



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

April 1, 2020

January 29, 2020

The Honourable Caroline Mulroney
Minister of Transportation
Sent via e-mail: minister.mto@ontario.ca

The Honourable Christine Elliott
Minister of Health
Sent via e-mail: christine.elliott@ontario.ca

Dear Honourable Ministers,

Re: Off Road Vehicles (ORV) and Bills 107 and 132

Peterborough Public Health (PPH) is mandated by the Ontario Public Health Standards and the Health Promotion and Protection Act to deliver public health programs and services that promote and protect the health of Peterborough City and County residents.¹ One of our stated goals is to reduce the burden of preventable injuries, where road safety is an important factor. Given the Provincial Government's recent passing of Bills 107 and 132, we anticipate changes to Ontario Regulation 316/03 are being drafted and wish to express several concerns and propose recommendations to consider. For the purpose of this letter, the term ORV is inclusive of all-terrain vehicles (ATVs), side-by-side ATVs, utility-terrain vehicles, and off-road motorcycles (i.e., dirt bikes), and does not include snowmobiles.

The popularity of ORVs has greatly increased over the last 30 years and with increased use, ORV-related injuries and deaths have also risen.^{2,3} In Canada in 2010 there were 435 ORV users seriously injured and 103 ORV-related fatalities. This compares to 149 seriously injured users in 1995 and 45 fatalities in 1990.² These statistics are based on police reported data and medical examiner files. Hospital records are another source of data where Emergency Department (ED) visits, hospitalizations, and deaths may be identified to be caused by an ORV injury. In Ontario in 2015 to 2016, there were over 11,000 ORV-related ED visits and over 1,000 ORV-related hospitalizations.⁴ There have been between 29 and 52 fatalities each year relating to ORV or snowmobile use from 2005 to 2012.⁴ The most affected demographic group has been males aged 16-25.^{2,4} Rollovers, falling off the vehicle, and ejection are the most commonly cited mechanisms for ORV injury.⁴ The most common cause of death is due to head and neck injuries.⁴

ORV-related incidents are classified according to whether they occur on roadways ("traffic") or off-roadways ("non-traffic"). Research indicates that there are higher rates of fatalities and serious injuries for ORV riders on roadways compared to off-roadways.^{5,6,7} Riding on roadways increases the risk of collisions with other motor vehicles.^{5,8,9} Also, design characteristics of certain classes of ORVs make them unsafe on roadways.^{5,10,11} Indeed, across the border in 2007 it was found that 65% of ATV rider deaths occurred on roads. There was also a greater increase in on-road than off-road deaths between 1998 and 2007, which coincided with more states increasing legal ATV access to roads in some way.¹¹

Some of the associated risk factors related to ORVs used in Ontario include alcohol and drug use, riding at night, lack of helmet use, and excessive speed.^{4,12} It has been found that the majority of ORV-related ED visits occur on the weekend (Friday to Sunday), and almost all are related to recreational use of ORVs.⁴

With these factors in mind, in revision of O. Reg 316/03, we recommend the following in PART III:

- Equipment requirements:
 - Maintain current* contents of section, ensuring content is up-to-date and is applicable to all classes of ORVs that will be permitted on roads.
- Operation requirements:
 - Maintain current* contents of section and requirements. Specifically:
 - Requiring the driver to hold a valid driver's licence, with restrictions on number of passengers at night for novice young drivers;
 - Requiring all riders to wear an approved helmet; and
 - Setting maximum speed limits of 20 kilometres per hour, if the roads speed limit is not greater than 50 kilometres per hour, and 50 kilometres per hour, if the roads speed limit is greater than 50 kilometres per hour.
 - Under "Driver's licence conditions", include the condition that the blood alcohol concentration level of young or novice drivers be zero, as per the Highway Traffic Act (2019).

Finally, we encourage the Ministry of Transportation and the Ministry of Health to establish an effective communication strategy to educate all road users about forthcoming changes to ORV road-use laws, as well as to communicate the risks of riding ORVs on roads.

In summary, ORV-related accidents continue to be a significant cause of injury, with on roadway accidents resulting in higher proportions of severe injury (hospitalization) and fatalities than off roadway accidents. We appreciate your consideration of the safety implications of on-road ORV use as you revise O. Reg. 316/03.

If you have any questions or would like additional information about our comments, please contact Deanna Leahy, Health Promoter, at 705-743-1000 ext. 354, dleahy@peterboroughpublichealth.ca.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: The Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Local MPPs
Opposition Health Critics
The Association of Local Public Health Agencies
Ontario Boards of Health

*"current" refers to O. Reg. 316/03: Operation of off-road vehicles on highways, dated January 1, 2018

References

1. Ontario Ministry of Health and Long-term Care. (2018). *Ontario Public Health Standard: Requirements for Programs, Services, and Accountability*. Toronto, ON: Author.
2. Vanlaar, W., McAteer, H., Brown, S., Crain, J., McFaull, S., & Hing, M. M. (2015). Injuries related to off-road vehicles in Canada. *Accident Analysis & Prevention*, 75, 264-271.
3. Canadian Paediatric Society. (2015). Are we doing enough? A status report on Canadian public policy and child and youth health. Ottawa (ON): Canadian Pediatric Society. Retrieved from <http://www.cps.ca/uploads/status-report/sr16-en.pdf>.
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Chu A, Orr S, Moloughney B, McFaull S, Russell K, Richmond SA. The epidemiology of all-terrain vehicle- and snowmobile-related injuries in Ontario. Toronto, ON: Queen's Printer for Ontario; 2019.
5. Denning, G. M., Harland, K. K., Ellis, D. G., & Jennissen, C. A. (2013). More fatal all-terrain vehicle crashes occur on the roadway than off: increased risk-taking characterises roadway fatalities. *Injury prevention*, 19(4), 250-256.
6. Williams, A. F., Oesch, S. L., McCartt, A. T., Teoh, E. R., & Sims, L. B. (2014). On-road all-terrain vehicle (ATV) fatalities in the United States. *Journal of safety research*, 50, 117-123.
7. Denning, G. M., & Jennissen, C. A. (2016). All-terrain vehicle fatalities on paved roads, unpaved roads, and off-road: Evidence for informed roadway safety warnings and legislation. *Traffic injury prevention*, 17(4), 406-412.
8. Yanchar NL, Canadian Paediatric Society Injury Prevention Committee. (2012). Position statement: Preventing injuries from all-terrain vehicles. Retrieved from <http://www.cps.ca/en/documents/position/preventing-injury-from-atvs>.
9. Ontario Medical Association. (2009). OMA Position Paper: All-Terrain Vehicles (ATVs) and children's safety. *Ontario Medical Review*, p. 17–21.
10. Fawcett, V. J., Tsang, B., Taheri, A., Belton, K. & Widder, S. L. (2016). A review on all terrain vehicle safety. *Safety*, 2, 15.
11. Consumer Federation of America. (2014). ATVs on roadways: A safety crisis. Retrieved from <https://consumerfed.org/pdfs/ATVs-on-roadways-03-2014.pdf>.
12. Lord, S., Tator, C. H., & Wells, S. (2010). Examining Ontario deaths due to all-terrain vehicles, and targets for prevention. *The Canadian Journal of Neurological Sciences*, 37(03), 343-349.



Public Health
Santé publique
SUDBURY & DISTRICTS

January 31, 2020

VIA ELECTRONIC MAIL

The Honourable Patti Hajdu
Minister of Health
Government of Canada
Tunney's Pasture
Ottawa, ON K1A0K9

The Honourable Christine Elliott
Minister of Health
Government of Ontario
Toronto, ON M7A 2J3

Dear Ministers:

Re: Fully Funded Universal Healthy School Food Program

At its meeting on January 16, 2020, the Board of Health for Public Health Sudbury & Districts carried the following resolution #02-20:

WHEREAS a universal publicly funded healthy school food program in Canada enables all students to have the opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise, or volunteer with the program; and

WHEREAS only 19% of Sudbury & District youth (ages 12-19) reported meeting the recommended intake of fruit and vegetables, an indicator of nutrition status and a risk factor for the development of nutrition-related chronic diseases;

THEREFORE BE IT RESOLVED THAT That the Board of Health for Public Health Sudbury & Districts support resolutions by [Federation of Canadian Municipalities](#), and Boards of Health for [Grey Bruce Health Unit](#), [Toronto Public Health](#), [Peterborough Public Health](#) and [Windsor-Essex County Health Unit](#) for a universal publicly funded healthy school food program.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



Re: Fully Funded Universal Healthy School Food Program

January 31, 2020

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FURTHER THAT the Board calls on federal and provincial Ministers of Health to work in consultation with all provinces, territories, Indigenous leadership, and other interest groups to collaboratively develop a universal publicly funded school food program that is aligned with Canada's Dietary Guidelines.

In Ontario, the school or student nutrition program aims to support students' learning and healthy development through additional nourishment. The current model of the school nutrition programming includes contributions from the province, community groups, organizations, grants, food donations, and fundraising efforts. The patchwork funding model threatens the quantity and quality of food served to children. The lack of sustainable funding also impacts the availability of infrastructure and human resources to effectively run the program.

A publicly fully-funded universal school food program model can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success. This proposed universal program model with leadership by Canada and Ontario's Ministers of Health would enable all students to have the equal opportunity to eat healthy meals at school every day, and that no child is left out due to their family's ability to pay, fundraise, or volunteer with the program.

Further, this motion is in support of Senator Art Eggleton's motion (#358, 2015) that urges an adequately funded national cost-shared universal nutrition program. Given the impact of nutrition related chronic diseases, we trust you will advance this work quickly and so that no child is left out.

Sincerely,

A handwritten signature in black ink, appearing to be 'Penny Sutcliffe', with a stylized, cursive style.

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

cc: Paul Lefebvre, Member of Parliament for Sudbury
Marc Serré, Member of Parliament for Nickel Belt
Carol Hughes, Member of Parliament for Algoma-Manitoulin-Kapuskasing
Hon. Todd Smith, Ontario Minister of Children, Communities, and Social Services
Association of Local Public Health Agencies
Federation of Canadian Municipalities
Ontario Boards of Health

January 17, 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:

On December 18, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Healthy Smiles Ontario Funding**. **WECHU's resolution as outlined below recognizes the growing need, and increase in dental decay, among vulnerable children in Windsor-Essex and existing barriers to access to care. The WECHU recommends that HSO retain its current funding and structure as 100% funded, merging it with the Ontario Seniors Dental Care Program to be a comprehensive dental care program for vulnerable children and seniors in Ontario:**

Windsor-Essex County Board of Health
RECOMMENDATION/RESOLUTION REPORT – Healthy Smiles Ontario Funding
December 19, 2019

ISSUE

Healthy Smiles Ontario (HSO) is a publically funded dental care program for children and youth 17 years old and under from low-income households. The Ministry of Health introduced HSO in 2010 as a 100% provincially funded mandatory program for local health units, providing \$1,529,700 in funding for children in Windsor-Essex (2019). HSO covers regular visits to a licensed dental provider within the community or through public health units.

In April 2019, the provincial government introduced its [2019 Budget Protecting What Matters Most](#) (Minister of Finance, 2019). Following the release of the provincial budget, the Ministry of Health introduced changes to the funding models for health units effective January 2020. The changes in funding for local health units include a change from a 25% municipal share, 75% provincial cost-shared budget for mandatory programs to 30% and 70% respectively. In addition, the Ministry notified health units that formerly 100% provincially funded mandatory programs such as HSO would now share these costs with municipalities at the rate of 30%, a download of approximately \$458,910.00 to local municipalities.

BACKGROUND

Oral health is vital to our general health and overall well-being at every stage of life. Most oral health conditions are largely preventable and share common risk factors with other chronic diseases, as well as the social determinants of health, such as income, employment and education, whereby those in the lowest income categories have the poorest oral health outcomes. Approximately 26% of children (0-5 yrs) and 22.6% of children and youth (0-17yrs) in Windsor-

Essex County live in low-income households, compared to 19.8% and 18.4% in Ontario (Windsor-Essex County Health Unit, 2019). Tooth decay is one of the most prevalent and preventable chronic disease, particularly among children. In Windsor-Essex from 2011 to 2016, the number of children screened in school with decay and/or urgent dental needs increased by 51%. Tooth decay is also the leading cause of day surgeries for children ages one to five. The rate of day surgeries in Windsor-Essex in 2016 was 300.6/100K compared to 104.0/100K for Ontario, representing a significant cost and burden to the healthcare system (WECHU Oral Health Report, 2018). For children, untreated oral health issues can lead to trouble eating and sleeping, affect healthy growth and development, speech and contribute to school absenteeism.

In 2016, the MOHLTC integrated six publicly funding dental programs into one 100% funded program, providing a simplified enrolment process and making it easier for eligible children to get the care they need. The HSO program was part of Ontario's Poverty Reduction Strategy commitment to build community capacity to deliver oral health prevention and treatment services to children and youth from low-income families in Ontario. Windsor-Essex Health Unit operates two dental clinics, one in Windsor and one clinic in Leamington. The WECHU provides preventative and restorative services with a team of registered dental hygienists, general dentists and a pediatric dentist. There is about a six-month wait list for services in our current clinics. The number of preventative oral health services provided through the WECHU dental clinics has increased year over year from 1,931 in 2011 to 7,973 in 2017 (WECHU Oral Health Report, 2018).

Community dentists are not required to take patients under the Healthy Smiles Ontario program which can create barriers to accessing services. Changes to the funding model for HSO will not affect the services provided by local dentists and is only applied to local health units. Mixed model funding for public health units and private fee-for-service dental providers, poses a risk to the delivery of the HSO program in Ontario. Based on the data and analysis in the 2018 Oral Health report, the Windsor-Essex County Health Unit proposed recommendations to improve the oral health status in Windsor-Essex including: Improve access to oral health services within Windsor-Essex and advocate for improved funding for oral health services and expansion of public dental programs such as Healthy Smiles Ontario to priority populations. Given the growing urgent need and increase in dental decay among vulnerable children in Windsor-Essex and recognizing the existing barriers to access to care, the WECHU recommends that HSO retain its current funding and structure as 100% funded, merging it with the Ontario Seniors Dental Care Program to be a comprehensive dental care program for vulnerable children and seniors in Ontario.

PROPOSED MOTION

Whereas the WECHU operates a dental clinic in Leamington and Windsor for HSO eligible children with wait times for services exceeding 6 months, and

Whereas one in four children under five years (26.0%), one in five children under 17 years (22.6%), and one in ten seniors (11.4%) in Windsor and Essex County live in poverty, and

Whereas inadequate access and cost remain barriers to dental care for Windsor and Essex County residents, 23.7% report that they lack dental insurance that covered all or part of the cost of seeing a dental professional, and

Whereas indicators show an overall trend of declining oral health status among children in Windsor and Essex County compared to Ontario, and

Whereas the rate of oral health day surgeries for children in Windsor and Essex County (300.6/100K) far exceeds that of Ontario (100.4/100K), and

Whereas there is an increased difficulty in obtaining operating room time for dental procedures in Windsor-Essex with wait times exceeding 1 year for children in need of treatment, and

Whereas there is a chronic underfunding of the Healthy Smiles Ontario program creating barriers to accessing services among local dentists, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recognizes the critical importance of oral health for vulnerable children and youth, and

FURTHER THAT, urges the Ministry of Health to reconsider its decision to download 30% of the funding of the Healthy Smiles Ontario Program to local municipalities, and

FURTHER THAT this resolution be shared with the Ontario Minister of Health, the Chief Medical Officer of Health, the Association of Municipalities of Ontario, local MPP's, the Association of Public Health Agencies, Ontario Boards of Health, the Essex County Dental Society, the Ontario Association of Public Health Dentistry, the Ontario Dental Association and local municipalities and stakeholders .

References:

Windsor-Essex County Health Unit. (2019). Community Needs Assessment 2019 Update. Windsor, Ontario
Windsor-Essex County Health Unit. (2018). Oral Health Report, 2018 Update. Windsor, Ontario

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. Patty Hadju, Minister of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Essex County Dental Society
Ontario Association of Public Health Dentistry
Ontario Dental Association
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, Dave Epp



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

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 (aPHa) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.*

.../2



CORNWALL • ALEXANDRIA • CASSELMAN • HAWKESBURY • ROCKLAND • WINCHESTER

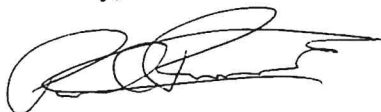
www.EOHU.ca • 1 800 267-7120 • www.BSEO.ca

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 McDonell, MPP, Stormont - Dundas - South Glengarry
Amanda Simard, MPP, Glengarry - Prescott-Russell
Steven Clark, Minister of Municipal Affairs



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".

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

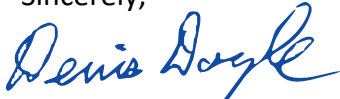
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The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of 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".

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

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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.

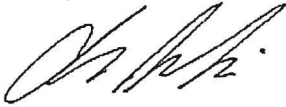
Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

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