



# **Hastings Prince Edward Public Health Board of Health Meeting**

Information Items

June 3, 2020

**Listing of Information Items  
Board of Health Meeting – June 3, 2020**

1. Simcoe Muskoka District Health Unit – Letter to A. Bishop re Cannabis Consumption Establishments / Special Occasion Permits dated March 30, 2020
2. Peterborough Public Health – Letter to Minister Elliott re: Provincial Leadership in the monitoring of Food Affordability and Food Insecurity dated April 30, 2020
3. Timiskaming Health Unit – Letter to Todd Smith, MPP re: Consultation for a new Ontario Poverty Reduction Strategy dated April 30, 2020
4. Association of Local Public Health Agencies – Letter to Doug Ford re: Boards of Health – Governance Role During COVID-19 dated May 15, 2020

*The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at [hpePublicHealth.ca](http://hpePublicHealth.ca).*

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.

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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.

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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**

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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](mailto: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 legible.

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.

April 30, 2020

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

**Sent via e-mail:** [Christine.elliott@pc.ola.org](mailto:Christine.elliott@pc.ola.org)

Dear Minister Elliott:

**Re: Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity**

Household food insecurity is a serious public health problem in Ontario. Household food insecurity is the inadequate or insecure access to food due to financial constraints, and is experienced by 13.3% of Ontario households (Tarasuk & Mitchell, 2020). Monitoring local food insecurity and food affordability is critical for Peterborough Public Health and local public health agencies (LPHAs) across Ontario to assess trends over time, identify community needs, and support access to safe healthy food. The Board of Peterborough Public Health is also required to monitor Food Affordability, as specified by the Ontario Public Health Standards.

Health Canada recently updated the [National Nutritious Food Basket](#) based on the 2019 Canada's Food Guide. A Reference Guide and spreadsheet were released in February 2020. In order for this to be used for data collection, protocols must be developed at the regional/territorial level. We ask that the Ontario Ministry of Health take leadership in developing a protocol in collaboration with Ontario's LPHAs and the Ontario Dietitians in Public Health.

Peterborough Public Health would also like to express the importance of availability of local Household Food Insecurity data from the Canadian Community Health Survey. We ask that Household Food Insecurity be included as a core module in Ontario, and that Ministry release 2018 Household Food Insecurity Data to Ontario LPHAs. This is critical for our board of health to conduct population health assessment and interventions to address local needs.

Thank you for your attention to supporting local boards of health in addressing the important issues of food insecurity and food affordability.

Sincerely,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

cc: Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health  
Local MPPs  
France G elinas, MPP, Health Critic  
John Fraser, MPP, Health Critic  
Association of Local Public Health Agencies  
Ontario Boards of Health

Reference: Tarasuk V, Mitchell A. (2020) Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>





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[www.timiskaminghu.com](http://www.timiskaminghu.com)

April 30, 2020

Hon. Todd Smith, Minister of Children, Community and Social Services  
Ministry of Children, Community and Social Services, Hepburn Block, 6<sup>th</sup> Floor  
80 Grosvenor St,  
Toronto, ON M7A 1E9

Sent via e-mail: [Todd.smithco@pc.ola.org](mailto:Todd.smithco@pc.ola.org)

Dear Minister Smith,

**Re: Consultation for a new Ontario Poverty Reduction Strategy**

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The Timiskaming Health Unit (THU) commends the Government of Ontario's interest in poverty reduction and applauds its public consultation to inform the development of a new provincial strategy.

THU recognizes that the prolonged stress of continually struggling to satisfy basic needs negatively impacts the physical and mental health of entire families; however, poverty doesn't just affect those experiencing it. Poverty costs the Ontario economy over \$27 billion annually, with the cost of maintaining poverty far outweighing the cost of addressing it.<sup>1</sup> Currently, there are 1.57 million Ontarians, including 382,000 children living in poverty.<sup>1</sup> Despite previous declines in childhood poverty, much work remains. In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.<sup>3</sup>

Poverty persists in the presence of low unemployment rates. While a strong economy and job creation are essential combatants of poverty, low educational attainment, precarious employment, low wages, disability, as well as a lack of affordable housing and child care contribute to its maintenance. A comprehensive poverty reduction strategy must address an entire gamut of issues - from a lack of individual resources and supports to political and economic structures.<sup>4</sup>

Poverty is a multi-dimensional phenomenon and requires a multi-dimensional approach. Based on this premise, we have included our recommendations for Ontario's new poverty reduction strategy in Schedule A. We are confident that implementation of these recommendations will have a positive impact on reducing poverty in Ontario. Thank you for providing us with the opportunity to contribute to this worthwhile endeavour.

Sincerely,

Carman Kidd  
Board of Health Chair

Enclosure

c.c. Mr. John Vanthof, MPP, Timiskaming-Cochrane  
Ontario Boards of Health

ISSUE	RATIONALE	RECOMMENDATIONS
<p><b>INCOME</b></p>	<p>Jobs that pay a living wage are essential. Income is a significant determinant of health as it influences overall living conditions, including psychological functioning, health-related behaviours, food security, housing, and other prerequisites of health.<sup>5</sup> Poor health is both the cause and the result of poverty. At present, poverty costs the Ontario health care system \$3.9 billion annually.<sup>1</sup> In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.<sup>3</sup> Chronic stress resulting from the struggles to satisfy basic needs such as food, and shelter impacts the physical and mental health of low-income families. Increasing incomes for those living in poverty results in a reduction of stress, mental illness, and chronic disease resulting in overall health care spending<sup>6</sup></p>	<p>THU recommends that the province of Ontario reinstate the guaranteed basic income pilot projects and an increase in the minimum wage for Ontario workers. We endorse Bill 60 and call for increases to income assistance rates for Ontario Works (OW), as well as Ontario Disability Supports Program (ODSP) recipients to sufficiently cover basic needs (i.e., shelter, food, clothing, and transportation). THU further recommends that future adjustments to minimum wages and social assistance rates align with inflation.</p>
<p><b>EDUCATION</b></p>	<p>Education invariably leads to better health as it is associated with higher incomes, increased civic engagement, and healthier lifestyles.<sup>5</sup> Post-secondary education is protective against poverty. Compared to the rest of Ontario, residents in Timiskaming are less likely to complete high school or university.<sup>3</sup> The Ontario Student Assistant Program (OSAP) financially assists students in obtaining a post-secondary education through loans and grants. While we commend the Government of Ontario's 10 percent decrease in tuition fees, the elimination of free tuition for low-income students is troublesome. Recent changes to the OSAP program may deter low-income students from pursuing post-secondary education and thus limiting their socioeconomic mobility.</p>	<p>THU recommends increasing access to post-secondary programs for low-income students through free tuition, a return to previous grant/loan amounts, and reinstatement of the six-month interest-free grace period following graduation.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p><b>ASSET &amp; CAPACITY BUILDING</b></p>	<p>Generational poverty is more than the mere absence of monetary resources and often includes insufficient support systems, role models, and coping strategies. A lack of resources hinders socioeconomic mobility while increasing the likelihood of remaining in poverty.<sup>4</sup> Asset building programs have the potential to assist individuals to transition out of poverty through the use of mentors and peer support. These programs can save Ontarians a substantial amount of money but more research is required.<sup>7</sup> It is essential for the Government of Ontario to continue to build capacity within Public Health Ontario and local public health that will facilitate the data collection, assessment and evaluation of unique initiatives such as the Bridges Out of Poverty – Circles program to assist and support individuals leaving poverty.</p>	<p>THU recommends that the Government of Ontario invest in the creation, expansion, and evaluation of asset building programs (e.g., Bridges Out of Poverty- Circles). It is also recommended that the Province of Ontario continue to invest in Public Health Ontario and local public health initiatives to permit the necessary data collection, and evidence gathering to understand, prevent, and mitigate poverty.</p>
<p><b>CHILD CARE &amp; EARLY CHILDHOOD EDUCATION</b></p>	<p>Early childhood experiences influence later physical, social, emotional, and cognitive development, which impacts future learning, educational achievement, employment, and health. In 2018/19, throughout Ontario there were 446,596 spaces in licensed child care facilities – enough for 22.4% of Ontario’s children age 0-12 years.<sup>8</sup> Ontario has the highest median full-time child care infant fees in the country at \$1,758 per month or \$21,096 annually.<sup>9</sup> In rural northern Ontario, pre-school child care fees are approximately \$825 per month or \$9,900 per year.<sup>9</sup> In 2019, approximately 29% of children in licensed child care centres qualified for subsidies compared to 68% of children in licensed home child care.<sup>8</sup> Child care must be affordable, accessible, and of high-quality to permit parents to engage in paid work, ensure the attainment of developmental milestones, and address child &amp; family poverty in Ontario.<sup>10</sup></p>	<p>THU recommends the creation of a universal, high-quality, accessible, and affordable child care system provided by a well-trained and well-paid workforce.</p>
<p><b>HOUSING</b></p>	<p>Adequate housing is vital to one’s dignity, safety, and ability to contribute to society. Without proper shelter, people are not able to maintain employment, recover from mental illness, be part of their community, maintain custody of their children, leave abusive relationships, or escape situations involving human trafficking.<sup>11</sup> Rates of public assistance and minimum wage have not kept pace with rising rents in Ontario, which excludes vulnerable individuals from the rental market. In Timiskaming, 21% of households live in unaffordable housing, spending 30% or more of their income on shelter cost.<sup>12</sup></p>	<p>THU recommends the province work with municipalities to develop a strategy to address affordable housing shortages and chronic homelessness, which includes the creation of new affordable housing. Further recommendations include an increase in provincial funding for the repair and maintenance of social housing units.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p align="center"><b>DISABILITIES</b></p>	<p>One in seven Ontarians (15%) live with a disability.<sup>13</sup> People with disabilities continue to face barriers to education and employment opportunities. They are more likely to have low-income status, and less likely to live in adequate, affordable housing than people without disabilities.<sup>13</sup> The Ontario government has proposed changing the definition of disability to align with the Federal government's much more stringent definition used to determine eligibility for Canada Pension Plan Disability Benefits.<sup>14</sup> The change in definition would lead to a large number of Ontarians being ineligible for ODSP benefits. This change would lead to a greater dependence on OW, which pays much less and does not provide disability supports.</p>	<p><b>THU recommends the Ontario government maintain its current definition of disability to determine eligibility for ODSP benefits.</b></p>
<p align="center"><b>PHARMACARE</b></p>	<p>Approximately 2.2 million Ontarians have no prescription drug coverage.<sup>15</sup> Too frequently, cost restrictions force Ontarians to fail to fill or renew their prescriptions, skip doses, or split pills to make their medications last longer.<sup>16</sup> In 2015, 24% of Ontarians reported that they or someone in their household failed to take their medication as prescribed due to cost.<sup>16</sup> Women are particularly disadvantaged as they are more likely to be prescribed medication than men, but are less likely to have medication coverage through paid work.<sup>17</sup> Illness and disability prevent people from working, force many to live in poverty, and increase health care expenses.</p>	<p><b>THU recommends the Ontario government work with the Government of Canada to create and implement a universal and comprehensive Pharmacare program for all Ontarians.</b></p>
<p align="center"><b>ORAL HEALTH</b></p>	<p>Poor oral health negatively impacts general health and is associated with various health risks ranging from poor nutritional intake<sup>18</sup> to coronary heart disease.<sup>19</sup> Individuals in the lowest income group are less likely to receive preventive treatment and more likely to decline dental services due to costs compared to those with higher incomes.<sup>20</sup> In Timiskaming, only 56.7% of residents reported having insurance coverage for dental expenses,<sup>21</sup> and a mere 54.9% of residents reported visiting the dentist in the past year.<sup>22</sup> While THU recognizes the value of the Healthy Smiles Ontario program and commends the Government of Ontario for the implementation of the Ontario Seniors Dental Care Program, the dental needs of low-income workers age 18 to 64 years remain unmet. Facial pain, infection, and illness are barriers to employment and cost our health care system.</p>	<p><b>THU recommends the Government of Ontario create a publicly funded system for oral health care that is accessible to all individuals living in low-income households regardless of age.</b></p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p style="text-align: center;"><b>PAID SICK LEAVE</b></p>	<p>When employees go to work sick, they not only risk their health, but they risk the health of their co-workers as well as the general public through the spread of infectious diseases (e.g., COVID-19). However, most low-income earners have a minimal choice due to a lack of paid sick days and financial obligations. Low-income earners such as those working in the food and hospitality industry are of particular importance because illnesses such as Norovirus, Salmonella Typhi, Hepatitis A, etc., are transmittable to the general public during the food production and handling process.<sup>23</sup> Currently, in Ontario, employers are only required to provide three “unpaid” sick days per year. The average number of sick days taken in Canada by workers in the private sector is nine days per year.<sup>24</sup></p>	<p><b>THU recommends the Government of Ontario amend the Employment Standards Act to include a minimum of Seven (7) “paid” sick days per year for employees regularly scheduled to work 30 hours or more per week. Part-time and seasonal workers to receive paid sick days based on a pro-rata basis.</b></p>

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

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Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate**

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Ontario

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Ontario

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Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

May 15, 2020

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

Dear Premier,

**Re: Boards of Health – Governance Role During COVID-19**

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On behalf of the Boards of Health Section of the Association of Local Public Health Agencies (alPHa), I am writing to you with regards to the governance role of local Boards of Health during COVID-19.

While the pandemic has impacted virtually all facets of life, local Boards of Health are still mindful of their legislative responsibilities outlined in the Health Promotion and Protection Act and the need to continue to govern and to be accountable. We want to thank you for responding positively to our letter from March 23, 2020 requesting a suspension of the Municipal Act rules that prohibited virtual attendance at board meetings for the purposes of quorum. The government's announcement of the requested suspension allows boards of health to continue to meet using electronic means and to play their ongoing leadership role in the public health system.

We are pleased that boards of health throughout Ontario are continuing to meet and engaging with their respective public health units, local government officials, and community partners in the fight against COVID-19. It is only by all of us working together that we can successfully battle this virus and protect the people of Ontario.

We would also like to thank you, the Minister of Health, the Hon. Christine Elliot and Dr. David Williams, Ontario's Chief Medical Officer of Health for the leadership that you have shown throughout the COVID-19 pandemic. We also want to recognize the outstanding efforts of Ontario's public health unit staff, working under the direction of their local Medical Officers of Health and their Boards of Health. The public health system, working together, has helped to flatten the curve and prevent the spread of COVID-19 within communities across Ontario.



Thank you again for your support. If you have any questions about this letter, please have your staff contact Loretta Ryan, Executive Director, alPHa at 416-595-0006, x 222 or [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

Sincerely,

A handwritten signature in blue ink that reads "Trudy". The signature is fluid and cursive, with a large loop at the beginning.

Trudy Sachowski  
Chair, alPHa Boards of Health Section

**Copy:**

Hon. Christine Elliott, Minister of Health  
Helen Angus, Deputy Minister, Ministry of Health  
Dr. David Williams, Chief Medical Officer of Health  
Jim Pine, Special Advisor, Public Health and Emergency Health Services  
Jamie McGarvey, President, Association of Municipalities (AMO)  
Carmen McGregor, President, alPHa  
Dr. Paul Roumeliotis, Chair, Council of Ontario Medical Officers of Health, alPHa

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.