

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 39-25

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2025 May 22

**REGIONAL AND PROVINCIAL COLLABORATIVE STRUCTURES: A STRATEGY
FOR EFFECTIVE TOBACCO AND VAPOUR PRODUCT CONTROL**

Recommendation

It is recommended that the Board of Health receive Report No. 39-25 re: “Regional and Provincial Collaborative Structures: A Strategy for Effective Tobacco and Vapour Product Control” for information.

Report Highlights

- Regional and provincial coordination to support tobacco control efforts across Ontario began in 2006 as part of the government’s Smoke-Free Ontario Strategy.
- The funding model for this work regionally has evolved from 100% dedicated Ministry funding to pooled funding among partnering public health units.
- Public health units can share limited staff capacity and program resources, enhance efficiency, reduce duplication of efforts, and ensure consistency of public health interventions across Ontario through regional and provincial collaborative structures.

Background

In 2006, the Government of Ontario, as part of their Smoke-Free Ontario Strategy (SFOS), initiated the funding and operation of seven Tobacco Control Area Networks (TCANs), as pictured in [Appendix A](#). Under prescribed scopes and service agreements and 100% provincial funding, the Ministry of Health mandated public health units to form TCANs, or regional groupings of neighbouring public health units, to implement public health interventions to prevent the initiation of commercial tobacco use, to help people quit smoking, to protect people from the harms of second-hand smoke, and to enforce the *Smoke-free Ontario Act, 2017*. Following annual local, regional, and provincial workplans, TCANs worked in collaboration with Ministry-funded resource centres and non-governmental organizations (e.g., the Canadian Cancer Society, the Ontario Tobacco Research Unit, the Heart and Stroke Foundation, the Lung Health Foundation, etc.) to achieve shared program goals. With the emergence of vapour products in 2013 and subsequent legalization in 2017, TCANs expanded their mandate. In

2019, the provincially funded model for the SFOS was discontinued, and after two years of public health unit staff redeployment to support the COVID-19 response, the need for a new, collaborative structure was identified. In 2022, the Ontario Nicotine Dependence Structure (ONDS) was established.

Provincial and Regional Coordination through the ONDS

Under the leadership of the Joint TCAN Committee, which is comprised of public health unit staff representatives from the Middlesex-London Health Unit and the other five coordinating public health units, the ONDS creates a mechanism for collaborative public health resource development while maintaining local and regional flexibility. As described in [Appendix B](#), two Advisory Committees and a series of Project Teams, established in response to prioritized needs, serve as key mechanisms to facilitate communication and collaboration across Ontario public health units and non-governmental organizations. The Advisory Committees set priorities and determine activities based on situational assessments, member input, and relevant data. Resources developed provincially can be adapted and utilized at the local or regional level, based on identified program priorities, public health unit capacity, and community need. Public Health Ontario, along with the Canadian Cancer Society, the Lung Health Foundation, the Heart and Stroke Foundation, the Centre for Addiction and Mental Health, and the Ontario Medical Association offer expertise and support to the ONDS.

Regional Commitment to Collaborative Action

The Middlesex-London Health Unit (MLHU) serves as the coordinating public health unit for the Southwest TCAN, providing both administrative, strategic, and programmatic leadership across the region and the ONDS. Despite the discontinuation of 100% funding, the regional Southwest TCAN budget was incorporated into the MLHU Annual Service Plan under the cost-shared provincial/municipal funding model for 2019, and 2022-2024. Effective January 1, 2025, Southwest TCAN initiatives will be supported by pooled funding under a memorandum of understanding, with the six other public health units contributing their share of costs incurred. Despite these changes, public health units within the Southwest TCAN region and across Ontario remain committed, and see the benefit of working together, sharing staff capacity while contributing to the development, implementation, and evaluation of shared work plans.

Benefits of Provincial and Regional Collaboration

A provincial survey conducted in December 2024 gathered feedback from 91% of public health units. Survey results are summarized in an infographic ([Appendix C](#)). Notably, 96% of public health units agreed that the ONDS successfully met its objectives of reducing duplication and maximizing use and reach of limited resources through collaboration and networking. With dedicated public health staff resources for programmatic leadership and structure oversight, a similar model could be used for collaboration across other public health topic areas and programs.

This report was prepared by the Social Marketing and Health System Partnerships Team, within the Family and Community Health Division.



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This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Effective Public Health Practice Foundational Standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The Substance Use and Injury Prevention Standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The federal [Tobacco and Vaping Products Act](#) (S.C. 1997, c. 13).
- The provincial [Smoke-Free Ontario Act, 2017](#) (S.O. 2017, c. 26, Sched. 3).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation "Create Supportive Environments – ensure the use of culturally-respectful terminology".