 2, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies

RE: Emergency Order to Support Public Health Units with Human Resource Capacity

The government has enacted a new Emergency Order (EO) under Section 7.0.2 (4) of the *Emergency Management and Civil Protection Act* (EMCPA) to enhance public health human resources capacity specific to COVID-19. This order is valid for 14 days unless revoked or renewed in accordance with the EMCPA.

The temporary EO gives boards of health the authority and flexibility to make human resource decisions as necessary to respond to, prevent, and alleviate the outbreak of COVID-19, despite any collective agreements in place.

The order includes authority for measures such as: redeploying staff within different locations of the public health unit; employing extra part-time staff, other temporary staff, or contractors, including for the purposes of performing bargaining unit work; and using volunteers to perform work, including to perform bargaining unit work.

The EO can be found here:

- EN: <https://www.ontario.ca/laws/regulation/r20116>
- FR: <https://www.ontario.ca/fr/lois/reglement/r20116>

The order is intended to support adequate resourcing of public health units to respond to COVID-19, by expanding capacity urgently to implement critical public health functions, such as case and contact management.

As the emergency measures in question may involve the temporary suspension of terms set out in your collective agreements, I strongly recommend that you engage in good faith with your bargaining agents in conjunction with the measures. If feasible, engagement could

include advance notice to and consultation with bargaining agents. If advance notice and/or consultation is not feasible in your particular circumstances, bargaining agents should be provided with notice upon adoption of the measures and should be informed that you seek to maintain a dialogue with them for their input and feedback with respect to the measures for your consideration in good faith in so far as the exigencies of the situation permit.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or Colleen Kiel, Director, Strategy and Planning at colleen.kiel@ontario.ca if you have any questions or would like additional guidance on implementation of the measures in this order.

The public health sector is undertaking incredible efforts to respond to this emergency in Ontario. Thank you for your action and commitment.

Yours truly,



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

cc: Alison Blair, Assistant Deputy Minister, Emergency Health Services and Public Health
Modernization Lead
Association of Municipalities of Ontario
Chief Administrative Officers and Clerks of Ontario's 444 municipalities