Algoma
PUBLIC HEALTH
Santé publique Algoma

BOARD OF HEALTH MEETING

May 24, 2017

5:00 pm

Sault Ste. Marie Community Rooms A and B

www.algomapublichealth.com

May 24, 2017 - Board of Health Meeting Book

Algoma Public Health Board of Health Meeting Table of Contents

10. Addendum

11. In Committee

12. Open Meeting

13. Resolutions Resulting From In Committees

14. Announcements

    a. Next Board of Health Meeting - June 28, 2017 at 5:00 pm

    b. Next Committee Meetings - June 14, 2017 at 4:30 pm

15. Adjournment

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
MAY 24, 2017 @ 5:00 PM
SAULT STE MARIE ROOM A&B, SSM
A*G*E*N*D*A

1.0 Meeting Called to Order — Mr. Ian Frazier, Board 1st Vice- Chair

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda Items — Mr. Ian Frazier, Board 1st Vice- Chair

Resolution
THAT the agenda items dated May 24, 2017 be adopted as circulated; and
THAT the Board accepts the items on the addendum.

3.0 Adoption of Minutes of Previous Meeting — Mr. Ian Frazier, Board 1st Vice- Chair

Resolution
THAT the Board of Health minutes for the meeting dated April 26, 2017 be adopted as circulated.

4.0 Delegations/Presentations.

a. Community Alcohol/Drug Assessment Program — Jan Metheany, Program Manager

5.0 Business Arising from Minutes

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report — Dr. Marlene Spruyt, Medical Officer of Health

Resolution
THAT the report of the Medical Officer of Health and CEO for the month of May 2017 be adopted as presented.

b. Finance Report

i. Draft Financial Statements for the Period Ending March 31, 2017 — Mr. Justin Pino, Chief Financial Officer

Resolution
THAT the Financial Statements for the Period Ending March 31, 2017 be approved as presented.

7.0 New Business/General Business — Mr. Ian Frazier, Board 1st Vice- Chair

8.0 Correspondence — Mr. Ian Frazier, Board 1st Vice- Chair

a. alPHa Resolution - Fluoride Varnish Programs for Children at Risk for Dental Caries
   i. Resolution to alPHa from Wellington-Dufferin-Guelph Health Unit dated May 3, 2017

b. Caffeinated Energy Drinks
   i. Letters to Minister Hoskins & Philpott from Sudbury & District Health Unit dated May 2, 2017

c. Enactment of Legislation for Public Service Settings
   i. Letter to Premier Wynne from Grey Bruce Health Unit dated May 2, 2017

d. Healthy Babies Healthy Children Program Targets and Funding
   i. Letter to Minister Coteau from Wellington-Dufferin-Guelph Public Health dated May 3, 2017

e. Human Papillomavirus Immunization Catch-up for Boys
   i. Letter to Minster Hoskins from Wellington-Dufferin-Guelph Public Health dated May 3, 2017

f. Low-Income Dental Programs for Adults and Seniors
   i. Letter to Minister Hoskins from Peterborough Public Health dated April 24, 2017
   ii. Memorandum to Premier Wynne from Durham Region dated April 13, 2017
   iii. Letter to Minister Hoskins from Porcupine Health Unit dated May 1, 2017

g. Ontario Public Health Standards Modernization
   i. Letter to Minister Hoskins from Porcupine Health Unit dated May 1, 2017

h. Opioid Addiction and Overdose
   i. Letters to Minister Hoskins and Dr. Williams and Minister Philpott from Simcoe Muskoka District Health Unit dated April 19, 2017
   ii. Memorandum to Premier Wynne from Durham Region dated April 13, 2017
   iii. Letter to Minister Hoskins from Middlesex-London Health Unit dated April 28, 2017

i. Provincial Alcohol Strategy
   i. Letter to Minister Hoskins from Wellington-Dufferin-Guelph Public Health dated May 3, 2017

j. Stop Marketing To Kids Coalition's Ottawa Principles
   i. Letter to Minister Philpott from Peterborough Public Health dated May 5, 2017

k. Tobacco Endgame
   i. Letter to Ministers Hoskins and Philpott from Peterborough Public Health dated May 2, 2017

l. Vaccine Preventable Diseases Program Funding
   i. Memorandum to Premier Wynne from Durham Region dated April 13, 2017

9.0 Items for Information

a. Alcohol in Our Communities: A Report on Alcohol Use in Northwestern Ontario 2017 from Northwestern Health Unit — Mr. Ian Frazier, Board 1st Vice- Chair

10.0 Addendum

11.0 That The Board Go Into Committee — Mr. Ian Frazier, Board 1st Vice- Chair

Resolution
THAT the Board of Health goes into committee.

Agenda Items:

a. Adoption of in-committee minutes dated April 24, 2017
b. Litigation or Potential Litigation
c. Labour Relations and Employee Negotiations

12.0 That The Board Go Into Open Meeting — Mr. Ian Frazier, Board 1st Vice- Chair

Resolution
THAT the Board of Health goes into open meeting

13.0 Resolution(s) Resulting from In-Committee Session — Mr. Ian Frazier, Board 1st Vice- Chair

14.0 Announcements — Mr. Ian Frazier, Board 1st Vice- Chair

Next Committee Meetings:
June 14, 2017 at 4:30pm
Prince Meeting Room, Sault Ste. Marie
Finance & Audit Committee will start at 4:30pm followed by the Governance Standing Committee at 5:30pm

Next Board Meeting:
June 28, 2017 at 5:00pm
Sault Ste. Marie, Room A&B, Sault Ste. Marie

15.0 That The Meeting Adjourn — Mr. Ian Frazier, Board 1st Vice- Chair

Resolution
THAT the Board of Health meeting adjourns

Algoma PUBLIC HEALTH
Santé publique Algoma

Community Alcohol/Drug Assessment Program

APH Board Presentation - May 24, 2017

Jan Metheany, MSW, RSW
Program Manager
Community Mental Health Support Services; Community Alcohol/Drug Assessment & Counselling Service; APH Harm Reduction Services

Community Alcohol/Drug Assessment Program (CADAP)

Assessment & Counselling	Addiction Supportive Housing (ASH)	Methadone Maintenance Treatment Program (MMT)	Needle Exchange Program (NEP)	Stop for Addiction	Mege Zee Wuhsiswun	Ontario Works (DSSMSSAB & ADSSAB) - Addiction Support Initiative (ASI)	Back on Track (BOT)
District Wide Program	District Wide Subsidy Program Addiction Housing Case Management (SSM only)	SSM	District Wide Program	District Wide Program	Garden River	District Wide Program	SSM
(LHIN funded)	(LHIN funded)	(LHIN funded)	(Public Health funded)	(CAMH funded)	(Garden River Wellness Centre funded)	(DSSMSSAB funded) (ADSSAB funded)	(CAMH funded)

Total FTE: 8.1

Total Service Recipients/year: approximately 1000

Total Number of Direct Contacts/visits: approximately 5000

Total Annual Funding: approximately $955, 000

Algoma PUBLIC HEALTH
Santé publique Algoma

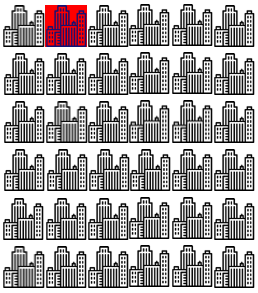
CADAP – Client Identified Problematic Substances

- Tobacco – 70%
- Alcohol – 66%
- Cannabis – 44%
- Prescription Opioids – 27%
- Cocaine – 26%
- Methamphetamines – 6% (Crystal Meth)

Algoma PUBLIC HEALTH Santé publique Algoma

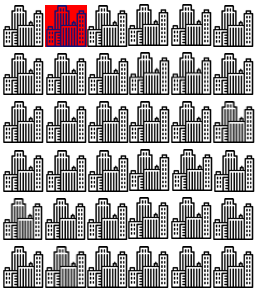
Scale of Opioid Problem in Algoma in 2015

Rate of Opioid related Emergency Room Visits



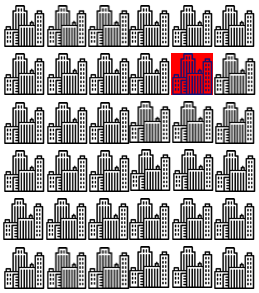
2nd highest out of 36 public health units

Rate of Opioid related Hospitalizations



2nd highest out of 36 public health units

Rate of Opioid related Deaths



11th highest out of 36 public health units

Public Health Ontario Interactive Opioid Tool

Algoma PUBLIC HEALTH Santé publique Algoma

Alcohol/Drug Assessment & Counselling Program

Alcohol/Drug Assessment Services

Administration of Provincially Mandated Assessment Tools

- Severity of use/abuse
- Stages of change
- Determine appropriate level/intensity of treatment services
- Screening for mental health issues
    - * *Regional Trainor & Early Adopters of the GAINQ3*

Alcohol/Drug Assessment & Counselling Program cont'd

Case Management Services

- Linking and coordination of services
- Monitoring and support
- Ongoing adjustment to treatment plan
- Discharge planning

Alcohol/Drug Assessment & Counselling Program cont'd

Outpatient Counselling Services

- Individual Counselling
- Group Format
- Walk-in Clinic

Algoma PUBLIC HEALTH Santé publique Algoma

Addiction Supportive Housing (ASH) Program

Based on Housing First Model

- Rent Subsidy - paid directly to landlords
- Intensive Addiction Case Management (Mobile)

Algoma PUBLIC HEALTH Santé publique Algoma

Methadone Maintenance Treatment Program

Methadone Maintenance Treatment Program

- Treatment for individuals who are dependent on opioids
- Clinics are held twice weekly, with additional times set aside during the week for clients to provide required urine samples
- Pregnant women are considered priority for admission to the program
- Naloxone Distribution

Algoma PUBLIC HEALTH Santé publique Algoma

Needle Exchange Program

Public Health Standard

- Provincial Best Practice Guideline
- Wawa – Monday – Friday, 8:30 – 4:30 pm drop in - location APH office
- SSM – Monday – Friday, 1:00 - 4:00 pm - location John Howard Society
- Blind River - Fridays, 1:00 - 4:00 pm - location APH office
- Elliot Lake – Fridays, 1:00 - 4:00 pm - location APH office
- Naloxone Distribution

Algoma PUBLIC HEALTH Santé publique Algoma

Stop for Addictions Program

Centre for Addiction & Mental Health Program - aimed at assisting individuals dealing with addiction issues with Tobacco Cessation.

- Assessment
- Cessation Planning
- Ongoing Cessation Supports
- Free Nicotine Replacement

Algoma PUBLIC HEALTH Santé publique Algoma

Ontario Works Addiction Services Initiative (ASI)

- SSM – 1.0 FTE APH - CADAP Assessment Counsellor
- District - .25 FTE APH - CADAP Assessment Counsellor
- Priority for assessment, treatment, planning, counselling and case management for OW - ASI participants

Algoma PUBLIC HEALTH Santé publique Algoma

Back on Track Program

Ontario's Remedial Measures Program for convicted impaired drivers:

- Back on Track Assessment
- One-day Education Session
- Two-day Treatment Session and Follow-up Assessment

back on track
Ontario's Remedial Measures Program for Impaired Drivers

Algoma PUBLIC HEALTH Santé publique Algoma

Mege Zee Wusiswun

- Garden River Wellness Centre
- 1.0 FTE Addiction Assessment Counsellor dedicated to supporting the Garden River First Nations community

Algoma PUBLIC HEALTH Santé publique Algoma

Thank You

Algoma PUBLIC HEALTH
Santé publique Algoma

Algoma
PUBLIC HEALTH
Santé publique Algoma

MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER BOARD REPORT MAY 2017

Prepared by Dr. Marlene Spruyt, Medical Officer of Health/CEO

And the Management team

Vaccine Preventable Disease staff across the Algoma District created a social media campaign to debunk vaccine myths in recognition of National Immunization Awareness Week on April 23-29, 2017.

Table of Contents

APH AT-A-GLANCE

As many of you are aware the provincial government recently released its budget. There was a strong focus on health and a commitment of an additional $7 billion towards several programs within the healthcare system but no reference of public health investment. Currently the public health system in the province receives less than 2% of the annual budget of the MOHLTC. Obviously adding another $7 billion to the healthcare side, although it does not reduce the absolute budget for PH programming our relative share will be diminished.

The most exciting announcement is that of a universal drug coverage program for Ontario residents age 24 and younger effective January 2018. This will be of benefit to children of low income families and students. It will indirectly reduce some expenses of APH as we currently provide subsidized access to contraceptives within our reproductive health program.

There is a commitment to increasing social and recreation programs for seniors and educational investments focused on improving cognitive, emotional, social and physical development for students that will support the newly introduced School Health Standard as referred to in the recently released Modernized Standards for Public Health Programs and Services.

The budget also confirmed investment in the previously announced Opioid Strategy and updates to the Smoke Free Ontario Strategy. Tobacco taxes have increased by $2 carton and evidence informs us that increases to the cost of tobacco is one of most useful policy interventions to encourage smoking cessation.

Social assistance rates will increase by 2% but since the last few years the increase has been held to 1% the overall effect barely keeps up with inflation. Further improvements are unlikely until after the evaluation of the recently announced Basic Income Pilot project.

APH hosted a Bridges Out Poverty workshop May 16-17, 2017 with many community partners working in Social and Community Services attending. Understanding the perspective and priorities of individuals and families living on poverty is a critical element of our Health Equity work.

Many staff participated very professionally in the Soo Sings community fundraiser.

An all staff training day focusing on Privacy occurred on May 18, 2017.

I was finally able to make the road trip to the Wawa office and meet with staff. Justin and I travelled to Blind River and Huron Shores (Iron Bridge) for further municipal council presentations.

PROGRAM HIGHLIGHTS

CHILD HEALTH

Director: Laurie Zeppa
Manager: Hannele Dionisi

Topic: Maternal Mental Health

This report addresses the following Strategic Directions:

- Improve Health Equity
- Collaborate Effectively

Postpartum Mood Disorders (PPMD) will affect 1 in 5 mothers, I in 10 fathers, 1 in 4 adoptive parents and 1 in 2 teen mothers. These illnesses often go untreated and can have consequences for the mother, her child and the family. Promoting awareness and providing support for maternal mental health is becoming a significant public health focus.

Postpartum Mood Disorder screening is a component of our Family Health programs. A standardized tool is administered as part of the assessment process. PPMD is addressed with mothers through the following programs/services;

- Healthy Babies Healthy Children (HBHC) 48 hour telephone calls and home visit,
- Canada Prenatal Nutrition clinics,
- Parent Child Information Centre
- Parent Child Information Line.

APH has been working collaboratively with our community for the past decade to increase awareness and provide support focusing on the issue of PPMD. APH is one of the community partners working closely with The You Are Not Alone (YANA) Project for PPMD wellness in an effort to build and create awareness.

In January 2017 APH and YANA hosted a Facebook live event; The Truth About Postpartum: You Are Not Alone in conjunction with the #BellLetsTalk day. In February, a screening of the *Dark Side of the Full Moon*, a film about PPMD was offered to the community as part of the Shadows of the Mind Film Festival. A panel discussion featuring community professionals, and mothers with lived experience followed. The promotion of maternal mental health has also been highlighted at various community events including Bumps, Babies, and Beyond and at the Algoma Family Services Winter Wonderland Skate.

In addition to the collaborative work with YANA, APH offers a You and Your Baby program which features a session where a public health nurse facilitates a conversation about PPMD and where mothers with lived experience share their stories. The importance of such peer-led strategies has been reported to be the most effective approach for helping families.

APH is part of a provincial working group table, which is focusing on efforts to support public health's work in the area of healthy human development. The table has pulled together a range of public health sector representatives along with other partners –experts and has landed on "perinatal mental health" as an area of influence for healthy human development. APH is able to bring their experience to this table and contribute to the development of a *public health* perinatal mental health "tool kit" which is soon to be released with support from Public Health Ontario.

COMMUNITY ALCOHOL & DRUG ASSESSMENT PROGRAM

Director: Sherri Cleaves
Manager: Jan Metheany

Topic: Sault and Area Drug Strategy

This report addresses the Ontario Public Health Standards (2014):
The Board of Health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming. – The Board of Health shall ensure access to a variety of harm reduction program delivery models, which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.

This report addresses the following Strategic Directions: Collaborate Effectively

SSM & Area Drug Strategy
Algoma Public Health along with its many community partners have a long standing history of working collaboratively to reduce harm to the public associated with substance misuse, to improve the community's wellbeing and safety and to provide support and solutions to having a healthy and safe community. This history includes community mobilization in the form of the SSM Needle Exchange Committee in 1995. The committee partnered with a then local office of the Center for Addiction and Mental Health and compiled local stats on the prevalence of local IV drug use, substantiating the need for harm reduction in the form of needle exchange, providing education to the community on harm reduction and finally, in advocacy leading to securing the seed funding to implement the first needle exchange program in the district, located in SSM, through APH's CADAP program in 2000. APH currently provides Needle Exchange Program at all its offices throughout the district.

In February 2015, APH along with community partners including: local pharmacies, police, physicians, and other community addictions agencies, mobilized to establish a local Fentanyl Patch 4 Patch Program in SSM (which has recently been mandated across the province by the MOHLTC as part of the provinces strategy to respond to the opioid overdose crisis). The success of this initiative, along with facing the opiate addiction epidemic and opioid overdose crisis currently experienced throughout our district, provided the impetus for community partners to establish a Sault and Area Drug Strategy Committee in November of 2015.

Since its inception the SSM& area Drug Strategy Committee has expanded membership to include membership from 20 agencies(see membership list below) all committed to an overarching focus on finding local community solutions to addressing harms caused by substance misuse. The goals of the strategy are to maximize the health and safety of the community while reducing substance misuse related injuries, chronic diseases, illness and death, by using the pillars of prevention (education, communication, treatment, community safety and harm reduction). In addition, the strategy works to share local surveillance data, to inform service delivery gaps, and improve local awareness about substance related harms. To date the strategy has responded to many media requests regarding overdoses prevention strategies, information on Fentanyl and other opioids, partnered with the local police to hold an emergency town hall in response to local overdose surge (April 3rd, 2017), and organized an addiction information fair (April 7th,2017). The committee is also in the process of working on a collaborative "meth watch" campaign aimed at the business sector, whom may be able to flag the purchase of identified components of methamphetamine (crystal meth) production. In addition the strategy has endorsed and promotes the "know your source" campaign.

The mental health and addiction system planning tables in both East and North Algoma anticipate modeling/implementing their own area Strategies on the SSM & Area Drug Strategy, adapting it to their own local situational assessment and community partnerships. Algoma Public Health with its established partnerships throughout the district and with participation on both these system planning tables will continue to champion the benefits of collaborative strategies of this kind aimed at promoting and protecting community health.

SSM & Area Drug Strategy Membership:

- Algoma District School Board
- Algoma Family Services – Alternatives for Youth
- Algoma Public Health – Community Alcohol/Drug Assessment Program; Prevention of Injury and Substance Misuse Programs
- Breton House – A New Link
- Canadian Mental Health Association
- Garden River Wellness Centre
- Group Health Centre - Hep Care Program
- Ontario Works
- Pharmacists
- Safe Communities Partnership
- Sault Ste. Marie Police Services
- Sault Area Hospital
- Indian Friendship Centre
- RCMP
- John Howard Society
- Huron-Superior Catholic District School Board
- Road to Recovery
- Sault Ste. Marie EMS/Fire Services

VACCINE PREVENTABLE DISEASES

Director: Sherri Cleaves
Manager: Roylene Bowden

Topic: School Based HPV Immunization Program

This report addresses the following requirements of the Ontario Public Health Standards (2014): The board of health will ensure target coverage rate for provincially funded immunizations are achieved.

This report addresses the following Strategic Directions:

- Improve Health Equity
- Collaborate Effectively

Ontario's publicly funded Human Papillomavirus (HPV) Grade 7 immunization program was expanded from only including females to also including males in Grade 7, as of September 2016. The inclusion of males in Grade 7 aligns with current scientific and expert recommendations. The expansion of this program will protect more youth from HPV infection and related cancers. The immunization schedule includes two doses of vaccine for adequate coverage against HPV.

HPV can cause genital warts, abnormal changes in the cervix, cervical, vaginal and vulvar cancers in women, penile cancers in men, cancers of the mouth, throat and tonsils and anal cancer in both men and women. To support the transition of the HPV immunization program, female students beginning Grade 8 in 2016-2017 school year, were also eligible for the publicly funded vaccine, through school based clinics. Currently Gardasil 4 Vaccine provides protection against four types of HPV infections; types 6, 11, 16 and 18. Algoma Public Health Nurses have attended 48 schools within the Algoma District to administer this vaccine. There were 963 identified male and female students enrolled in schools eligible for Gardasil in Grade 7 and 492 female

students in Grade 8 across the district. Tables 1 and 2 below show the percent of students who received one or two doses during school based clinics throughout Algoma.
Some students choose to not have immunizations administered at their school and may have attended Algoma Public Health based clinics, their Health Care Provider for vaccination or have chosen to be excluded and not receive the vaccination. Unfortunately, we do not have the statistics of those students receiving vaccination with their Health Care Provider or the numbers of those with exclusion. There were 23 male and 12 female students in Sault Ste. Marie that attended an APH clinic and an additional 19 males and 5 females attended an APH district clinic for vaccination.

Tables 1 and 2 highlight the rates of students who received vaccination for HPV at the school based clinics run throughout the district of Algoma as shown below.

Table 1

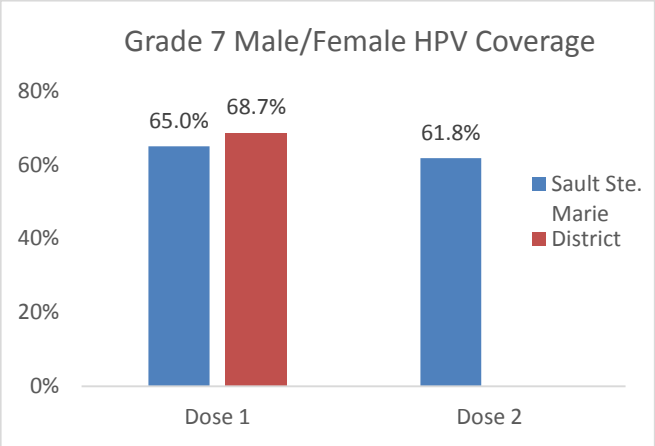
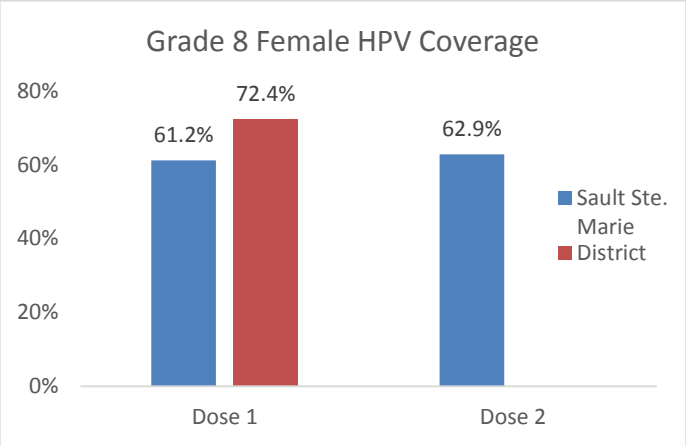


Table 2



In addition to the females receiving immunization at the school based clinics in table 2 we also had an 22 Grade 8 females come to a regularly scheduled clinic at APH in the Sault Ste. Marie office and 12 Grade 8 females attended district APH clinics for immunization.

Respectfully submitted,

Dr. Marlene Spruyt

Algoma Public Health
(Unaudited) Financial Statements March 31, 2017

Algoma Public Health
Statement of Operations
March 2017
(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Act. to Bgt. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 871,197	$ 871,197	$ -	$ 3,484,786	0%	100%
Provincial Grants - Public Health 75% Prov. Funded	1,827,299	1,827,300	(1)	7,309,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	643,450	643,450	(0)	2,691,200	0%	100%
Fees, other grants and recovery of expenditures	121,510	154,194	(32,684)	670,476	-21%	79%
Provincial Grants - Funding for Prior Yr Expenses	0	0	-	-		
Total Public Health Revenue	$ 3,463,456	$ 3,496,141	$ (32,685)	$ 14,155,662	-1%	99%
Expenditures						
Public Health 75% Prov. Funded Programs	$ 2,550,580	$ 2,915,951	$ 365,371	$ 11,464,463	-13%	87%
Public Health 100% Prov. Funded Programs	587,938	643,451	55,513	2,691,200	-9%	91%
Total Public Health Programs Expenditures	$ 3,138,518	$ 3,559,402	$ 420,884	$ 14,155,662	-12%	88%
Excess of Rev. over Exp. 75% Prov. Funded	$ 269,426	$ (63,261)	$ 332,687	$ (1)		
Excess of Rev. over Exp. 100% Prov. Funded	55,512	(1)	55,513	1		
Provincial Grants for Prior Yr Expenses	-	-	-	-		
Total Rev. over Exp. Public Health	$ 324,938	$ (63,262)	$ 388,200	$ (0)		
Public Health Programs - Fiscal 16/17						
Provincial Grants and Recoveries	$ 143,500	143,500	-	143,500		
Expenditures	126,234	143,500	(17,266)	143,500		
Excess of Rev. over Fiscal Funded	17,266	-	17,266	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ 267,000	$ 267,003	$ (3)	$ 1,068,011	0%	100%
Municipal, Federal, and Other Funding	63,534	81,330	(17,796)	338,455	-22%	78%
Total Community Health Revenue	$ 330,534	$ 348,333	$ (17,799)	$ 1,406,466	-5%	95%
Expenditures						
Healthy Babies and Children	$ 270,230	$ 267,003	$ (3,227)	$ 1,068,011	1%	101%
Child Benefits Ontario Works	5,810	6,033	223	24,135	-4%	96%
Algoma CADAP programs	71,778	75,580	3,801	302,319	-5%	95%
One-Time Funding programs	9,205	12,000	2,795	12,000	-23%	77%
Total Calendar Community Health Programs	$ 357,023	$ 360,615	$ 3,592	$ 1,406,465	-1%	99%
Total Rev. over Exp. Calendar Community Health	$ (26,489)	$ (12,283)	$ (14,206)	$ 1		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 5,563,696	$ 5,583,325	$ (19,729)	$ 5,583,325	0%	100%
Municipal, Federal, and Other Funding	791,084	810,091	(19,007)	810,091	-2%	98%
Other Bill for Service Programs	50,597		50,597			
Total Community Health Revenue	$ 6,405,277	$ 6,393,416	$ 11,861	$ 6,393,416	0%	100%
Expenditures						
Northern Ontario Fruit & Vegetable Program	53,903	56,300	$ 2,396	56,300	-4%	96%
Brighter Futures for Children	124,285	124,285	0	124,285	0%	100%
Infant Development	638,602	631,935	(6,667)	631,935	1%	101%
Preschool Speech and Languages	627,356	627,356	(0)	627,356	0%	100%
Nurse Practitioner	130,229	130,229	0	130,229	0%	100%
Genetics Counseling	403,415	378,806	(24,608)	378,806	6%	106%
Community Mental Health	3,364,904	3,426,098	61,195	3,426,098	-2%	98%
Community Alcohol and Drug Assessment	669,346	687,157	17,811	687,157	-3%	97%
Healthy Kids Community Challenge	215,192	225,000	9,808	225,000	-4%	96%
Stay on Your Feet	106,250	106,250	-	106,250	0%	100%
Bill for Service Programs	51,834	-	(51,834)	-		
Misc Fiscal	0	-	-	-		
Total Fiscal Community Health Programs	$ 6,386,316	$ 6,393,416	$ 8,099	$ 6,393,416	0%	100%
Total Rev. over Exp. Fiscal Community Health	$ 19,960	$ 0	$ 19,960	$ 0		

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months
and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For the Three Months Ending March 31, 2017
(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Bgt. to Act. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017	Comparison Prior Year: YTD Actual 2016	YTD BGT 2016	Variance 2016
Levies Sault Ste Marie	605,743	605,743	0	2,422,972	0%	25%	1,202,522	590,711	611,811
Levies Vector Bourne Disease and Safe Water	14,858	14,858	0	59,433	0%	25%		14,858	(14,858)
Levies District	250,595	250,595	0	1,002,381	0%	25%	501,708	244,378	257,330
Total Levies	**871,197**	**871,197**	**0**	**3,484,786**	**0%**	**25%**	**1,704,230**	**849,948**	**854,282**
MOH Public Health Funding	1,782,724	1,782,725	(1)	7,130,900	0%	25%	1,859,276	1,874,450	(15,174)
MOH Funding Vector Bourne Disease	27,175	27,175	0	108,700	0%	25%	27,175	27,175	0
MOH One Time Funding Dental Health	0	0	0	0		0%	27,967	8,500	19,467
MOH Funding Safe Water	17,400	17,400	0	69,600	0%	25%	17,400	17,400	0
Total Public Health 75% Prov. Funded	**1,827,299**	**1,827,300**	**(1)**	**7,309,200**	**0%**	**25%**	**1,931,818**	**1,927,525**	**4,293**
MOH One Needle Exchange	12,675	12,675	0	50,700	0%	25%	12,675	12,675	0
MOH Funding Haines Food Safety	6,150	6,150	0	24,600	0%	25%	6,150	6,150	0
MOH Funding CINOT/Healthy Smiles	192,476	192,475	1	769,900	0%	25%	102,650	102,650	(0)
MOH Funding - Social Determinants of Health	45,125	45,125	(0)	180,500	0%	25%	45,125	45,125	(0)
MOH Funding Chief Nursing Officer	30,375	30,375	0	121,500	0%	25%	30,375	30,375	0
MOH Enhanced Funding Safe Water	3,875	3,875	0	15,500	0%	25%	3,875	3,875	(0)
MOH Funding Unorganized	128,775	128,775	0	515,100	0%	25%	125,075	125,075	(0)
MOH Funding Infection Control	78,100	78,100	0	312,400	0%	25%	78,100	78,100	0
MOH Funding Diabetes	37,500	37,500	0	150,000	0%	25%			
MOH Funding Northern Ontario Fruits & Veg.	0	0	0	117,400		0%			
Funding Ontario Tobacco Strategy	108,400	108,400	0	433,600	0%	25%	0	0	0
One Time Funding	0	0	0	0					
Total Public Health 100% Prov. Funded	**643,451**	**643,450**	**1**	**2,691,200**	**0%**	**24%**	**404,025**	**404,025**	**(0)**
Funding for Prior Yr Expenses	**0**	**0**	**0**	**0**		**0%**			
Recoveries from Programs	4,279	2,515	1,764	10,061	70%	43%	2,984	2,515	469
Program Fees	59,181	62,436	(3,254)	249,743	-5%	24%	53,069	61,786	(8,717)
Land Control Fees	8,425	40,000	(31,575)	160,000	-79%	5%	5,785	40,000	(34,215)
Program Fees Immunization	46,336	44,875	1,461	179,500	3%	26%	57,831	40,000	17,831
HPV Vaccine Program	0	300	(300)	12,500	0%	0%	306	2,500	(2,194)
Influenza Program	0	1,100	(1,100)	40,000	-100%	0%	1,285	15,000	(13,715)
Meningococcal C Program	0	300	(300)	8,000	0%	0%	289	2,500	(2,211)
Interest Revenue	3,287	2,668	619	10,672	23%	31%	2,921	500	2,421
Other Revenues	0	0	0	0	0%	0%	0	41,250	(41,250)
Total Fees, Other Grants and Recoveries	**121,509**	**154,194**	**(32,685)**	**670,476**	**-21%**	**18%**	**124,470**	**206,051**	**(81,581)**
Total Public Health Revenue Annual	**$ 3,463,456**	**$ 3,496,140**	**$ (32,685)**	**$ 14,155,662**	**-1%**	**24%**	**$ 4,164,543**	**$ 3,387,549**	**$ 776,994**
Public Health Fiscal									
Panorama	74,600	59,680	14,920	74,600		100%	0	0	0
Rabies Software	28,900	28,900	0	28,900		100%			
Smoke Free Ontario NRT	30,000	30,000	0	30,000		100%			
Practicum	10,000	10,000	0	10,000		100%			
Total Provincial Grants Fiscal	**$ 143,500**	**$ 128,580**	**$ 14,920**	**$ 143,500**		**100%**	**$ -**	**$ -**	**$ -**

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health

Expense Statement- Public Health

For the Three Months Ending March 31, 2017

(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Act. to Bgt. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017	*Comparison Prior Year:* YTD Actual 2016	YTD BGT 2016	Variance 2016
Salaries & Wages	$ 1,872,190	$ 2,104,243	$ 232,053	$ 8,454,202	-11%	22%	$ 1,958,247	$ 2,076,662	$ 118,415
Benefits	507,591	495,269	(12,322)	1,993,632	2%	25%	458,161	519,166	61,004
Travel - Mileage	13,737	31,965	18,229	127,861	-57%	11%	17,499	36,415	18,916
Travel - Other	14,604	19,486	4,882	77,942	-25%	19%	10,243	23,450	13,207
Program	101,332	165,740	64,409	735,528	-39%	14%	153,569	140,451	(13,117)
Office	24,592	33,437	8,845	135,250	-26%	18%	23,662	23,000	(662)
Computer Services	134,677	174,880	40,202	699,518	-23%	19%	199,576	223,977	24,401
Telecommunications	65,411	61,699	(3,713)	325,994	6%	20%	36,928	55,621	18,693
Program Promotion	13,691	42,699	29,009	170,797	-68%	8%	25,479	53,521	28,042
Facilities Expenses	204,755	200,087	(4,668)	800,350	2%	26%	184,082	203,481	19,399
Fees & Insurance	96,297	131,774	35,477	242,096	-27%	40%	158,936	60,301	(98,635)
Debt Management	115,225	115,225	0	460,900	0%	25%	116,756	114,000	(2,756)
Recoveries	(25,584)	(17,102)	8,481	(68,408)	50%	37%	(23,902)	(35,221)	(11,319)
	$ 3,138,518	$ 3,559,402	$ 420,884	$ 14,155,662	-12%	22%	$ 3,319,237	$ 3,494,824	$ 175,587

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months and variances of 10% and $10,000 occurring in the final 6 months

Notes to Financial Statements – March 2017

Reporting Period

The March 2017 financial reports include three months of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting twelve month results from operations year ended March 2017.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of March 31st, 2017, Public Health programs are reporting a $388k positive variance.

Total Public Health Revenues are indicating a negative $33k variance. This is a result a result of Fees, Other Grants & Recoveries being less than budgeted. Land Control Fees are driving this negative variance. APH typically captures the bulk of its fees between the spring and fall months.

There is a positive variance of $421k related to Total Public Health Expenses being less than budgeted. The $232k positive variance associated with Salary & Wages expense is driving this positive variance. The 2017 Public Health Operating Budget included the new positions of Associate Medical Officer of Health (AMOH) and Human Resource (HR) Manager. As of March 31st, these positions have not yet been staffed. The inherent time lag in filling positions within the agency is also contributing to this variance. Program expenses and Computer Services expenses are also contributing to the positive variance. As APH is early in its budget year, many expenditures related to Programs and Computer services have yet to be incurred.

Community Health Calendar programs are reporting a $14k negative variance.

On the revenue side, $18k negative variance is associated with Municipal, Federal, and Other Funding. This is due to timing of receipt of funding.

On the expense side, a $3k positive variance is associated with the timing of expenses incurred related to One-Time Funding programs.

March 31st is the end of the fiscal year for APH's Community Health Fiscal Programs. Community Health Fiscal Programs operated within budget for the 2016-2017 fiscal year.

On the Expense side, actual compared to budget shows the Genetics Counseling Program operated with a $25k deficit. APH management recognized available deferred funds by conducting an additional clinic with the goal of reducing wait times. Community Mental Health Program operated with a positive variance of $61k. This was a result of the inherent time lag in filling positions.

Notes Continued...

Public Health Revenue (see page 2 for details)

Public Health funding revenues are showing a negative $33k variance.

The municipal levies are within budget.

Provincial Grants are within budget.

There is a negative variance of $33k associated with Fees, Other Grants & Recoveries. This is a result of Land Control Fees being less than budgeted. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses (see page 3)

Salary & Wages
Salary & Wages expense is indicating a positive variance of $232k. The 2017 Public Health Operating Budget included the position of the AMOH and the HR Manager. As of March 31st, these positions have not yet been staffed. The inherent time lag in filling positions within the agency is also contributing to this variance.

Travel - Mileage
Travel – Mileage expense is indicating a positive variance of $18k. Staff travel typically occurs between the spring and fall months.

Program
Program expense is indicating a positive variance of $64k variance. This is a result allocating in-kind expenses to the Community Health Program Brighter Futures for Children from Public Health. APH also received a credit from a supplier related to vaccine purchases. In addition, the timing of expenditures not yet incurred is contributing to the noted variance.

Computer Services
Computer Services expense is showing a positive variance of $40k. The noted variance is a result of timing as general IT equipment purchases have yet to be made. Furthermore, the annual Microsoft License renewal has yet to be purchased.

Program Promotion
Program promotion expense is indicating a positive$29k variance which is due to timing of expenditures not yet incurred.

Notes Continued...

Fees & Insurance
Fees& Insurance expense is showing a positive variance of $35k. A portion of the annual Audit Fees have yet to be incurred which is contributing to the noted variance.

Financial Position - Balance Sheet (see page 7)

Our cash flow position continues to be stable and the bank has been reconciled as of March 31st, 2017. Cash includes $325k in short-term investments.

Long-term debt of $5.79 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $336k of the loan relates to the financing of the Elliot Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no collection concerns for accounts receivable.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of March 2017	March 2017	December 2016
Assets		
Current		
Cash & Investments	$ **1,898,807**	$ 2,146,361
Accounts Receivable	**467,106**	509,998
Receivable from Municipalities	**145,223**	9,159
Receivable from Province of Ontario		
Subtotal Current Assets	**2,511,136**	2,665,518
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**1,332,508**	1,587,880
Payable to Gov't of Ont/Municipalities	**61,854**	321,402
Deferred Revenue	**484,747**	494,864
Employee Future Benefit Obligations	**2,550,458**	2,550,458
Term Loan	**5,903,861**	5,903,861
Subtotal Current Liabilities	**10,333,428**	10,858,466
Net Debt	**-7,822,292**	-8,192,947
Non-Financial Assets:		
Building	**22,732,421**	22,732,421
Furniture & Fixtures	**1,914,772**	1,914,772
Leasehold Improvements	**1,572,807**	1,572,807
IT	**3,244,030**	3,244,030
Automobile	**40,113**	40,113
Accumulated Depreciation	**-7,690,685**	-7,690,685
Subtotal Non-Financial Assets	**21,813,456**	21,813,456
Accumulated Surplus	**13,991,164**	13,620,509

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

May 3, 2017

DELIVERED VIA EMAIL AND REGULAR MAIL

Linda Stewart
Executive Director
Association of Local Public Health Agencies
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3

Dear Ms. Stewart:

Re: Fluoride Varnish Programs for Children at Risk for Dental Caries

On May 3, 2017, the Board of Health for Wellington-Dufferin-Guelph Public Health passed the following Motion:

"That the Board of Health submit the resolution "Fluoride Varnish Programs for Children at Risk for Dental Caries to the Association of Local Public Health Agencies, for approval."

Support from alPHa would assist public health units in their advocacy to have the Ministry of Health and Long-Term Care allow fluoride varnish programs to be funded by the HSO program.

Thank you for your time and consideration to this important public health issue.

Sincerely,

Nancy Sullivan
Chair, WDGPH Board of Health

cc via email: MPP Liz Sandals, Guelph
MPP Sylvia Jones, Dufferin-Caledon
MPP Ted Arnott, Wellington-Halton Hills
Ontario Boards of Health

160 Chancellors Way, Guelph, ON N1G 0E1

DRAFT RESOLUTION FOR alPHa RESOLUTIONS SESSION (2017)

TITLE: **Fluoride Varnish Programs for Children at Risk for Dental Caries**

SPONSOR: **Board of Health for Wellington-Dufferin-Guelph Public Health**

BACKGROUND

Fluoride varnish is an evidence-based practice that is recognized as safe and effective for reducing the risk of tooth decay. Wellington-Dufferin-Guelph Public Health (WDGPH) currently provides fluoride varnish applications to students in seven high risk elementary schools. These schools were selected because a high proportion of children were identified with urgent dental needs during oral health screenings by WDGPH. This initiative started in the 2007-2008 school year at one school, Centre Peel Public School, which had a high percentage of children with urgent dental needs (30%). After four years, this percentage was reduced to 17% and based on this positive result the program was expanded to additional schools.[1] The percentage of children with urgent dental needs at Centre Peel has continued to fall to approximately 5%. A cost/benefit analysis indicates that considerable savings were achieved in terms of payments to dentists for restorative treatment. From 2008-2014, it is estimated that between 670 and 780 cavities have been prevented in students at Centre Peel. If treatment costs were divided between private (60%) and provincial programs (40%), savings of between $132,000 and $155,000 are estimated.[2]

On November 2, 2016, the Board of Health for WDGPH was informed of changes in the funding model for oral health programs which occurred as a result of the integration of government-funded dental care for children into the new Healthy Smiles Ontario (HSO) program.[3] Two key points of that report were:

- From 2010 to 2015, the costs of WDGPH's Fluoride Varnish Program (FVP) were paid through the HSO budget which is 100% provincial.
- As of January 1, 2016, population-based or universal interventions such as FVPs are no longer included as eligible expenses under the new HSO program.

Although the Board of Health for WDGPH has decided to fund the FVP through the base budget, the continuation of population based preventive programs needs to be ensured by allowing them to be funded as part of the new HSO program. Not only do these interventions reduce disease prevalence, they also reduce oral health-related costs for individuals, governments and businesses both directly and indirectly (e.g. less time off work and school for dental care).

WHEREAS
In Ontario, 23% of Junior Kindergarten, 31% of Senior Kindergarten and 44% of Grade 2 children have at least one tooth that has experienced tooth decay (i.e., filled or decayed tooth);[4]

WHEREAS
Dental caries is a preventable disease and untreated tooth decay may lead to pain, infection, abscesses, tooth loss, chewing problems, poor nutritional status, poor self-esteem, and may negatively affect school performance, ability to learn, and growth and development;[5]

WHEREAS
Dental surgery to treat severe tooth decay is the leading cause of day surgery among children five years and under. Approximately 19,000 of these operations are performed each year in Canada at a cost of $21.2 million. This cost is only a fraction of the true cost because it does not include the cost of dental treatment or travel;[6]

WHEREAS
A Cochrane evidence-based review reported that the application of fluoride varnish is an effective intervention to reduce the risk of dental caries and reverse early carious lesions.[7] This review found a 43% reduction in decayed, missing and filled tooth surfaces among permanent teeth and a 37% reduction among primary teeth;

WHEREAS
Biannual topical fluoride applications are recommended by the Centres for Disease Control and Prevention for the prevention of dental caries in children at risk.[8] Primary care clinicians are also recommended to apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption;[9]

WHEREAS
The application of fluoride varnish is not a regulated act and does not require a lengthy course of training to learn application techniques and contraindications for use. Fluoride varnish is safe, easy to apply, well accepted by young children and can be provided by a variety of public health and primary care workers (e.g. oral health/dental staff, physicians, nurses, medical assistants);

WHEREAS
Fluoride varnish can be readily applied in different community outreach locations and does not require the use of dental equipment or special applicators;

WHEREAS
By reducing the risk and incidence of dental caries, FVP reduce the costs of restorative dental treatment (i.e. dental fillings) and other costly dental treatments, such as root canal therapy, crown and bridge, and dentures;

WHEREAS
Ontario public health units conduct annual screening of elementary schools in order to classifies schools as low, moderate or high screening intensity based on the percentage of Grade 2 children with two or more decayed teeth;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario Government to provide funding through the HSO program for the implementation of school and community-based programs which use fluoride varnish to reduce the risk of tooth decay among children at risk for dental caries;

AND FURTHER that alPHa write to all boards of health in Ontario encouraging them to start a FVP for children at risk, if they have not already done so.

REFERENCES

1. WDGPH BOH Report BH.01.03.02.1711 Evaluation of the Fluoride Varnish Program at Centre Peel Public School. June 2011. Available from: https://wdgpublichealth.ca/content/boh-report-bh0103021711-june-1-2011
2. WDGPH BOH Report BH.01.FEB0415.R03 Fluoride Varnish Initiative. February 2015. Available from: https://wdgpublichealth.ca/content/boh-report-%E2%80%93-bh01feb0415r03-february-4-2015
3. WDGPH BOH Report BH.01.NOV0216.R18 Fluoride Varnish program in High Risk Elementary Schools. Available from: https://www.wdgpublichealth.ca/board-health/board-health-meetings/november-2-2016-agenda/fluoride-varnish-program-high-risk
4. Ito D. Summary of 2009-15 Oral Health Screening: Results from Participating Ontario Health Units. Ontario Association of Public Health Dentistry. November 2015.
5. King A. Oral Health – More Than Just Cavities. A Report by Ontario's Chief Medical Officer of Health. April 2012.
6. Canadian Institute for Health Information. Treatment of Preventable Dental Cavities in Preschoolers: A Focus on Day Surgery under General Anaesthesia. 2013.
7. Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews. 2013, Issue 7.
8. Centers for Disease Control and Prevention. Recommendations for using fluoride to prevent and control dental caries in the United States. Morbidity and Mortality Weekly Reports 2001;50 (RR-14): 1-42.
9. U.S. Preventive Services Task Force. Final Update Summary: Dental Caries in Children from Birth Through Age 5 Years: Screening. September 2016.

Sudbury & District Health Unit
Service de santé publique

Make it a Healthy Day!

Visez Santé dès aujourd'hui!

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
☏ :705.522.9200
🖷 : 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
☏ : 705.522.9200
🖷 : 705.677.9611

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

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

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☏ : 705.370.9200
🖷 : 705.377.5580

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
☏ : 705.222.9201
🖷 : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

May 2, 2017

VIA EMAIL

The Honourable Jane Philpott
Minister of Health
Health Canada
70 Colombine Driveway, Tunney's Pasture
Ottawa, ON K1A 0K9

Dear Minister Philpott:

Re: Regulations to restrict the sale of caffeinated energy drinks to children and youth

At its meeting on April 20, 2017, the Sudbury & District Board of Health carried the following resolution #20-17:

> *WHEREAS the Sudbury & District Board of Health's concerns about caffeinated energy drinks (Motion #13-11), endorsement of Ontario's Healthy Kids Strategy (Motion #19-13), and concerns about marketing to children (Motion #60-16) are part of the public record; and*
>
> *WHEREAS the Board has carefully reviewed health and consumption information about caffeinated energy drinks (CEDs) relevant to its local context;*
>
> *THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health urge the provincial and federal Ministers of Health to advance regulations prohibiting the sale of CEDs to children and youth under the age of majority, in venues where they frequent; and*
>
> *FURTHER THAT this motion be forwarded to the federal Minister of Health, the provincial Minister of Health, Ontario boards of health, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alpha), local Boards of Education, and the Federation of Northern Ontario Municipalities (FONOM).*

High levels of caffeine, added sugars and herbal stimulants combined with youth-oriented marketing make the sale of caffeinated energy drinks to children and youth a significant public health concern.

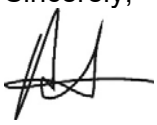
Caffeinated energy drinks are typically marketed to youth and young adults[i] [ii] and contain more caffeine per serving than caffeinated colas and soft-drinks and generally less than brewed coffee[iii].

Between 2004 and 2015, the sales of soft drinks in Canada (per capita) has declined by 27% while the sales of energy drinks (per capita) has increased by 638%[iv].

Policy interventions that prohibit the sale of caffeinated energy drinks to children and youth is a promising measure to decrease consumption and could have a significant impact. Therefore the Sudbury & District Health Unit strongly encourages the federal government to enact regulations that prohibit the sale of caffeinated energy drinks to children under the age of majority.

Thank you for your consideration of this public health policy intervention as a means to improve the food environment and work toward making the healthy choice, the easy choice, for all Canadians.

Sincerely,



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

cc: The Honourable Eric Hoskins, Minister of Health and Long-Term Care, Ontario Government
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ms. Pageen Walsh, Executive Director, Ontario Public Health Association
Ms. Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities
Madame Lyse-Anne Papineau, Directrice de l'éducation, Conseil scolaire catholique du Nouvel-Ontario
Monsieur Marc Gauthier, Directeur de l'éducation, Conseil scolaire public du Grand Nord de l'Ontario
Mr. Norm Blaseg, Director of Education, Rainbow District School Board
Ms. Joanne Bénard, Director of Education, Sudbury Catholic Schools
Ontario Boards of Health

---

[i] Emond JA, Sargent JD, Gilbert-Diamond D. 2014. Patterns of energy drink advertising over US television networks. J Nutr Educ Behav 47(2):120–126.e1. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356017/

[ii] Kumar G, Onufrak S, Zytnick D, Kingsley B. 2015. Self-reported advertising exposure to sugar-sweetened beverages among US youth. *Public Health Nutr*. 18(7): 1173-1179. Available from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/DD8F808E14006935B52DD487B11B737D/S1368980014001785a.pdf/self-reported-advertising-exposure-to-sugar-sweetened-beverages-among-us-youth.pdf

[iii] Health Canada. *Caffeine in Food*. Available from: http://www.hc-sc.gc.ca/fn-an/securit/addit/caf/food-caf-aliments-eng.php

[iv] Canadian Cancer Society, Canadian Diabetes Association, Childhood Obesity Foundation, Chronic Disease Prevention Alliance of Canada, Heart & Stroke. *Health and Economic Impacts of Sugary Drinks in Canada: Research Summary.* Accessed 15/02/2017. URL: http://www.heartandstroke.ca/-/media/pdf-files/canada/2017-heart-month/health-and-economic-impacts-of-sugary-drinks-research.ashx?la=en

Sudbury & District
Health Unit
Service de santé publique

Make it a Healthy Day!

Visez Santé dès aujourd'hui!

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
☏ :705.522.9200
🖷 : 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
☏ : 705.522.9200
🖷 : 705.677.9611

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

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

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☏ : 705.370.9200
🖷 : 705.377.5580

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
☏ : 705.222.9201
🖷 : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

May 2, 2017

VIA EMAIL

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Regulations to restrict the sale of caffeinated energy drinks to children and youth

At its meeting on April 20, 2017, the Sudbury & District Board of Health carried the following resolution #20-17

> *WHEREAS the Sudbury & District Board of Health's concerns about caffeinated energy drinks (Motion #13-11), endorsement of Ontario's Healthy Kids Strategy (Motion #19-13), and concerns about marketing to children (Motion #60-16) are part of the public record; and*
>
> *WHEREAS the Board has carefully reviewed health and consumption information about caffeinated energy drinks (CEDs) relevant to its local context;*
>
> *THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health urge the provincial and federal Ministers of Health to advance regulations prohibiting the sale of CEDs to children and youth under the age of majority, in venues where they frequent; and*
>
> *FURTHER THAT this motion be forwarded to the federal Minister of Health, the provincial Minister of Health, Ontario boards of health, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alpha), local Boards of Education, and the Federation of Northern Ontario Municipalities (FONOM).*

High levels of caffeine, added sugars and herbal stimulants combined with youth-oriented marketing make the sale of caffeinated energy drinks to children and youth a significant public health concern.

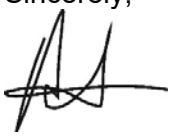
Caffeinated energy drinks are typically marketed to youth and young adults[i] [ii] and contain more caffeine per serving than caffeinated colas and soft-drinks and generally less than brewed coffee[iii].

Between 2004 and 2015, the sales of soft drinks in Canada (per capita) has declined by 27% while the sales of energy drinks (per capita) has increased by 638%[iv].

Policy interventions that prohibit the sale of caffeinated energy drinks to children and youth is a promising measure to decrease consumption and could have a significant impact. Therefore the Sudbury & District Health Unit strongly encourages the provincial government to enact regulations that prohibit the sale of caffeinated energy drinks in venues where children and youth frequent, similar to the Ontario Ministry of Education's School Food and Beverage Policy.

Thank you for your consideration of this public health policy intervention as a means to improve the food environment and work toward making the healthy choice, the easy choice, for all Ontarians.

Sincerely,



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

cc: The Honourable Jane Philpott, Minister of Health, Health Canada
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ms. Pageen Walsh, Executive Director, Ontario Public Health Association
Ms. Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities
Madame Lyse-Anne Papineau, Directrice de l'éducation, Conseil scolaire catholique du Nouvel-Ontario
Monsieur Marc Gauthier, Directeur de l'éducation, Conseil scolaire public du Grand Nord de l'Ontario
Mr. Norm Blaseg, Director of Education, Rainbow District School Board
Ms. Joanne Bénard, Director of Education, Sudbury Catholic Schools
Ontario Boards of Health

---

[i] Emond JA, Sargent JD, Gilbert-Diamond D. 2014. Patterns of energy drink advertising over US television networks. J Nutr Educ Behav 47(2):120–126.e1. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356017/

[ii] Kumar G, Onufrak S, Zytnick D, Kingsley B. 2015. Self-reported advertising exposure to sugar-sweetened beverages among US youth. *Public Health Nutr*. 18(7): 1173-1179. Available from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/DD8F808E14006935B52DD487B11B737D/S1368980014001785a.pdf/self-reported-advertising-exposure-to-sugar-sweetened-beverages-among-us-youth.pdf

[iii] Health Canada. *Caffeine in Food*. Available from: http://www.hc-sc.gc.ca/fn-an/securit/addit/caf/food-caf-aliments-eng.php

[iv] Canadian Cancer Society, Canadian Diabetes Association, Childhood Obesity Foundation, Chronic Disease Prevention Alliance of Canada, Heart & Stroke. *Health and Economic Impacts of Sugary Drinks in Canada: Research Summary.* Accessed 15/02/2017. URL: http://www.heartandstroke.ca/-/media/pdf-files/canada/2017-heart-month/health-and-economic-impacts-of-sugary-drinks-research.ashx?la=en

May 2, 2017

Honourable Kathleen Wynne
Premier of Ontario
Room 281, Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Wynne:

Re: Enactment of legislation to enforce infection prevention and control practices within personal service settings under the *HPPA*

On March 24, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Wellington Dufferin Guelph Public Health regarding enactment of legislation to enforce infection prevention and control practices (IPAC) within personal service settings (PSS) under the *Health Protection and Promotion Act (HPPA).* The following motion was passed:

Moved by: Arlene Wright Seconded by: Al Barfoot

Whereas no provincial legislation currently exists that requires Personal Service Settings (PSS) operators to comply with infection prevention and control (IPAC) best practices, and;

Whereas, legislation specific to PSS premises would increase the enforcement abilities of public health staff and provide an incentive for operators to comply with IPAC best practices;

Therefore, the Board of Health for the Grey Bruce Health Unit formally request the Honourable Kathleen Wynne, Premier of Ontario, to enact legislation specific to PSS in support of the creation of wording under the Provincial Offences Act (POA) that would allow public health staff additional enforcement options when dealing with infractions in these premises.

Carried

Sincerely,

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC
Medical Officer of Health and CEO
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

Enactment of legislation to enforce infection prevention and control practices within personal service settings under the *HPPA*

TO:	Chair and members of the Board of Health
MEETING DATE:	December 7, 2016
REPORT NO:	**BH.01.DEC0716.R21** Pages: 6
PREPARED BY:	Katherine Paphitis, Public Health Inspector, Control of Infectious Diseases
APPROVED BY:	Christopher Beveridge, Director, Health Protection Division
SUBMITTED BY:	*Original signed document on file* Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC Medical Officer of Health & CEO

Recommendations

It is recommended that:

1. **The Board of Health receive this report for information.**
2. **The Chair, on behalf of the Board of Health, write a letter to the Honourable Kathleen Wynne, Premier of Ontario, in support of the creation of regulations for Personal Service Settings (PSS).**

Key Points

- This report provides a rationale for the enactment of legislation under the HPPA to support inspection and enforcement activities within PSS.
- No provincial legislation currently exists that requires operators to comply with infection prevention and control (IPAC) best practices.
- Several provinces and territories within Canada have legislation specific to PSS premises, increasing the enforcement abilities of public health staff and providing an incentive for operators to comply with IPAC best practices.
- While education is considered the first step in gaining operator compliance, sometimes enforcement actions are the only means of gaining compliance with minimum requirements in order to ensure public safety.

- Several boards of health have submitted letters to The Honourable Kathleen Wynne, Premier of Ontario, in support of enacting legislation specific to PSS, and specifically in support of the creation of wording under the *Provincial Offences Act* (POA) that would allow public health staff additional enforcement options when dealing with infractions in these premises.

Discussion

Background

Public health staff across the province of Ontario enforce infection prevention and control IPAC best practice recommendations under the *Infection Prevention and Control Best Practices for Personal Service Settings* document (2009) by performing annual inspection of all PSS, with additional inspections in response to operator requests, complaints and to follow-up on any outstanding issues identified during routine compliance inspections.[1-3] In accordance with the *Infection Prevention and Control in Personal Service Settings Protocol* (2015), if WDGPH receives a complaint regarding a PSS, public health staff are required to initiate a response to the complaint within 24 hours in order to 'determine the risk of communicable disease transmission, and the appropriate board of health response' and must then 'take action based on the findings of its assessment, up to and including issuing orders under the HPPA'.[2-4] Currently public health inspectors (PHIs) conduct routine, follow-up and complaint inspections of PSS premises, using the *Infection Prevention and Control Best Practices for Personal Service Settings* document (2009) as a guideline, and classify identified infractions as either 'critical' or 'non-critical', with critical infractions defined as those that potentially pose an infection control risk if found to be non-compliant with best practices. PHIs revisit premises to ensure that infractions are corrected and will work with operators in order to achieve compliance with minimum infection control best practices.

This year, WDGPH has received 26 PSS complaints from the public regarding infection control (the majority associated with manicure/pedicure/aesthetic services) as well as several public requests for infection control information. The majority of complaints associated with PSS were due to the re-use of single-use disposable items or due to infection following a cut or other injury accidentally received during a manicure/pedicure or other potentially invasive service. While on-site operator education can be helpful in gaining voluntary compliance in correcting infection control infractions, public health staff have limited enforcement actions available to them to ensure compliance in premises with repeat infractions or where operators are unwilling to comply with IPAC best practices.

If additional enforcement is required to gain compliance from operators, a PHI may issue a Section 13 Order under the HPPA.[4] This is a lengthy process and requires the PHI to believe that a "health hazard" (as defined under Section 1 of the HPPA) exists that may pose a risk to the health of any member of the public.[4] This is in contrast to inspections of food premises (such as restaurants, grocery stores and institutional food service departments) – in these premises PHIs have several enforcement options, including the issuance of a Section 13 Order, a ticket under Part I of the POA or a direct summons to court under Part III of the POA.[4-7] The additional enforcement options for food premises are due to the existence of a regulation under the HPPA that legislates specific requirements for food premises, and which is supported by a document

that sets out set monetary fines for any non-compliance with the regulation.[5,7] This document allows PHIs across the province to issue tickets to operators on the spot, which has proven to be helpful both in gaining immediate compliance from operators as well as from other premise operators via general deterrence. Regulations exist under the HPPA for public swimming pools, recreational camps, spas and rabies, however none currently exist for personal service settings.

Analysis/Rationale

In early 2016, a provincial working group was created with the purpose of updating the Ontario Best Practices document; an equivalent federal working group is currently updating a similar document for use by provinces that don't have specific guidelines for PSS premises. Six provinces and territories in Canada currently have legislation for the regulation of PSS premises; Alberta, Newfoundland/Labrador, NWT, Yukon, Nunavut and Nova Scotia, with the remaining provinces relying on provincial or federal guidance documents, as applicable. In those provinces and territories where regulations exist for PSS premises, non-compliance with the regulations can result in a conviction and/or strict monetary fines, without requiring public health staff to prove the existence of a health hazard in order to proceed with enforcement actions.

In addition to infection control complaints, WDGPH receives requests for information from members of the public, looking for guidance on where to go to receive personal services, particularly regarding services such as manicures, pedicures, tattooing or body piercing. Subsequent to BOH report BH.01.APR0214.R10 (Online disclosure of personal service settings inspection results), WDGPH made inspection results for PSS premises available online in October of 2014. This was to increase transparency of inspection results and to assist members of the public in making informed decisions when deciding where to go to receive a personal service.[9] Public disclosure of inspection results has also been shown to have a positive impact on operator compliance with relevant legislation and best practices.[10]

Annual inspection of all PSS premises is an accountability indicator for the Ministry of Health and Long-Term Care.[11] The creation of legislation under the HPPA, specific to personal service settings would contribute to the standardization of minimum IPAC best practices in PSS premises, and assist public health staff in enforcing minimum standards. The overall goal is to prevent infectious disease transmission risks to PSS staff and members of the public who use these services. Several public health units in Ontario have written letters to The Honourable Kathleen Wynne, Premier of Ontario, in support of the creation of regulations specific to PSS and particularly those that offer invasive services, such as tattooing and body modification.[12,13]

Conclusion

Legislation regulating PSS activities along with annual public health inspections are necessary to reduce infection control risks to the public. Having PSS Regulations would give public health inspectors enforceable infection control requirements while assessing PSS practices.

Ontario Public Health Standard

The management of infectious diseases, inspection of PSS and increased public awareness of infection prevention and control practices are required under the *Infectious Diseases Program Standards* (2008), with the goal of reducing the burden of infectious diseases of public health importance.

Specific requirements of the *Infectious Diseases Program Standard* are outlined in:

Requirement #14: The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

Requirement #10: The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies, including regulatory colleges exist, particularly personal service settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).

WDGPH Strategic Direction(s)

Check all that apply:

☒ Building Healthy Communities
We will work with communities to support the health and well-being of everyone.

☐ Service Centred Approach
We are committed to providing excellent service to anyone interacting with Public Health.

☒ Health Equity
We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

☐ Organizational Capacity
We will improve our capacity to effectively deliver public health programs and services.

Health Equity

The proposed legislation applies a compliance centered approach to equitably increase positive outcomes to all users of these services equally and would ensure that workers in PSS establishments understand their obligations and are protected from risk by a comprehensive communication plan promoting the proposed legislated requirements.

Appendices

None.

References

1. Ontario. Ministry of Health and Long-Term Care (2009). Infection Prevention and Control Best Practices for Personal Service Settings. Accessed online at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/pssp_2008.pdf
2. Ontario. Ministry of Health and Long Term Care (2008). Ontario Public Health Standards: Infectious Diseases Program Standards. Accessed online at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf
3. Ontario. Ministry of Health and Long-Term Care (2008). Infection Prevention and Control in Personal Service Settings Protocol. Accessed online at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/infection_prevention_personal_services.pdf
4. Health Protection and Promotion Act, R.S.O. 1990. Accessed online at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm
5. Health Protection and Promotion Act. R.R.O. 1990, Ontario Regulation 562 – *Food Premises*. Accessed online at: https://www.ontario.ca/laws/regulation/900562
6. Provincial Offences Act. R.S.O. 1990. Accessed online at: https://www.ontario.ca/laws/statute/90p33
7. Ontario Court of Justice (2001). Set Fines I of the Provincial Offences Act: Schedule 40. Accessed online at: http://www.ontariocourts.ca/ocj/how-do-i/set-fines/changes-to-the-consolidated-set-fine-schedules/schedule-40-2001-11-27/
8. Alberta. (2014). Alberta Regulation 20/2003 Public Health Act: Personal Services Regulation. Accessed online at: http://www.canlii.org/en/ab/laws/regu/alta-reg-20-2003/latest/alta-reg-20-2003.html
9. Wellington-Dufferin-Guelph Public Health (2014). BOH Report – BH.01.APR0214.R10 – Online Disclosure of Personal Service Settings Inspection Results. Accessed online at: http://www.wdgpublichealth.ca/?q=bohreports
10. Lee, B. (2012). Food Safety Interventions of Food Service Establishments: Current Evidence. CIPHI National PowerPoint presentation. Accessed online at: http://www.ncceh.ca/sites/default/files/CIPHI_2012_Food_Service_Establishments-Lee.pdf
11. Ontario. Ministry of Health and Long-Term Care (2016). Technical Document: Health Protection Indicators. Accessed online via the Public Health Performance Management Data Sharing Network (DoN) secure website.

12. Personal communication. (2016). Letter from the Peterborough County-City Health Unit Board of Health to The Honourable Kathleen Wynne.
13. Personal communication. (2016). Letter from the Sudbury & District Health Unit Board of Health to The Honourable Kathleen Wynne.

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

January 4, 2017

DELIVERED VIA E-MAIL & REGULAR MAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier,

Re: Requesting Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings

On behalf of the Board of Health of Wellington-Dufferin-Guelph Public Health (WDGPH), I am writing to request your support of the enactment of legislation under the *Health Promotion and Protection Act* (*HPPA*) to allow for the inspection and enforcement activities of personal service settings.

Six provinces and territories currently have specific legislation for the regulation of personal service settings which increases the enforcement abilities of public health staff and provides an incentive for operators to comply with infection protection and control best practices. Ontario has no provincial legislation that requires operators to comply with these best practices.

In those provinces and territories where regulations exist, non-compliance with the regulations by personal service setting staff or operators can result in a conviction and/or strict monetary fines, without requiring public health staff to prove the existence of a health hazard in order to proceed with enforcement actions.

The creation of legislation under the *HPPA*, specific to personal service settings, would contribute to the standardization of minimum infection control best practices in personal service settings. Based on an assessment of complaints received by WDGPH, most complaints in personal service settings are associated with potentially invasive services such as manicure, pedicure and aesthetics services. The enactment of legislation for all premises offering personal services could help mitigate infection control risks to staff working in these premises and members of the public receiving these services.

.../2

160 Chancellors Way, Guelph, ON N1G 0E1
Telephone: 519-822-2715 | **Fax:** 519-836-7215 | **www.wdgpublichealth.ca**

The most recent complaint to WDGPH was in December 2016 and pertained to the cleanliness of reusable tools and equipment and the reuse of single-use items such as nail files and buffer blocks. If legislation was in place that allowed for inspection and enforcement procedures similar to those in food premises, a ticket could have been issued on the spot with a set fine for non-compliance with infection prevention and control best practices. This would have helped lower infection risks for current staff and clients as well as been an incentive for ongoing infection control for this specific owner and a general incentive for the wider community of personal service setting operators.

Recently, WDGPH has observed an expansion in the range of services offered within personal service settings to include more invasive services such as micro-needling, botox injections and microdermabrasion. The invasive nature of these services is accompanied by an increased risk of subsequent infection if appropriate infection prevention and control practices are not followed during the provision of these services. In many cases, these services are being offered by non-Regulated Health Professionals, meaning that inspection of these services and enforcement of minimum infection control best practices falls to public health.

It is therefore our hope that you will consider enacting legislation for infection protection and control requirements for all personal service settings under the *HPPA*, supported by short-form wording under the *Provincial Offences Act*.

Thank you for giving this correspondence your every consideration.

Sincerely,

N. Sullivan

Nancy Sullivan
Chair, Wellington-Dufferin-Guelph Board of Health

Encl. (Legislation to enforce infection prevention and control practices within personal service settings, Board of Health Report, December, 2016)

cc (via e-mail):
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
MPP Liz Sandals, Guelph
MPP Sylvia Jones, Dufferin-Caledon
MPP Ted Arnott, Wellington-Halton Hills
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

May 3, 2017

DELIVERED VIA EMAIL & REGULAR MAIL

The Honourable Michael Coteau
Minister of Children and Youth Services
14th Floor, 56 Wellesley Street West
Toronto ON M5S 2S3

Dear Minister Coteau:

Re: Healthy Babies Healthy Children Program Targets and Funding

On May 3, 2015 at a regular meeting of the Board of Health for Wellington-Dufferin-Guelph Public Health, the Board reviewed the ongoing and increasing challenge to meet Ministry expectations for HBHC service provision within the 100% funding envelope. MCYS program enhancements have increased the range and evidence base for interventions that can be offered by HBHC, however, chronic underfunding continues to challenge program integrity and fidelity as limited resources preclude full compliance and achievement of MCYS implementation targets.

The following motion was passed:

> "That the Board of Health for Wellington-Dufferin-Guelph Public Health advocates for the Ministry of Children and Youth Services to commit to aligning program service delivery expectations with the annual budget; and the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs, and the annual increases in cost to deliver services."

Thank you for giving this request your every consideration.

Sincerely,

Nancy Sullivan
Chair, WDGPH Board of Health

cc via email: MPP Liz Sandals, Guelph
MPP Sylvia Jones, Dufferin-Caledon
MPP Ted Arnott, Wellington-Halton Hills
Dianne Alexander, Director, Healthy Living Policy and Programs Branch, MOHLTC
Ontario Boards of Health

160 Chancellors Way, Guelph, ON N1G 0E1
T: 1-800-265-7293 | **F:** 519-836-7215 | **wdgpublichealth.ca**

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

May 3, 2017

DELIVERED VIA E-MAIL & REGULAR MAIL

Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: The Honourable Eric Hoskins
Office of the Minister

Dear Hon. Hoskins:

Re: Human Papillomavirus (HPV) Immunization Catch-up for Boys

The Board of Health (BOH) for Wellington-Dufferin-Guelph Public Health (WDGPH) would like to request that the Ontario Government implement a publicly-funded human papillomavirus (HPV) immunization catch-up program for boys similar to the catch-up program implemented for girls in 2012. It is important to close this gap in publicly-funded vaccine eligibility for boys.

In 2012, NACI recommended HPV vaccination for all males between the ages of 9 and 26 and for all men who have sex with men (MSM) aged 9 and older. PIDAC-I also recommends publicly-funded Gardasil for MSM or males who identify as homosexual up to the age of 26 years. As the most common preventable sexually-transmitted infection (STI), HPV has been directly linked to serious health conditions such as cervical, oral, penile and anal cancers, as well as abnormal cell growth in these areas of the body that are causally associated with various cancers and anal warts.

Some families with health benefit coverage may have the opportunity to purchase the vaccine. However, lower income families and families without extended health benefits are not afforded equal opportunity to be protected from HPV-related cancers. Universal funding would also protect the highly vulnerable group of boys who will go on to identify as MSM but are currently not identifying their eligibility for the publicly-funded vaccine.

.../2

160 Chancellors Way, Guelph, ON N1G 0E1
T: 1-800-265-7293 | **F:** 519-836-7215 | **wdgpublichealth.ca**

The WDGPH BOH would like to request that the Ministry of Health and Long-Term Care address this public health concern by expanding the publicly-funded HPV immunization programs to include a catch-up program for boys. We believe this is the approach that aligns with the Ontario Government's stance on health equity and would reduce the burden of HPV-related cancers in Ontario.

Sincerely,

Nancy Sullivan
Chair, WDGHU Board of Health

c.c. alPHa – via e-mail
c.c. Liz Sandals, MPP (Guelph) – via e-mail
c.c. Ted Arnott, MPP (Wellington-Halton Hills) – via e-mail
c.c. Sylvia Jones, MPP (Dufferin-Caledon) – via e-mail
c.c. Randy Pettapiece, MPP (Perth-Wellington) – via e-mail
c.c. Ontario Public Health Units – via e-mail

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

April 25, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins:

Re: Low-Income Dental Program for Adults and Seniors

At its meeting held on April 12, 2017, the Board of Health for Peterborough Public Health considered correspondence from Porcupine Health Unit regarding the above noted matter.

Oral health is essential to overall health and quality of life at every stage of life and has been recognized as a basic human right. The Board echoes the recommendations outlined in their resolution (attached), and urges the Ministry for more urgent implementation of expanded public dental programs to include adults and seniors living on low incomes.

We appreciate your attention to this important public health issue.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Roselle Martino, Assistant Deputy Minister, Population and Public Health, MOHLTC
Association of Local Public Health Agencies
Ontario Boards of Health

March 28, 2017

Porcupine
Health Unit • Bureau de santé

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

Dear Minister Hoskins,

RE: LOW-INCOME DENTAL PROGRAM FOR ADULTS AND SENIORS

On March 17, 2017, the Porcupine Health Unit Board of Health passed the following resolution:

WHEREAS, the Board of Health for the Porcupine Health Unit recognizes the importance of dental health in the overall health and well-being in our population; and

WHEREAS, the Porcupine Health Unit has identified that oral health concerns lead to greater emergency department and day surgery visit rates in our area, than the Provincial average; and

WHEREAS, a 2015 Porcupine Health Unit Study demonstrated that more than a third of emergency department visits for dental concerns are repeat visits, and the highest proportion of repeat visits are in the 19-44 year age group; and

WHEREAS, there is a great cost to both acute health care services and the individual patient from a lack of dental care. Pain, low self-esteem, complications from antibiotic treatment, and infections which may be serious and progress rapidly are all common complications of a lack of dental services; and

WHEREAS, the majority of these acute dental complications are avoidable with proper dental treatment, and the lack of treatment is largely due to an inability to pay for dental services;

NOW THEREFORE BE IT RESOLVED THAT, the Board of Health for the Porcupine Health Unit appreciates the Ministry of Health and Long-Term Care's plan to address this important public health issue, but encourages consideration for more urgent implementation of expanded public dental programs for those living on low incomes; and

FURTHERMORE BE IT RESOLVED THAT, a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Boards of Health, and Gilles Bisson, MPP, Timmins - James Bay.

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

Yours very truly,

Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

Branch Offices: Cochrane, Hearst, Hornepayne, Iroquois Falls, Kapuskasing, Matheson, Moosonee, Smooth Rock Falls

DURHAM REGION

April 13, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

COPY

The Regional Municipality of Durham

Corporate Services Department
Legislative Services

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health re: Adult and Older Adult Oral Health
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on April 12, 2017, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Warden of Lambton County Council urging the Ontario government to accelerate its commitment to expand Ontario's provincially funded dental benefits programs to cover low-income adults and older adults, be endorsed; and

B) That the Premier of Ontario, Ministers of Community and Social Services, Finance, and Health and Long-Term Care, Durham's MPPs and all Ontario boards of health be so advised.

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated April 5, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c. The Honourable Helena Jaczek, Minister of Community and Social Services
The Honourable Charles Sousa, Minister of Finance

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

HEALTH DEPARTMENT

Street Address
605 Rossland Rd.E.
Whitby ON
Canada

Mailing Address
P.O. Box 730
Whitby ON
Canada L1N 0B2

': 905-668-7711
.x: 905-666-6214
1-800-841-2729

www.durham.ca

An Accredited Public Health Agency

MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: April 5, 2017

Re: Adult and Older Adult Oral Health

On December 8, 2016, the Warden of Lambton County Council (Lambton's board of health) sent the attached correspondence to all Ontario boards of health for support.

In essence, the correspondence urges the Ontario government to accelerate its commitment to expand Ontario's provincially funded dental benefits programs to cover low-income adults and older adults. Such action would complement the dental benefits currently in place under Ontario Works and the Ontario Disability Support Program. Poor oral health adversely affects the health and well-being of affected adults and older adults.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from the Warden of Lambton County Council as regards oral health programming for low-income adults and older adults is endorsed; and

b) The Premier of Ontario, Ministers of Community and Social Services, Finance, and Health and Long-Term Care, Durham's MPPs and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Office of the County Warden
789 Broadway Street, Box 3000
Wyoming, ON N0N 1T0

Telephone: 519-845-0801
Toll-free: 1-866-324-6912
Fax: 519-845-3160

December 8, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp.co@liberal.ola.org

Dear Minister Hoskins:

Re: Access to Publicly Funded
Oral Health Programs for Low-Income Adults and Seniors

During its meeting on November 2, 2016, Lambton County Council (which serves as the County of Lambton Board of Health) accepted a report from Lambton Public Health regarding Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors.

In January 2016, the Healthy Smiles Ontario public oral health program for children was expanded to help all low-income children, regardless of any coverage under employer-sponsored dental insurance. However, the expansion did not address the barriers to accessing dental care experienced by working poor adults and seniors. These cohorts are often ineligible for Ontario Works or the Ontario Disability Support Program and are without employer-sponsored dental benefits. These marginalized adults and seniors find they cannot afford to access dental care at the best of times. Often they must choose between paying for living expenses such as rent, utilities, or groceries, and paying for their oral health.

Lambton County Council recognizes the effects of poor oral health on general health as well as the impacts that extend beyond medical concerns. Unchecked, oral disease may lead to pain and infection which can spread throughout the body. Poor oral health can affect employability, work attendance and performance, self-esteem, and social relationships.

Oral health issues are not covered under universal healthcare through the Ontario Health Insurance Program. For low-income adults or seniors who are less likely to have employer-sponsored dental benefits and are more likely to report poor oral health, the cost of dental care is prohibitive. Typically when an adult or senior cannot afford to visit a dentist for pain and infection in their mouth they often end up visiting the emergency

room, or their family doctor instead. At these visits they will receive a course of antibiotics and pain medications which do not address the true cause of the problem. This only provides a temporary solution often resulting in repeat emergency room visits to defer the pain. In 2016, the Association of Ontario Health Centres reported over 60,000 visits to emergency rooms resulting in an estimated $31 million for costs directly related to oral health issues. In 2014, the Erie St. Clair Local Health Integration Network region had 3,160 emergency room visits due to oral health issues.

The Provincial Government has promised to extend oral health programs starting in 2025. However, nine years is too long to wait to address the current demand in low-income adults and seniors. In response to this delayed action, Lambton County Council calls on the Province to accelerate its promise to expand oral health programming for low-income adults and seniors starting within the next two years.

Sincerely,

Warden Bill Weber
County of Lambton (Board of Health)

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Sudit Ranade, Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services Division

Porcupine
Health Unit • Bureau de santé

May 1, 2017

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON
M7A 2C4

Dear Minister Hoskins,

At its meeting held on April 21, 2017, the Board of Health for the Porcupine Health Unit passed the attached resolutions regarding the following:

- Ontario Public Health Standards Modernization
- Low-Income Dental Program for Adults and Seniors

Thank you for your attention to these important public health issues.

Yours very truly,

Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

Branch Offices: Cochrane, Hearst,
Hornepayne, Iroquois Falls,
Kapuskasing, Matheson,
Moosonee, Smooth Rock Falls

Date: 17 / 04 / 21
y m d

Porcupine
Health Unit • Bureau de santé

R-2017 - 20

MOVED BY: Michael Shea

SECONDED BY: Rick Lafleur

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

WHEREAS, the Board of Health for the Porcupine Health Unit appreciates the work of the Ministry of Health and Long-Term Care in the development of the Modernized Ontario Public Health Standards (OPHS); and

WHEREAS, the Board of Health for the Porcupine Health Unit appreciates the opportunity for Porcupine Health Unit staff to provide feedback at the regional consultation in Sudbury on March 27, 2017; and

WHEREAS, the Board of Health for the Porcupine Health Unit recognizes the strengths in the increased flexibility to address local priorities, address health equity and further engage with indigenous partners; and

WHEREAS, the Board of Health for the Porcupine Health Unit is concerned about the potential for increased equity gaps and significant strain on staff resources to ensure local needs are met in communities where there may be a lack of partners to collaborate with; and

WHEREAS, the Board of Health for the Porcupine Health Unit is concerned about capacity with limited funds under the current funding formula;

NOW THEREFORE BE IT RESOLVED THAT, the Board of Health for the Porcupine Health Unit endorses the letter provided by the Association of Local Public Health Agencies (alPHa) dated March 17, 2017 regarding Public Health Programs and Services Consultation; and

FURTHERMORE BE IT RESOLVED THAT, a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Boards of Health, and Gilles Bisson, MPP, Timmins - James Bay.

(circle as appropriate)

CARRIED **DEFEATED**

Gilles Bisson
Chair - Board of Health

Branch Offices: Cochrane, Hearst, Hornepayne, Iroquois Falls, Kapuskasing, Matheson, Moosonee, Smooth Rock Falls

Date: 17 / 04 / 21
y m d

Porcupine
Health Unit • Bureau de santé

R-2017 - 21

MOVED BY: Veronica Farrell

SECONDED BY: Drago Stefanic

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

WHEREAS the Board of Health for the Porcupine Health Unit recognizes the importance of oral health in the overall health and well-being of the population; and

WHEREAS the lack of access to dental care leads to increased use of acute health care services and negatively impacts individual patients. Pain, low self-esteem, potentially unnecessary antibiotic treatment with side effect risks; and infections that may be serious and progress rapidly are all complications of a lack of dental care; and

WHEREAS the need to access acute health care services is extremely costly to the Ontario health care system. Over 60,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns (Ontario Oral Health Alliance, 2017); and

WHEREAS the majority of these acute dental complications are avoidable with timely and appropriate dental care; and

WHEREAS financial barriers prevent many marginalized and low-income adults from accessing preventive and acute dental care; and

WHEREAS the Ministry of Health and Long Term Care (MOHLTC) has promised to expand the oral health program to include low-income adults in 2025;

NOW THEREFORE BE IT RESOLVED THAT, the Association of Local Public Health Agencies (alPHa) request the Ministry of Health and Long Term Care (MOHLTC) to address this important public health issue and urgently implement an expanded public dental program for low income adults and seniors, before the proposed 2025 timeline; and

FURTHERMORE BE IT RESOLVED THAT, a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, and Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care.

(circle as appropriate)

CARRIED **DEFEATED**

Gilles Chartrand

Chair - Board of Health

Branch Offices: Cochrane, Hearst, Hornepayne, Iroquois Falls, Kapuskasing, Matheson, Moosonee, Smooth Rock Falls

simcoe muskoka
DISTRICT HEALTH UNIT

April 19, 2017

The Honourable Eric Hoskins
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dr. David Williams
Chief Medical Officer of Health
Ministry of Health and Long-Term Care
21st Flr., 393 University Ave.
Toronto, ON M5G 2M2

Dear Minister Hoskins and Dr. Williams:

Re: Moving forward on the Provincial Opioid Strategy

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I would like to take this opportunity to commend you, and the Ontario Ministry of Health and Long-Term Care, in releasing the Strategy to Prevent Opioid Addiction and Overdose in Ontario [1] in response to the issue of opioid use and its devastating effects throughout the province.

Ontario has one of the highest provincial opioid prescription rates and has experienced thirteen years of increasing and record-setting opioid overdose fatalities, which now rank as the third leading cause of accidental death, and more than double the number of people killed in motor vehicle collisions. More than 5000 Ontarians have died of an opioid overdose since 2000, the vast majority unintentionally.[2]

The opioid issue is of particular concern to us locally, as the opioid poisoning emergency visit rates in Simcoe Muskoka have been increasing since 2003, and have been significantly higher than the provincial rates since 2004.[3] SMDHU staff have been involved in a number of activities to date to help address opioid related harms in Simcoe Muskoka, including promotion of fentanyl patch for patch programs, coordination of local drug strategy coalitions and provision of naloxone kits and training to people who use opioids and their friends and family. In addition, SMDHU is co-hosting an inaugural meeting of key stakeholders for the purpose of creating a Simcoe Muskoka Opioid Strategy on May 25, 2017, along with the North Simcoe Muskoka Local Health Integration Network and the Simcoe Muskoka Alcohol and Other Drug Strategy Working Group.

In response to the substantial harms associated with both prescription and illicit opioid use in Simcoe Muskoka, the SMDHU Board of Health strongly urges the Ontario Ministry of Health and Long-Term Care to further develop the recommendations within Ontario's Strategy to Prevent Opioid Addiction and Overdose with targets, timelines and deliverables and to communicate developments with key stakeholders in a timely way. This will support efforts occurring locally and federally to address the issue, and will have the greatest opportunity to realize decreases in opioid related harm. Given the pressing nature of this continually evolving issue, we strongly urge the provincial government to move quickly in mitigating further harms.

Leadership and action at all levels of government and across sectors are urgently needed. We appreciate your actions to date and look forward to your continued leadership in addressing the morbidity and mortality associated with opioid use, misuse, and addictions.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Vice Chair, Board of Health
Simcoe Muskoka District Health Unit

BW:CG:mk

c. Association of Local Public Health Agencies
Boards of Health in Ontario
North Simcoe Muskoka LHIN
Central LHIN
Simcoe Muskoka Alcohol and Other Drug Strategy
Norm Miller, MPP (Parry Sound-Muskoka)
Julia Munro, MPP (York-Simcoe)
Jim Wilson, MPP (Simcoe-Grey)
Patrick Brown, MPP (Simcoe-North)
Ann Hoggarth, MPP (Barrie)

References:

1. https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html
2. http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/prescription_for_life_june_1_2015.pdf
3. Ambulatory Visits & Population Estimates (2003-2015). Ontario Ministry of Health and Long-term Car, IntelliHEALTH, Ontario, Date Extracted: (Jan13, 2017. ICD-10codes(Any Dx):T400-T404;T406: Age standardized using the 20011 Canadian Standard Population.

simcoe muskoka
DISTRICT HEALTH UNIT

April 19, 2017

The Honourable Jane Philpot
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Philpot:

Re: Moving forward on the Federal Opioid Strategy

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I would like to take this opportunity to commend you, and the Ministry of Health, in releasing Health Canada's Action on Opioid Misuse [1] in response to the issue of opioid use and its devastating effects throughout Canada.

Ontario has one of the highest provincial opioid prescription rates and has experienced thirteen years of increasing and record-setting opioid overdose fatalities, which now rank as the third leading cause of accidental death, and more than double the number of people killed in motor vehicle collisions. More than 5000 Ontarians have died of an opioid overdose since 2000, the vast majority unintentionally.[2]

The opioid issue is of particular concern to us locally, as the opioid poisoning emergency visit rates in Simcoe Muskoka have been increasing since 2003, and have been significantly higher than the provincial rates since 2004.[3] SMDHU staff have been involved in a number of activities to date to help address opioid related harms in Simcoe Muskoka including promotion of fentanyl patch for patch programs, coordination of local drug strategy coalitions and provision of naloxone kits and training to people who use opioids and their friends and family. In addition, SMDHU is co-hosting an inaugural meeting of key stakeholders for the purpose of creating a Simcoe Muskoka Opioid Strategy on May 25, 2017, along with the North Simcoe Muskoka Local Health Integration Network and the Simcoe Muskoka Alcohol and Other Drug Strategy Working Group.

In response to the significant harms associated with both prescription and illicit opioid use in Simcoe Muskoka, the SMDHU Board of Health strongly urges the Federal Ministry of Health to further develop the recommendations within the federal document entitled Action on Opioid Misuse, with targets, timelines and deliverables, and to communicate developments with key stakeholders in a timely way. This will support efforts occurring locally and provincially to address the issue, and will have the greatest opportunity to realize decreases in opioid related harm. Given the pressing nature of this continually evolving issue, we strongly urge the federal government to move quickly in mitigating further harms.

❑ **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:** B-865 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

Leadership and action at all levels of government and across sectors are urgently needed. We appreciate your actions to date and look forward to your continued leadership in addressing the morbidity and mortality associated with opioid use, misuse, and addictions.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Vice Chair, Board of Health
Simcoe Muskoka District Health Unit

BW:CG:mk

c. Association of Local Public Health Agencies
Boards of Health in Ontario
North Simcoe Muskoka LHIN
Central LHIN
Simcoe Muskoka Alcohol and Other Drug Strategy
Dr. Kellie Leitch, MP
Tony Clement, MP
Alex Nuttall, MP
John Brassard, MP
Bruce Stanton, MP
Peter Van Loan, MP

References:

1. http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/misuse-plan-abus-index-eng.php
2. http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/prescription_for_life_june_1_2015.pdf
3. Ambulatory Visits & Population Estimates (2003-2015). Ontario Ministry of Health and Long-term Car, IntelliHEALTH, Ontario, Date Extracted: (Jan13, 2017. ICD-10codes(Any Dx):T400-T404;T406: Age standardized using the 20011 Canadian Standard Population.

DURHAM REGION

The Regional Municipality of Durham

Corporate Services
Department
Legislative Services

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

April 13, 2017

COPY

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

RE: Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health re: Opioid Addiction and Overdose
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on April 12, 2017, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Chair of the Grey Bruce Board of Health urging the College of Physicians and Surgeons of Ontario to consider issuing guidance to Ontario physicians about counselling their patients about the risk of opioid addiction and overdose and the importance of having naloxone at home if it is needed, be endorsed; and

B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Registrar, College of Physicians and Surgeons of Ontario, Chief Medical Officer of Health and all Ontario boards of health be so advised.

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated April 5, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c. The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Registrar, College of Physicians and Surgeons on Ontario
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

HEALTH DEPARTMENT

Street Address
605 Rossland Rd.E.
Whitby ON
Canada

Mailing Address
P.O. Box 730
Whitby ON
Canada L1N 0B2

Tel: 905-668-7711
Fax: 905-666-6214
1-800-841-2729

www.durham.ca

An Accredited Public Health Agency

MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: April 5, 2017

Re: Opioid Addiction and Overdose

On January 27, 2017, the Chair of the Grey Bruce Board of Health sent the attached correspondence to all Ontario boards of health for support.

In essence, the correspondence urges the College of Physicians and Surgeons of Ontario to consider issuing guidance to Ontario physicians about counselling their patients about the risk of opioid addiction and overdose to them and their families and the importance of having naloxone at home if it is needed.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from the Chair of the Grey Bruce Board of Health as regards guidance to physicians on opioid addiction and overdose is endorsed; and

b) The Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Registrar, College of Physicians and Surgeons of Ontario, Chief Medical Officer of Health and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

January 27, 2017

College of Physicians and Surgeons of Ontario
Attention: Registrar
80 College Street
Toronto, Ontario M5G 2E2

Dear Registrar,

Re: Opioid Addiction and Overdose

At their regular meeting of December 21, 2016, the Board of Health for the Grey Bruce Health Unit supported the position set forward in the attached letter and Report No. 062-16 re: "Opioid Addiction and Overdose" from Dr. Christopher Mackie, Medical Officer of Health and CEO of Middlesex London Health Unit, that the College of Physicians and Surgeons of Ontario consider issuing guidance that Ontario physicians have a conversation with each patient that receives opioids about the risk of both addiction and overdose for themselves and their families, and also prescribing naloxone to have in the home of each such patient.

We agree with Dr. Mackie that the current climate of significant opiate use provides an opportune time for physicians to be speaking about the risks of opioids with their patients, and also ensuring that each patient who uses opioids has access to naloxone.

In Grey and Bruce Counties, we have experienced an increase in the already high risk of opioid overdose for both recreational and prescription users of opiates and we are concerned by the increasing negative impacts on individuals, families and the community. Among the strategies to address this threat is a concerted effort to better inform Canadians about the risk associated with the use of opioids and to ensure effective means, such as naloxone, to mitigate these risks. We look to the College of Physicians and Surgeons of Ontario to help ensure health care providers are equipped with the necessary tools, resources and information to provide the highest-quality of care to patients.

Sincerely,

David Inglis
Chair, Board of Health, Grey Bruce Health Unit

Attachment: MLHU Letter / No. 062-16 re: "Opioid Addiction and Overdose"

Cc: Dr. David Williams, MOHLTC
Dr. Christopher Mackie, Middlesex London Health Unit
Association of Local Public Health Agencies
All Health Units

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Attention: Registrar
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario
M5G 2E2

December 8, 2016

Re: Opioid Addiction and Overdose

Dear Registrar,

I noted with interest your articles in the most recent issue of Dialogue Magazine. With the expanding availability of naloxone in Ontario, there seems to be an opportunity and perhaps an imperative for physicians to be speaking about the risks of opioids with their patients, and also ensuring that each patient who uses opioids has access to naloxone.

The risk of overdose is high and climbing, and is not limited to those who use opioids recreationally. People who are legally prescribed these medications and their families are at risk as well. Actions to address overdose should include focusing on better informing Canadians about the risks of opioids, supporting better prescription practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence base. It is imperative to ensure that Ontario health care providers have the tools, resources and information necessary to provide the highest-quality care to patients.

As the Medical Officer of Health for Middlesex and London, I brought this issue to the November 17, 2016 meeting of the Middlesex-London Board of Health. The Board voted unanimously to endorse Report No. 062-16 re: "Opioid Addiction and Overdose" and the recommendations contained within this report, which included contacting CPSO to ask for guidance to enhance counselling around opioid risks and prescription of naloxone to each patient using opioids.

Patients look to their health care providers for leadership and guidance. Improved access to naloxone for all patients who are prescribed opioids will help decrease the life-threatening risks associated with overdose. Regulatory changes which include making naloxone more easily available will provide a greater opportunity to ensure that opioid users have access to it when needed.

Would you consider issuing guidance that Ontario physicians have a conversation with each patient that receives opioids about the risk of both addiction and overdose for themselves and their families, and also prescribing naloxone to have in the home of each such patient?

I look forward to a follow up meeting with you to further discuss this recommendation.

Sincerely,

Dr. Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

cc: Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Association of Local Public Health Agencies, All Health Units

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663-5317 • fax: (519) 663-9581

www.healthunit.com
health@mlhu.on.ca

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy ON N7G 1Y5
tel: (519) 245-3230 • fax: (519) 245-4772

Since implementation, there have been 163 people trained and provided with naloxone kits. These kits have been used in 13 successful resuscitations. Further to the resuscitations associated with naloxone kit use, Emergency Medical Services (EMS) in London-Middlesex administered 47 doses of naloxone last year and 31 doses as of October this year when responding to 9-1-1 calls for overdoses.

Recent Regulatory Changes

Last month, in recognition that opioid addiction and overdose is a serious public health concern, the Ministry of Health lifted restrictions on who could be provided with naloxone kits and allowed for sites that provide naloxone kits to begin training and providing kits to friends and family members, as well. Previously, the kits were available only to those who were at risk for overdose and were also clients of the needle exchange or Hepatitis C programs.

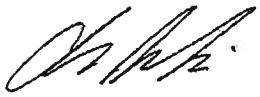
In response to calls from Ontario and other provinces and territories for Health Canada to remove the prescription status of naloxone, the National Association of Pharmacy Regulatory Authorities (NAPRA) also recently reclassified naloxone as a Schedule II drug when used in an emergency opioid overdose situation outside of hospital settings. This change was effective immediately in Ontario. As a result, naloxone can now be kept behind the counter in Ontario pharmacies and dispensed without a prescription or charge to those who are at risk of an overdose (as well as their concerned family members or peers). Additionally, pharmacists are able to provide training on how to safely administer the drug. There are currently forty-nine pharmacies in Middlesex-London that can dispense naloxone.

Next Steps

The Minister of Health has announced a comprehensive strategy to address opioid misuse and addictions. Risk of overdose is not limited to those who use opioids recreationally, but the risk is also quite present to those who are legally prescribed these medications. Actions will be focused on better informing Canadians about the risks of opioids, supporting better prescribing practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence base. Part of this strategy aims to ensure Ontario health care providers have the tools, resources and information needed to provide the highest-quality care to patients. Patients look to their health care providers for leadership and guidance.

As part of the strategy, we believe it would be helpful for the Board of Health to recommend to the CPSO that, as a matter of best practice when physicians are prescribing opiates, they also provide the patient with a prescription for and information about how to access and use naloxone.

This report was prepared by Shaya Dhinsa, Manager of Sexual Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

April 28, 2017

The Honourable Eric Hoskins
Minister
Ministry of Health and Long-Term Care
Hepburn Block, 10 Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins,

Re: Opioid Use

At its April 20, 2017 meeting, under Correspondence item b), the Middlesex-London Board of Health voted to endorse the following:

Date:	2017 February 28
Topic:	Opioid Use in Sudbury District
From:	Sudbury & District Health Unit
To:	The Honourable Dr. Eric Hoskins

Background:
The Sudbury District Health Unit passed a resolution which congratulates the Ontario Minister of Health and Long-Term Care and Chief Medical Officer on signing a joint statement of action committing to address the burden of opioid-related harms and the provincial opioid strategy. They further requested that plans be developed with targets, deliverables and timelines that are supported by stakeholders such as Board of Health and that the Federal Minister of Heath communicate and promptly implement the federal opioid strategy.

Recommendation:
Endorse.

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Board of Health endorse item b).*

Carried

The Middlesex-London Board of Health supports and congratulates the federal and provincial governments for signing a Joint Statement of Action committed to addressing the burden of Opioid-related harms and looks forward to further opioid action plans to respond to the ongoing issue of opioid use and opioid-related harms.

Sincerely,

Jesse Helmer, Chair
Middlesex-London Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health & Chief Executive Officer, Sudbury & District Health Unit
All Ontario Health Units

Sudbury & District

Health Unit

Service de santé publique

Make it a Healthy Day!

Visez Santé dès aujourd'hui!

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
☎ :705.522.9200
🖷 : 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
☎ : 705.522.9200
🖷 : 705.677.9611

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

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

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☎ : 705.370.9200
🖷 : 705.377.5580

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
☎ : 705.222.9201
🖷 : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

February 28, 2017

VIA ELECTRONIC MAIL

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Opioid Use in Sudbury & District

At its meeting on February 16, 2017, the Sudbury & District Board of Health carried the following resolution #12-17:

> *WHEREAS the Sudbury & District Board of Health is alarmed by the rise in opioid-related harms as evidenced by a tripling of the number of opioid prescriptions in Canada over the past decade and the growing number of opioid-related poisonings presenting to Ontario emergency departments; and*
>
> *WHEREAS within Greater Sudbury indicators of harmful opioid use exceed those for the province, including the rates of opioid users, opioid maintenance therapy use, high strength opioid use, opioid-related emergency department visits, hospital visits and hospital deaths; and*
>
> *WHEREAS federal and provincial governments have signed a Joint Statement of Action committed to addressing the burden of opioid-related harms in Canada and, recently, Ontario announced a provincial opioid strategy that includes modernizing opioid prescribing and monitoring, improving the treatment of pain and enhancing addiction supports and harm reduction; and*
>
> *WHEREAS the Community Drug Strategy for the City of Greater Sudbury, of which the Sudbury & District Health Unit is a leading member, supports Ontario's opioid strategy and is committed to implementing the strategy within the local context;*

THEREFORE BE IT RESOLVED the Sudbury & District Board of Health congratulate the Ontario Minister of Health and Long-Term Care and the Chief Medical Officer of Health, as the province's first Provincial Overdose Coordinator, and request that the new provincial plan be further developed with targets, deliverables and timelines that are supported by regular communication to stakeholders and partners such as boards of health; and

FURTHER THAT the Sudbury & District Board of Health urge the federal Minister of Health to similarly communicate and promptly implement the federal opioid strategy.

Work is underway to address opioid use and opioid-related harms in Sudbury and District. This includes addressing gaps in naloxone supply and distribution, developing an early alerting network to increase awareness and response to opioid use and overdose, and developing a local opioid action plan. However, this is an issue that goes beyond the local context and requires a coordinated, comprehensive and timely provincial and federal response.

Members of the Sudbury & District Board of Health commend the Minister on working with the federal government in calling for national and provincial opioid action plans to respond to the burgeoning issue of opioid use and opioid-related harms. The Board strongly urges that the province promptly implements its plan and encourages the same of the federal government. We look to your continued strong leadership to protect and promote the health of Ontarians.

Sincerely,

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

cc: The Honourable Jane Philpott, Minister of Health, Health Canada
The Honourable Kathleen Wynne, Premier of Ontario
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Mr. Marc Serré, MP, Nickel Belt
Mr. Paul Lefebvre, MP, Sudbury
Ms. Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

May 3, 2017

DELIVERED VIA E-MAIL & REGULAR MAIL

Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: The Honourable Eric Hoskins
Office of the Minister

Dear Hon. Hoskins:

Re: Provincial Alcohol Strategy

The Board of Health (BOH) for Wellington-Dufferin-Guelph Public Health (WDGPH) would like to urge the Ontario Government to develop a comprehensive, province-wide strategy to support the safe consumption of alcohol. The health harms associated with alcohol consumption impact tens of thousands of individuals in Ontario every year. With the increasing availability of alcohol in the province, it is important that the government move forward with the commitment it made to social responsibility in the 2015 Ontario Budget to correspond with the increasing availability of alcohol.

Since 2014, Ontarians have been able to purchase alcohol at grocery stores, farmers' markets, online sales through the LCBO and the expansion of bars and restaurants permitted at alcohol manufacturing sites. This increased availability has not been accompanied by a strategy to address the harms associated with alcohol use and misuse.

It is well established that an increase in the availability of alcohol leads to an increase in alcohol-related harms. Alcohol misuse is responsible for addiction, disease, social disruption and is one of the leading risk factors for disability and death in Canada. The health and financial costs to the individual and society are significant and include health care, law enforcement, lost productivity and premature mortality.

.../2

160 Chancellors Way, Guelph, ON N1G 0E1
T: 1-800-265-7293 | **F:** 519-836-7215 | **wdgpublichealth.ca**

PublicHealth
WELLINGTON·DUFFERIN·GUELPH
Stay Well.

For the health of our communities, there is a need for a provincially led alcohol policy that mitigates the health harms associated with alcohol. A comprehensive, evidence-based approach will limit the harmful effects of alcohol to individuals and our communities.

Effective interventions to reduce alcohol-related problems include: (1) socially responsible pricing of alcohol; (2) limits on the number of retail outlets and hours of sale; and (3) alcohol marketing controls. There is strong evidence that these three policy levers are among the most effective interventions available, especially when they are paired with targeted interventions such as drinking and driving counter measures and enforcement of the minimum drinking age.

In order to support healthy outcomes for Ontarians and to reduce health care costs associated with alcohol consumption, a comprehensive, evidenced-based alcohol strategy is required as soon as possible. With the expansion of alcohol sales in the province, the current lack of a province-wide strategy to promote the safe consumption of alcohol is cause for concern. The WDGPH BOH urges the Ontario Government to move forward with this important priority for the health and well-being of our communities.

Sincerely,

Nancy Sullivan
Chair, WDGHU Board of Health

c.c. alPHa – via e-mail
c.c. Liz Sandals, MPP (Guelph) – via e-mail
c.c. Ted Arnott, MPP (Wellington-Halton Hills) – via e-mail
c.c. Sylvia Jones, MPP (Dufferin-Caledon) – via e-mail
c.c. Randy Pettapiece, MPP (Perth-Wellington) – via e-mail
c.c. Ontario Public Health Units – via e-mail

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

Friday, May 5, 2017

The Honourable Dr. Jane Philpott
Minister of Health
Government of Canada
House of Commons
Ottawa, ON K1A 0A6
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

RE: Support for Stop Marketing to Kids Coalition's Ottawa Principles and Further Action on Sugary Drinks

At its meeting on April 12, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Middlesex-London Health Unit regarding the Marketing to Kids Coalition's Ottawa Principles, and Further Action on Sugary Drinks (see attached). The board endorsed this letter, and supports the Stop Marketing to Kids Coalition's Ottawa Principles.

Our board believes that restrictions are needed to stop marketing to children. Sugary drinks and foods high in sugar, salt, and fat, are heavily marketed to children and youth through social media, television, websites, video games, apps, and other evolving marketing techniques. Beverages are the source of almost half of the sugar children and youth consume daily. Action is needed at this time. For this reason, we are supporting the Ottawa Principles and hope that your government will take them into account when formulating policy.

Peterborough Public Health is committed to promoting health and well-being of residents. A comprehensive strategy, including restrictions on marketing to children, is needed to make the healthy choice easier for children, youth, and families.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl

cc: Local MPs
Dr. Theresa Tam, Interim Chief Public Health Officer
Association of Local Public Health Agencies
Ontario Boards of Health

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Tuesday March 28, 2017

RE: Support for Stop Marketing to Kids Coalition's Ottawa Principles and Further Action on Sugary Drinks

Dear Ontario Boards of Health,

Sugar consumption has progressively become a major public health concern. Excessive intake of sugar has been linked to obesity, type 2 diabetes, cardiovascular disease, dental caries, metabolic syndrome and a lower intake of nutrient-dense beverages. Two priority areas for reducing sugar consumption and supporting healthy eating behaviours among children, youth and families, include restricting food and beverage marketing to children and improving the food environment in municipal and family-focused centres.

At its February 16th, 2017 meeting, the Middlesex-London Board of Health received Report No. 006-17, "***City of London Beverage Vending Review and Opportunity for Further Action on Sugary Drinks"***, where it was recommended that the Board of Health:

- Direct staff to complete the online endorsement of the Stop Marketing to Kids Coalition's (Stop M2K) Ottawa Principles to communicate its support to restrict food and beverage marketing to children and youth 16 years of age and younger; and,
- Communicate support for STOP M2K's Ottawa Principles by sending Report No. 006-17 re: City of London Beverage Vending Review and Opportunity for Further Action on Sugary Drinks, and its appendices to other Boards of Health in Ontario.

There is greater understanding today about how commercial food and beverage marketing negatively impacts the development of healthy habits, particularly for children and youth. According to the World Health Organization 2016 report, ***Report of the Commission to End Childhood Obesity*****,** "the evidence base shows that unhealthy food marketing is an important and independent causal factor in the childhood obesity epidemic". Children and youth are targeted by companies and highly exposed to the marketing of less healthy food and beverage through many channels including online, on television and through social media. Stop M2K's Ottawa Principles outline definitions, scope and principles to guide policy-making in Canada to help protect children and youth from the influence of commercial food and beverage marketing.

Restricting marketing to children and youth is one part of a comprehensive strategy to improve children's nutrition and long-term health outcomes. Changes to the food environment are also needed. Public health units are in a unique position to work with their local municipalities to implement healthy changes within the local food environment, as well as to communicate support for restricting food and beverage marketing to children at a federal level by endorsing Stop M2K's Ottawa Principles.

Sincerely,

Jesse Helmer, Chair
Middlesex-London Board of Health

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663-5317 • fax: (519) 663-9581

www.healthunit.com
health@mlhu.on.ca

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy ON N7G 1Y5
tel: (519) 245-3230 • fax: (519) 245-4772

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 006-17

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 February 16

CITY OF LONDON BEVERAGE VENDING REVIEW AND OPPORTUNITY FOR FURTHER ACTION ON SUGARY DRINKS

Recommendation

It is recommended that the Board of Health:

1. ***Receive Report No. 006-17 re: City of London Beverage Vending Review and Opportunity for Further Action on Sugary Drinks;***
2. ***Support the receipt of $15,000 from the Healthy Kids Community Challenge fund from the City of London's Child and Youth Network to implement a community education campaign on the health risks associated with sugary drinks and the benefits of water;***
3. ***Direct staff to complete the online endorsement of the Stop Marketing to Kids Coalition's (Stop M2K) Ottawa Principles to communicate its support to restrict food and beverage marketing to children and youth 16 years of age and younger; and***
4. ***Communicate support for STOP M2K's Ottawa Principles by sending Report No. 006-17 re: City of London Beverage Vending Review and Opportunity for Further Action on Sugary Drinks, and its appendices to other Boards of Health in Ontario.***

Key Points

- Sugary drinks are the single-largest source of sugar in our diets.
- Public education about the health risks associated with sugary drinks is required, as are policies at the municipal, provincial and federal levels that help to restrict access to unhealthy choices.
- A comprehensive strategy that includes federal legislation to restrict commercial food and beverage marketing to children and youth 16 years and under is necessary.

Update on the City of London Beverage Vending Review

In September 2016, staff from both the City of London and the Health Unit began working together to: assess current beverage vending machine offerings; conduct a survey to seek input from facility users and City of London residents on what changes could be made to the beverage vending machine environment in city-run facilities; review the literature and conduct an environmental scan to inform proposed changes; and propose five policy options for consideration. The survey methodology, research findings and policy options can be found in the Health Unit's report (Appendix A).

The Health Unit's recommendation to remove beverage vending machines was not adopted by the City of London; however, the Health Unit remains committed to working with city staff to determine how best to improve vending machine offerings. The Health Unit's survey results and the community dialogue around sugary drinks have highlighted the need for greater public awareness regarding the public health concerns associated with consumption and marketing of sugary drinks. The Health Unit has the opportunity to receive $15,000 from the Healthy Kids Community Challenge fund, from the City of London's Child and Youth Network, to implement a public education campaign to reinforce the fact that sugary drinks should only be consumed sparingly and that water is the best choice for hydration and health. The Health Unit will also

continue to work closely with Middlesex County's Healthy Kids Community Challenge partners to improve the food and beverage environments in community centres, schools and childcare settings.

Reducing the Availability of Sugary Drinks

Municipal and family-focused centres are priority settings for supporting healthy eating behaviours among children, youth and families. The removal of beverage vending machines makes the healthy choice (plain tap water) the easy choice, and reduces consumer confusion around sugary drinks, which are marketed by the beverage industry as "healthier" ("health-washed"), because such drinks would no longer be available for sale. From a health perspective, sports drinks, vitamin waters and juices also contribute to the negative health effects of too much sugar in the diet. Appendix B provides considerations for consumers when selecting drinks often found for sale in vending machines.

Rationale for a Ban on Marketing and Advertising

Brand logos and product advertisements are positively associated with consumers' purchasing decisions, specifically of unhealthy foods (e.g., salty snacks, candy and sugar-sweetened beverages). Vending machines not only act as mini-billboards, but provide quick, easy access to energy-dense, nutrient-poor sugary drinks. The Heart and Stroke Foundation of Canada's 2017 Report on the Health of Canadians takes aim at the food and beverage industry for marketing directly to children and youth, and shows how industry marketing reaches them in the home, at school, on the street and in recreational centres. The most accessible and heavily marketed choices are often energy-dense, nutrient-poor processed foods and sugary drinks, like those found in vending machines. According to the report, "parents are doing the best job they can but our environment makes it hard." The report recommends legislation restricting food and beverage marketing aimed at children and youth, and calls for a comprehensive strategy that includes public awareness and policies that support reduced sugar consumption and access, especially in "liquid form." Policies at the municipal, provincial and federal levels, which increase access to healthy food and beverage choices and restrict access to unhealthy choices, are required.

Opportunity to Take Action on Food and Beverage Marketing

There is greater understanding today about how commercial food and beverage marketing prevents children and youth from developing healthy habits that would extend into adulthood. The Stop Marketing to Kids Coalition (Stop M2K), founded by the Heart and Stroke Foundation in collaboration with the Childhood Obesity Foundation, is working to restrict all food and beverage marketing to children and youth 16 years and under. The Coalition has developed the Ottawa Principles, which provide definitions, scope and requirements that should be used to guide development of federal legislation to restrict commercial marketing to children and youth. There is an opportunity for all Ontario Boards of Health to continue to work with local municipal governments to implement healthy changes within the food environment at the local level, while at the same time communicating Board of Health support for the Stop M2K Coalition's recommendations, by signing the online endorsement. It is recommended that the Middlesex-London Board of Health direct Health Unit staff to complete the online endorsement and communicate its support by sending this report and its appendices to the other Boards of Health.

This report was prepared by Ellen Lakusiak, Kim Loupos and Heather Thomas, Health Unit Registered Dietitians, and Linda Stobo, Program Manager, Chronic Disease Prevention and Tobacco Control.

Dr. Gayane Hovhannisyan, MD, MHSc, CCFP, FRCPC
Acting Medical Officer of Health

Laura Di Cesare, CHRE
Acting Chief Executive Office

This report addresses the following requirements of the Ontario Public Health Standards (revised May 2016): Foundational Standard 1, 3, 4, 5, 8; Chronic Disease Prevention 1, 3, 4, 5, 6, 11; Child Health 1, 4.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

May 2, 2017

The Honourable Dr. Jane Philpott
Minister of Health
Government of Canada
House of Commons
Ottawa, ON K1A 0A6
Hon.Jane.Philpott@Canada.ca

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Ministers:

At its meeting held on April 12, 2017, the Board of Health for Peterborough Public Health endorsed the motion passed by Simcoe Muskoka District Health Unit to:

- support the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;
- recommend that government approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada; and,
- recommend that the Smoke-Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada.

This endorsement is in recognition that tobacco use is still the most important cause of death in Canada, and that different approaches as identified in A Tobacco Endgame for Canada are needed to make a substantial change in tobacco use rates.

The Board strongly encourages the inclusion of the tobacco endgame strategies proposed in the aforementioned document including increased tobacco taxation, restrictions on marketing, implementing an 18A rating for movies that depict smoking, strategies to reduce the production, supply and distribution of tobacco and holding the tobacco industry accountable for its impact on health. These progressive and evidence informed strategies will help achieve health for residents.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Chief Public Health Officer of Canada
Chief Medical Officer of Health of Ontario
Assistant Deputy Minister, Population and Public Health, MOHLTC
Local Members of Parliament
Local Members of Provincial Parliament
Association of Local Public Health Agencies
Ontario Boards of Health

simcoe muskoka
DISTRICT HEALTH UNIT

Sent by Email at: Jane.Philpott@parl.gc.ca

March 15, 2017

Dr. Jane Philpott
Minister of Health
Government of Canada
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Minister Philpott,

On March 15th the Board of Health for the Simcoe Muskoka District Health Unit passed the following motion:

> THAT the Board of Health write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;
>
> AND FURTHER THAT the Board of Health recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;
>
> AND FURTHER THAT the Board of Health write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada.

This motion is in recognition of the fact that despite a substantial reduction of tobacco use in the Canadian population in recent decades, smoking remains the most important cause of death. It is also in recognition that without fundamentally new approaches to tobacco control there will be an inadequate continued reduction in use, and an increase in tobacco-related mortality in the decades to come. Background on this motion, including a definition of the endgame concept can be found in the attached briefing note.

The federal government is to be commended for its stated commitment to the renewal of its Federal Tobacco Control Strategy, and to this end for its consultation paper, Seizing the Opportunity: the Future of Tobacco Control in Canada proposing a target of less than 5% tobacco use by 2035. This is a commendable goal, in keeping with a tobacco endgame approach. The federal consultation paper also proposes six key elements that would help to

address population health inequities and to support tobacco control in priority populations, such as indigenous populations, tobacco users and youth. It also speaks to the importance of capacity building in the pursuit of enhanced tobacco control.

This is commendable content, however the Board of Health supports a further strengthening of the Federal Tobacco Control Strategy with the inclusion of the approaches within the 2016 summit paper, A Tobacco Endgame for Canada (attached).

The tobacco endgame approach proposed in this document includes some of the concepts within the federal consultation paper; however its content goes beyond this, and includes a number of recommendations that are either very well supported by research or are promising new possibilities for action. These include the strong endorsement for increased tobacco taxation (and other price-enhancing strategies) as the most important means of smoking reduction, very well supported by research, with data provided in the endgame report on both the anticipated impact on tobacco use and on government revenues. Others include increasing restrictions on marketing, including instituting plain packaging (which the federal government has already proposed) and implementing a 18A classification (adult accompaniment) for movies that depict smoking.

Both the federal consultation paper and the endgame document speak to the importance of enhancing smoking cessation. The endgame document provides a range actions that are consistent with this goal and would augment those provided within the federal consultation paper. It also proposes strategies to reduce the production, supply and distribution of tobacco, including possible new structures to these ends.

Both documents speak of holding the tobacco industry accountable for its impact on health. The endgame strategies include the importance of litigation and the resulting substantial financial impact on the industry. In addition it should be noted that the release of internal industry documentation would serve to enhance surveillance on tobacco industry strategies and actions.

The endgame paper also cites the importance of new funding streams for tobacco control, and also proposes the creation of an endgame steering committee or “cabinet”. These recommendations would serve as important enhancements to building capacity, in keeping with one of the key elements in the federal consultation paper. In order to develop and maintain a sustained and successful tobacco endgame strategy over time, a clear model of leadership and accountability will be required.

In order to achieve a tobacco endgame, the tobacco control strategies of the provinces would need to align with the Federal Tobacco Control Strategy. To this end the Federal Tobacco Control Strategy should specifically site such provincial alignment, and the policy instruments to achieve this. Consistent with this, attached you will find my letter on behalf of the Board of

Health to Ontario Minister of Health Dr. Eric Hoskins recommending that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada.

The federal government is to be commended for considering a bold but very necessary goal of less than 5% tobacco use by 2035. The Board of Health is entirely in support of this goal, and recommends the inclusion of the endgame strategies that will be necessary to achieve it for the health of Canadians.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock,
Chair, Board of Health

Att. (3) Briefing Note and attachments
A Tobacco Endgame for Canada 2016 Summit Paper
Letter to Minister Dr. Eric Hoskins

c. Ontario Minister of Health
Chief Public Health Officer of Canada
Chief Medical Officer of Health of Ontario
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health
Simcoe Muskoka local Members of Parliament
Local Members of Provincial Parliament
North Simcoe and Centre Health Integration Networks
Association of Municipalities of Ontario
Simcoe Muskoka Municipalities

simcoe muskoka
DISTRICT HEALTH UNIT

Sent by Email at: ehoskins.mpp@liberal.ola.org

March 15, 2017

Dr. Eric Hoskins
Minister of Health
Government of Ontario
Hepburn Block, 10th Flr.
80 Grosvenor St.
Toronto ON M7A 2C4

Dear Minister Hoskins:

On March 15th the Board of Health for the Simcoe Muskoka District Health Unit passed the following motion:

> THAT the Board of Health write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;
>
> AND FURTHER THAT the Board of Health recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;
>
> AND FURTHER THAT the Board of Health write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada.

This motion is in part in recognition of the fact that despite a substantial reduction of tobacco use in the Ontario population with the successes of the Smoke Free Ontario Strategy, smoking remains the most important cause of death. It is also in recognition that without fundamentally new approaches to tobacco control there will be an inadequate continued reduction in use, and an increase in tobacco-related mortality in the decades to come. Background on this motion, including a definition of the endgame concept can be found in the attached briefing note.

In the attached letter to federal Minister of Health Dr. Jane Philpott, I have communicated the Board of Health's commendation of the federal government for its stated commitment to the renewal of its Federal Tobacco Control Strategy, and to this end for its consultation paper, Seizing the Opportunity: the Future of Tobacco Control in Canada (attached) proposing a target of less than 5% tobacco use by 2035. This is a commendable goal, in keeping with a tobacco

endgame approach. My letter to Minister Philpott also cites the Board of Health's support for a further strengthening of the Federal Tobacco Control Strategy with the inclusion of the approaches within the 2016 summit paper, A Tobacco Endgame for Canada (attached), and provides examples of the benefits of this.

The tobacco endgame approach proposed in this document includes some of the concepts within the federal consultation paper; however its content goes beyond this, and includes a number of recommendations that are either very well supported by research or are promising new possibilities for action.

Building capacity is one of the key elements in the federal consultation paper. Continued financial support for tobacco resource centres such as the Ontario Tobacco Research Unit and the Smoking and Health Action Foundation is crucial as their work has been essential over the decades, and will be needed to help inform and guide in a tobacco control endgame in Ontario.

In order to achieve a tobacco endgame, the tobacco control strategies of the provinces would need to align with the Federal Tobacco Control Strategy. Given that the Smoke Free Ontario Strategy is presently under review, its alignment with a tobacco endgame approach presently emerging within the Federal Tobacco Control Strategy would be very timely. Such an approach would be consistent with the provincial government's stated commitment to achieve the lowest smoking rate in the country.

The federal government is to be commended for considering a bold but very necessary goal of less than 5% tobacco use by 2035. The Board of Health is entirely in support of this goal, and recommends the inclusion of the endgame strategies necessary to achieve it. Consistent with this, the Board of Health also recommends that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame to achieve better health for Ontarians.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock,
Chair, Board of Health

Att. (4) Briefing Note and attachments
Seizing the Opportunity: the Future of Tobacco Control in Canada Paper
A Tobacco Endgame for Canada 2016 Summit Paper
Letter to Minister Dr. Jane Philpott

c. Minister of Health of Canada
Chief Public Health Officer of Canada
Chief Medical Officer of Health of Ontario

Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health
Simcoe Muskoka local Members of Parliament
Local Members of Provincial Parliament
North Simcoe and Centre Health Integration Networks
Association of Municipalities of Ontario
Simcoe Muskoka Municipalities

simcoe muskoka DISTRICT HEALTH UNIT

BRIEFING NOTE

Item #7.1

Tobacco Endgame

Update: New **Date: March 15, 2017**

Issue

The health and financial burdens of tobacco-related disease in Canada remain unacceptably high, and will continue to increase, even if all MPOWER measures of the Framework Convention on Tobacco Control are implemented. At a recent summit in 2016, a wide array of experts identified key new recommendations to implement toward a tobacco endgame in Canada.

Recommendations

THAT the Board of Health receive this briefing note for information;

AND FURTHER THAT the Board of Health write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;

AND FURTHER THAT the Board of Health recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;

AND FURTHER THAT the Board of Health write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada;

AND FURTHER THAT copies be sent to the Chief Public Health Officer of Canada, the Chief Medical Officer of Health of Ontario, the Association of Local Public Health Agencies, the Ontario Public Health Association, all Ontario Boards of Health, and within Simcoe Muskoka the local Members of Parliament, the local Members of Provincial Parliament and the Local Health Integration Networks;

AND FURTHER THAT the Board of Health sponsor the accompanying resolution in Appendix A at the 2017 Annual General Meeting of the Association of Local Public Health Agencies.

Current Facts

Smoking is still a big problem

- A very high number of Canadians are still addicted to tobacco smoking. In 2014, 18.1%, or 5.4 million Canadians aged 12 years and over were smokers[1].
- As a risk factor, smoking is responsible for the most death and disability in Canada[2]. In 2002, 17% of deaths in Canada were due to smoking[3].
- The direct and indirect financial costs of tobacco smoking was estimated to be $18.7 billion in Canada in 2013[4].

The status quo is not enough

- Under the status quo, and even if all the existing technical and policy-based "MPOWER" measures in the World Health Organization's Framework Convention on Tobacco Control were implemented, the health and financial burden of tobacco will continue to grow. For example, smoking-related deaths in Ontario would continue to increase beyond 2030, while smoking rates would fall by less than half over the same time period[5].

Canada is ready for a tobacco endgame

- The concept of a "tobacco endgame" has gained public health support globally[6] and within Canada[5]. The endgame envisions a future that is free of commercial tobacco; it is a strategic process in which measures are implemented that gradually decrease smoking prevalence, demand and supply to extremely low levels. Importantly, it is distinct from an outright ban on tobacco products while demand remains high[5].
- A tobacco endgame defines a desired target for the rate of smoking prevalence and a date by which it is to be met. In 2015, experts convened to form a Steering Committee for Canada's Tobacco Endgame, and the committee subsequently defined an endgame goal of less than 5% tobacco prevalence by 2035 ("less than 5 by 35")[5].
- In 2016, Queen's University hosted a summit on A Tobacco Endgame for Canada (report provided in Appendix B). This process collated the work of experts from broad sectors, including cancer control, health policy, law, tobacco control, academia, medicine, economics, social activism, non-governmental organizations, mental health and addiction, and professional organizations. Importantly, the summit background paper synthesizes recommendations for potential endgame measures in the Canadian context[5].
- The Federal Tobacco Control Strategy is scheduled for renewal at the end of March, 2017[5,7]. This represents a unique opportunity to bring forward a tobacco endgame initiative. To this end, on February 22, 2017 the Federal Government posted a consultation paper entitled Seizing the Opportunity: the Future of Tobacco Control in Canada. This paper proposes a number of endgame strategies (without using this term), including being "committed to a target of less than 5% tobacco use by 2035". Public response to this document is being sought by April 13th, 2017. This paper can be accessed at the following linked location.

Background

The **World Health Organization Framework Convention on Tobacco Control** is a legally binding international health treaty on tobacco control, which 180 countries have ratified, including Canada[8]. To support the country-level implementation of effective tobacco demand reduction policies, the World Health Organization developed an "MPOWER" package of technical measures and resources. The six components of the **"MPOWER" measures** are as follows: **m**onitor tobacco use and prevention policies; **p**rotect people from tobacco smoke; **o**ffer help to quit tobacco use; **w**arn about the dangers of tobacco; **e**nforce bans on tobacco advertising, promotion and sponsorship; and **r**aise taxes on tobacco[9].

The **Federal Tobacco Control Strategy** is a horizontal initiative with a governance structure that spans multiple federal partner organizations, including Health Canada (lead department), Public Health Agency of Canada, Public Safety Canada, Royal Canadian Mounted Police, Canada Border Services Agency, Canada Revenue Agency, and Public Prosecutions Canada. It was initiated in 2001 and renewed for five years in 2012, with an end date on March 31, 2017. The objective of the strategy is to reduce the use of tobacco and tobacco-related death and disease in Canada. The renewed strategy has focused on prioritizing populations with higher smoking rates, and monitoring and assessing the illicit and licit tobacco markets[7].

The background paper**,** A Tobacco Endgame for Canada, is provided in Appendix B. The paper offers a broad suite of innovative measures which could be implemented as part of Canada's tobacco endgame. These strategies are not only novel, and potentially radical, but they are supported by evidence[10]. For example, mandating plain and standardized packaging of cigarettes is an evolutionary intervention that eliminates product promotion[10]. Restructuring the tobacco retail environment and reducing tobacco outlet density may curtail youth smoking; this can be achieved by establishing tobacco retail-free zones around youth facilities or further restricting the types of outlets that can sell tobacco[10].

The expert recommendations from A Tobacco Endgame for Canada are grouped by key approaches:

- dispel myths regarding the economics of an endgame, especially the implications of raising tobacco taxes;
- scale up successful interventions (such as tobacco taxation);
- establish road maps and accountability frameworks in tobacco cessation;
- align supply-side tobacco measures with public health goals;
- further regulate tobacco products to reduce their addictiveness and attractiveness;
- approach vaporized nicotine products (e.g. electronic cigarettes) with the dual aims of promoting cessation in smokers while discouraging use by non-smokers;
- use age-based measures to prevent a new generation of smokers; and
- maximize the health benefits of tobacco litigation[5].

Contacts

Jennifer Loo, Public Health and Preventive Medicine Resident, University of Toronto	
Lee Zinkan-McKee, Manager Tobacco Free Living	Ext. 7483
Martin Kuhn, Supervisor Tobacco Free Living	Ext. 7248
Steve Rebellato, Director Environmental Health	Ext. 7487
Charles Gardner, Medical Officer of Health and CEO	Ext. 7219

References

1. Statistics Canada. *Smokers, by sex, provinces and territories (percent)*: Statistics Canada;2016.
2. Institute for Health Metrics and Evaluation. Country Profiles: Canada. *Global Burden of Disease* 2015; http://www.healthdata.org/canada. Accessed February 13, 2017.
3. Rehm J, Baliunas D, Brochu S, et al. The cost of substance abuse in Canada 2002. Ottawa: Canadian Centre on Substance Abuse2006.
4. Krueger J. Variation across Canada in the economic burden attributable to excess weight, tobacco smoking and physical inactivity. *Canadian Journal of Public Health.* 2015;106:E171.
5. *A Tobacco Endgame for Canada: Background Paper*: Queen's University;2016.
6. The Tobacco Endgame. *Tobacco Control.* 2013;22.
7. Health Canada. Federal Tobacco Control Strategy. 2015; https://www.tbs-sct.gc.ca/hidb-bdih/initiative-eng.aspx?Hi=34. Accessed February 13, 2017.
8. World Health Organization. Parties to the WHO Framework Convention on Tobacco Control. http://www.who.int/fctc/signatories_parties/en/. Accessed February 14, 2017.
9. World Health Organization. MPOWER: Advancing the WHO Framework Convention on Tobacco Control (WHO FCTC). 2017; http://www.who.int/cancer/prevention/tobacco_implementation/mpower/en/. Accessed February 14, 2017.
10. Navarro C, Schwartz R. *Evidence to Support Tobacco Endgame Policy Measures.* Toronto: Ontario Tobacco Research Unit;2014.

DRAFT RESOLUTION FOR alPHa RESOLUTIONS SESSION (YEAR: 2017)

TITLE: **Committing to a Tobacco Endgame in Canada**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS tobacco use remains the leading cause of preventable death and disease in Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated as $18.7 billion in 2013; and

WHEREAS 18.1% of adolescents and adults, or 5.4 million Canadians, were still smokers in 2014; and

WHEREAS under the status quo, and even with the implementation of all MPOWER measures under the World Health Organization Framework Convention on Tobacco Control, Ontario research has estimated that smoking-related deaths will continue to increase beyond 2030, while smoking rates will decline by less than half in the same period; and

WHEREAS a tobacco endgame shifts the focus from tobacco "control" to envision a future that is free from commercial tobacco, and is a strategic process to implement measures that gradually decrease smoking prevalence, demand and supply to extremely low levels; and

WHEREAS there is growing support in Canada and globally for a tobacco endgame, with the adoption of Endgame targets by Ireland, Scotland, Finland, and New Zealand; and

WHEREAS a Steering Committee for Canada's Tobacco Endgame was convened in 2015 and identified an endgame goal of less than 5% tobacco prevalence by 2035; and

WHEREAS a summit on A Tobacco Endgame for Canada in 2016 brought together experts from broad sectors and published a Background Paper with evidence-based and innovative recommendations for tobacco endgame measures in Canada; and

WHEREAS the Federal Tobacco Control Strategy is scheduled for renewal after March 31, 2017;

WHEREAS the federal government's consultation paper Seizing the Opportunity: the Future of Tobacco Control in Canada proposed a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035;

WHEREAS the provincial Smoke Free Ontario Strategy is also presently under review; and

WHEREAS it is the position of alPHa that Governments of Canada, Ontario and Canadian municipalities must act immediately to minimize the use of tobacco products and their related health impacts;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;

AND FURTHER THAT the Association of Local Public Health Agencies recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;

AND FURTHER THAT the Association of Local Public Health Agencies write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada;

AND FURTHER THAT copies be sent to the Chief Public Health Officer of Canada, and the Chief Medical Officer of Health of Ontario.

DURHAM REGION

The Regional Municipality of Durham

Corporate Services Department
Legislative Services

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

April 13, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

COPY

RE: Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health re: Vaccine Preventable Diseases Program Funding
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on April 12, 2017, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Chair of the Simcoe Muskoka Board of Health urging the Ontario government to increase its annual funding of the Vaccine Preventable Diseases program to support program enhancements such as the expanded HPV Immunization program, be endorsed; and

B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised.

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health dated April 5, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c. The Honourable Charles Sousa, Minister of Finance
The Honourable Eric Hoskins, Minister of Health and Long-Term Care

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

HEALTH DEPARTMENT

Street Address
605 Rossland Rd.E.
Whitby ON
Canada

Mailing Address
P.O. Box 730
Whitby ON
Canada L1N 0B2

Tel: 905-668-7711
Fax: 905-666-6214
1-800-841-2729

www.durham.ca

An Accredited Public Health Agency

MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: April 5, 2017

Re: Vaccine Preventable Diseases Program Funding

On January 18, 2017, the Chair of the Simcoe Muskoka Board of Health sent the attached correspondence to all Ontario boards of health for support.

In essence, the correspondence urges the Ontario government to increase its annual funding of the Vaccine Preventable Diseases program to support program enhancements such as the expanded HPV Immunization program. In Durham, expansion of the Vaccine Preventable Diseases program is a major driver of the Public Health Budget, including the recently approved 2017 budget.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from the Chair of the Simcoe Muskoka Board of Health as regards Vaccine Preventable Diseases program funding is endorsed; and

b) The Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

January 18, 2017

The Honourable Dr. Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, Ontario
M7A 2C4

Dear Minister Hoskins:

At the January 18, 2017 meeting of the Board of Health for the Simcoe Muskoka District Health Unit, a motion was passed to endorse the resolution shared by Algoma Public Health regarding "Changes to the HPV Immunization Programs". As this resolution clearly articulates, while expansion of public health delivery of expanded immunizations is a positive move for public health, the funding models for these expanded programs is inadequate. We therefore join the Board of Algoma Public Health in urging the Ministry of Health and Long-Term Care (MOHLTC) to increase the annual funding for the Vaccine Preventable Disease Program to levels necessary to meet their growing mandate.

In recent years public health vaccination programming in Ontario has experienced continual, positive changes in an effort to not only expand the vaccines that are provided to the public, but also to improve systems of record keeping, communication, and immunization compliance. In the past two years alone we have seen the implementation of broader legislation, a new innovative database for vaccine inventory management, the arrival of two new publicly funded vaccines, and the enhancement of the HPV vaccine for boys in Grade 7 and high risk men between the ages of 9-26, the subject of the Algoma resolution.

These changes are commendable. However, unfortunately, the funding we receive at $8.50 per dose for HPV vaccination does not reflect the real costs of program delivery. In 2010 the cost per vaccination has been estimated to be between $21.54 and $28.68, depending on the location and number of students attending the school clinic.Therefore the Board of Health requests an enhancement in the funding provided for public health vaccination programming to adequately support this very important and effective disease prevention strategy.

Barrie:
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:
B-865 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

The Board of Health commends you for your commitment to effective immunization programs and your recognition for the role of local public health in delivering these programs across the province.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock
Chair, Board of Health

SW:CG:mk

c. Dr. David Williams, Chief Medical Officer of Health
Linda Stewart, Association of Local Public Health Agencies
Ontario Boards of Health
Ann Hoggarth, MPP
Norm Miller, MPP
Patrick Brown, MPP
Jim Wilson, MPP
Julia Munro, MPP
NSM LHIN
Central LHIN

Northwestern Health Unit
Alcohol in Our Communities:
A Report on Alcohol Use in Northwestern Ontario
2017

Northwestern Health Unit

www.nwhu.on.ca

Alcohol in Our Communities: A Report on Alcohol Use in Northwestern Ontario, 2017

Author: Randi Casey, Health Promoter & Megan Shewfelt, Planning & Evaluation Specialist

Table of Contents

Executive Summary

This report examines the impacts of alcohol use in a provincial, regional, and community context, and the opinions and perceptions of alcohol consumption gathered from Northwestern Ontario residents and community partners through an online survey and online discussion panel. Additionally, this report highlights best-practice evidence, as well as initiatives currently underway in the region, for denormalizing alcohol use and addressing issues related to alcohol. This information is used to make recommendations for the work of Northwestern Health Unit (NWHU) over the next four years to develop and strengthen alcohol-policy in the region.

In Ontario, alcohol consumption is the second leading risk factor for death, disease and disability. Alcohol consumption results in substantial health and social costs to individuals, families, communities, and society as a whole. Looking specifically at our region, epidemiological evidence demonstrates the high level of morbidity and incidence of adverse health outcomes related to alcohol consumption in the NWHU catchment area relative to the rest of province.

The report provides a detailed review of the input received in the 'Alcohol in the Community' online survey and Talk Public Health: Online Discussion Panel. From the online survey we heard from community members, and health and social service providers in our region share concerns about the relationship between alcohol use and crime/safety; alcohol and addictions; associations with social factors such as homelessness, poverty and unemployment; and, degradation of families. The Online Discussion Panel asked panel participants to specifically weigh-in on their opinions of alcohol-related policy-tools or strategies for addressing alcohol use. Both the panel and online survey shone light on the normalized drinking culture in Northwestern Ontario.

Based on research, and community and partner feedback received, the NWHU, in partnership with other community groups and agencies, will promote a culture of moderate alcohol consumption by working on:

Healthy Public Policy

- Assisting Municipalities to update their alcohol policy where appropriate, and work to educate our communities on why MAPs are important.
- Working with communities towards healthy public policy related to alcohol.

Education & Skill Development

- Educating the public and community groups/coalitions on the benefits of stricter controls on alcohol availability and marketing
- Educating the public on the health harms of alcohol use through awareness campaigns such as Rethink Your Drinking, and skill-building activities.
- Continuing to educate the public on harms associated with underage drinking and the provision of alcohol to minors through local partnerships and campaigns.

- Continuing to promote Canada's Low-risk Alcohol Drinking Guidelines and encourage people to drink in moderation.
- Supporting families and youth with skill-building opportunities that help them develop resilience and reduce underage alcohol use and misuse.

Creating Supportive Environments

- Promoting, encouraging and hosting family friendly alcohol-free events in our communities.
- Continuing to work with law enforcement to reduce impaired driving, including distributing Low-risk Alcohol Drinking Guidelines during RIDE programs.
- Working with health care services and other service providers to support pregnant women to reduce alcohol consumption during pregnancy

We know that changing the culture around alcohol consumption in Northwestern Ontario will not be an easy task, and will require the use of a variety of tools and strategies implemented through community partnerships.

Introduction

Alcohol use is part of many aspects of Canadian society. It plays a role in our culture, economy, politics, health status, and relationships. Many people use alcohol to relax, to socialize and to celebrate. Alcohol accompanies our meals, and is incorporated into our holidays and events. Given that recent statistics show that almost 80% of adult Canadians reported consuming alcohol in 2013 (Public Health Ontario, 2015), it is important to understand the different ways alcohol can impact communities and how municipalities can lead the way in supporting healthy outcomes.

Ontario has recently moved toward wider and more liberal access to alcohol. Changes to the way alcohol is distributed, sold and available in Ontario have been made to increase revenue through alcohol taxation, and to increase consumer convenience and choice (Ontario Public Health Association, 2015). We have seen the introduction of the sale of alcohol at venues that are family centered such as farmer's markets and grocery stores.

Available evidence and experience from other provinces indicates that increasing alcohol availability and privatization of alcohol sales leads to an increase in alcohol consumption, which in turn leads to an increase in harms, injuries and societal issues in communities (OPHA, 2015). According to the Centre for Addiction and Mental Health, the policy changes in Ontario could increase the number of alcohol related deaths in Ontario by 100+/year. (Centre for Addiction and Mental Health, 2015).

However, the trend continues. In December 2015, 60 grocery stores in Ontario became licensed to sell beer, and the total number of licensed stores will eventually reach 450 in 2017. In addition to beer, wine and cider will also be available in 300 stores. In the 2016 Ontario budget, released in March 2016, we saw the Liquor Control Board of Ontario (LCBO) introduce an ecommerce platform which allows consumers to order alcohol online and have it delivered directly to their home. All of these measures allow alcohol to become more visible and readily accessible in the community.

In order to address these issues, Northwestern Health Unit staff reviewed current literature on alcohol. We then looked at statistics for our region to gain an understanding of alcohol use in our communities. Finally, we conducted both an online discussion panel and a public survey to see what people know about alcohol and its harms, what the issues in our communities are, and what we can do to address these issues. This report is a summary of that information.

"In our community, it seems that all events or activities are tied to alcohol use. Hunting, fishing, camping, four wheeling, all have a drinking component to them. Events have beer gardens, the golf course has a beer cart, some activities end the day at the legion, etc." – Community Member

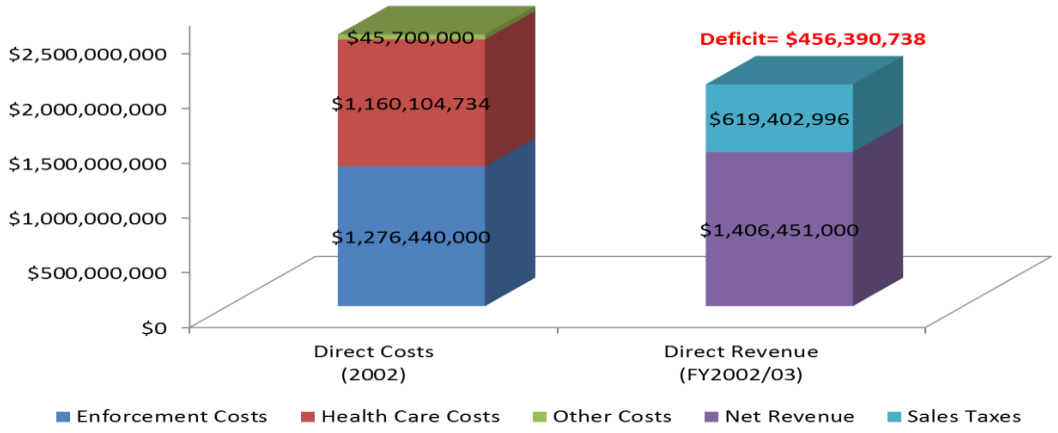
Economic Burden

Local economies may be boosted by alcohol sales, and municipalities may earn property tax revenue from businesses that sell alcohol. However, municipalities can be negatively impacted by alcohol sales as well. Across Canada, the economic burden of alcohol outweighs any revenue that might be generated by sales. Costs are incurred at every level, including health care, law enforcement, our judiciary system, our social system, the workforce, and premature deaths. Currently, the province receives $3 billion in dividends and taxation from alcohol sales, but the cost to taxpayers is estimated to be $5.3 billion. This is a significant yearly loss. In Canada this amounts to an estimated $473 cost per year for each and every Canadian due to alcohol (OPHA, 2015).

According to the Canadian Centre on Substance Abuse, the economic cost of alcohol related harm across Canada is $14.6 billion per year. These costs include $7.1 billion for lost productivity owing to illness and premature death, $3.3 billion for direct health care costs and $3.1 billion for enforcement costs (Canadian Centre on Substance Abuse, 2016).

Comparing Alcohol Revenue and Cost in Ontario

The following chart shows the breakdown of alcohol revenue versus costs in Ontario in 2002 (CCSA, 2002). This divide has only increased in the years since this study was done.



Source: Canadian Centre on Substance Abuse. (2002). The Costs of Substance Abuse in Canada 2002. Highlights.Ottawa: CCSA; 2006.

"Alcohol related crime utilizes a large majority of our police resources, and is a constant battle for officers in our area. This takes away from all other crimes that are in need attention in our community. Along with this, injuries sustained due to intoxication take up many beds in our hospitals and emergency departments." – Community Partner

Health Harms

In Canada, alcohol is second only to tobacco as the substance that creates the most health, social, economic, and criminal harm to individuals, families and communities. The World Health Organization has linked alcohol consumption to over 200 chronic diseases and illnesses, including many types of cancer, heart disease and stroke (World Health Organization, 2014). Alcohol misuse does not only impact the person who chooses to drink, but often affects an individual's family, friends and community.

Drinking patterns matter - how much and how often a person drinks alcohol are key factors that increase or decrease health impacts. Drinking is a personal choice and there are ways to consume alcohol that are safer and fit as part of a balanced lifestyle. There are also ways of drinking that are harmful to a person's health and overall well-being.

Alcohol is harmful when:

- Consumed by persons for whom abstinence or only occasional light intake is advised (i.e., women who are pregnant or planning to become pregnant, teenagers, persons on medication).
- Used in situations that are particularly risky or encourage mass consumption of alcohol over a short period of time (i.e., consuming alcohol when operating a vehicle or water craft; drinking games or competitions). Harms associated with this type of drinking include impaired driving, injury, violence and assault, and risky sexual behavior.
- Consumed regularly over a number of years, it can take a chronic toll and lead to increased risk of serious disease such as cancer, liver or heart disease, stroke, brain damage and depression.

In Ontario, alcohol consumption is the second leading risk factor for death, disease and disability. Alcohol consumption results in substantial health and social costs to individuals, families, communities, and society as a whole. Long-term or excessive consumption increases the risk of health harms including cancer, hypertension, stroke, and disease of the liver, pancreas, stomach, heart, and nervous system. According to Cancer Care Ontario, an estimated 1,000 to 3,000 new cancer cases in Ontario in 2010 were attributed to alcohol consumption (Cancer Care Ontario, 2016).

Alcohol and Cancer: Alcohol is a carcinogen. Drinking alcohol increases your risk of developing cancers of the oral cavity, pharynx, esophagus, larynx, liver, and both colorectal and breast cancers (CCO, 2014). Unfortunately, many people are unaware of the link between alcohol consumption and cancer. While 84% of respondents (partner and public) in our community survey could list health harms related to alcohol, only 20% mentioned cancer.

Alcohol Trends in the Region

The *NWHU Alcohol Trends Report, 2017* report outlines key population health indicators and health outcomes related to alcohol use within the NWHU catchment area. Indicators related to frequency of alcohol use amongst the population are covered in the report, as well as information on youth alcohol consumption habits, maternal alcohol exposure during pregnancy, and hospitalizations in the area attributable to alcohol use. Comparisons to provincial statistics are provided where possible, as well as results for Local Health Hub (LHH) areas within the NWHU catchment area.

Some of the key findings of the report include:

Over 3 in 5 people (61.7%) in the NWHU area exceeded the low-risk alcohol drinking guidelines in 2013/14, which is statistically higher than the provincial rate of 45.3%.

- The rate is highest in the younger population; 71.9% of those aged 19-44 in the NWHU area exceeded the guidelines.
- The rate is statistically higher amongst males; 61.8% vs 50.6% in females.

The rate of heavy drinking is statistically higher in the NWHU area; 23.3% of the population engaged in heavy drinking in 2013/14 compared to 17.9% of the provincial population.

- Rates are higher in males, who had a rate of 29.3%, statistically higher than the female rate of 17.4%.

In the NWHU area over half of the population (54.1%) aged 12-18 engaged in underage drinking in 2013/14, which is statistically higher than the provincial rate of 31.0%.

In 2015, 7.2% of mothers in the NWHU area consumed alcohol while pregnant, which is over twice as high as (and statistically different from) the provincial rate of 2.5%.

- The rate was highest amongst mothers under 20 years old; 14.3%, which is statistically higher than the rates all other age groups.

In 2015, the incidence rate of emergency department (ED) visits from alcohol misuse in the NWHU was 287.7 per 10,000 people. This was over 6 times as high as the provincial rate of 44.0 per 10,000.

The results of this analysis demonstrate the high burden of disease caused by alcohol consumption in the NWHU catchment area. These indicators provide valuable information for local program planning, and will continue to be tracked to evaluate the health status and needs of our population. For the full report, please visit our website at www.nwhu.on.ca.

Alcohol in the Community Survey

In the fall of 2016, staff from the NWHU conducted an online survey about alcohol. There were two parts to the survey; one for community members and one for community partners. We asked people what they know about the harms associated with alcohol consumption, and how alcohol affects their community. Forty-nine community partners and 159 members of the community completed the survey. Several response themes emerged and are summarized below. The survey questions and a detailed summary of results are provided in Appendix 1.

Health Harms and Benefits – Overall, 84% of respondents were able to list health harms that are associated with alcohol use such as heart disease, liver damage, stroke, high blood pressure, kidney damage and FASD. Respondents also felt that there were some health benefits to drinking alcohol, with 18.2% of community members, and 28.9% of partners saying that red wine is good for your heart.

Crime/Safety – Safety was definitely a concern for survey respondents. People mentioned not feeling safe in their community, or while at work. Public intoxication, violence, assaults, aggressive behavior and driving while impaired are all issues that impact a community. 38.8% of community members and 58.9% of partners listed violence and crime as an issue.

Social Impacts – Alcohol is seen as one of the major contributing factors to the social issues in our communities such as homelessness, poverty, and unemployment. 34.4% of community members and 39.6% of partners mentioned social issues in their response. However, several respondents felt that as a society, we have failed to provide the basic necessities for people, citing a lack of housing and health care as the root cause.

Social Norms – One of the reoccurring themes was that alcohol consumption, and over-consumption, is a common occurrence in Northwestern Ontario. 34.8% of partners listed socially acceptable attitudes towards alcohol as a barrier to addressing issues**.** Children grow up watching their parents consume alcohol and form the perception that alcohol is required to have a good time. Several respondents also noted that it is not unusual for parents to supply their underage children with alcohol.

Family Unit – 28.6% of partners felt that people in their community are not able to take care of their own children due to alcoholism. This leads to children being removed from the family home and placed in foster care, resulting in families not being able to function as a unit.

Mental Health and Addictions – Mental health and addictions, suicide and self-harm are areas of concern in our region. 34.8% of our partners felt that a lack of resources (funding and services), was a barrier for people seeking help.

"Alcohol is but a symptom. I believe that the root cause is not the alcohol use, but the issues that are not being dealt with at the core level with the individuals." – Community Member

A Culture of Moderation through Alcohol Policy

One of the most effective tools we can use to reduce harms in our society is to work on healthy public policy. A policy is a principle, value or course of action which guides decision-making. It includes specific expectations, regulations and guides to action, and can be formal or informal. Health policies help adjust the environment where individuals live, work and play in order to make the healthy choice the easy choice.

Alcohol policies are rules used to reduce alcohol-related harms. They can be authoritative decisions made by governments, organizations, or individuals through laws, rules or regulations, or public health policies directed at populations, organizations or health systems (PHO, 2012).

Although many alcohol policy decisions, such as pricing and taxation or minimum drinking age are made by the provincial or federal government, there is still work that can be done at the local level by municipal government. Local alcohol policies can be an important and effective way to promote moderate alcohol consumption, support community values, raise awareness of harms, influence community social norms and promote healthier communities (Ministry of Health, 2012)

In order to determine which policies would be most effective at reducing alcohol-related harms, and to recommend strategies that could be used at the local level, a provincial working group was formed. In 2014, the Locally Drive Collaborative Project released a report titled *Addressing Alcohol and Alcohol-Related Harms at the Local Level* (Durham, 2014). The report outlines 13 specific recommendations in the following 7 policy areas:

- pricing and taxation controls
- regulating physical availability
- marketing and advertising restrictions
- modifying the drinking environment
- drinking and driving countermeasures
- education and awareness-raising strategies
- treatment and early intervention.

For the full list of recommendations, please see Appendix 2.

Online Discussion Panel

In October 2016, 13 area residents took part in the fourth Talk Public Health: NWHU Online Discussion Panel. During the panel, the participants learned about alcohol use in our region, the health and social harms and costs of alcohol misuse, and potential policy tools for addressing alcohol misuse. They took part in discussions, and made final recommendations about where the health unit should focus its energy with regards to alcohol policy. The final recommendations poll questions and participant responses can be found in Appendix 3.

The content and materials for the panel (including the discussion questions and final recommendations poll) were prepared by NWHU staff, and reviewed by Jason Lemar, Health Promotion Consultant, Alcohol Policy, from Public Health Ontario.

The objective of the panel was to learn more about perceptions of alcohol in Northwestern Ontario communities, and to gather information to be used in NWHU work as well as the work we do with community partners related to alcohol and substance use.

The following policy areas were discussed:

- Municipal Alcohol Policies (MAPs)
- Alcohol at community events run by municipalities, or hosted on municipal property
- The availability of alcohol
- Marketing of alcohol to children and youth

The subsequent sections of this report look at the information provided to the panelists and their responses.

For more information on how you can get involved in our next online discussion panel, please visit our website.

Municipal Alcohol Policy

One way municipalities can target alcohol-related issues and harms is to develop a Municipal Alcohol Policy (MAP). According to the Municipal Alcohol Policy Guide, a MAP establishes rules and regulations, standards, and requirements for the legal operation of events held in municipally owned facilities where alcohol will be served and in a manner consistent with the liquor licence regulations of the respective province. It helps individuals and groups run safer community events where adults can still have fun, raise money and drink alcohol responsibly. It also tells the public about their responsibilities and potential liability when hosting events where alcohol is available (CAMH, 2003).

This is a brief list of some of the items a MAP can include:

- Number of drink tickets sold at an event,
- Safe rides home,
- Having food at events where alcohol is served,
- Alcohol advertising, and
- Server training.

MAPs are proven to help reduce impaired driving, public intoxication, violence and assaults, vandalism and underage drinking.

Many communities in Northwestern Ontario already have Municipal Alcohol Policies. Some are current, well-written and reflect the needs of the community. Others require updating, strengthening, or policy enforcement.

Panel Response – Most panelists were not aware if their community had a Municipal Alcohol Policy (MAP), but agreed that one should exist and it should be up to date and enforced properly, especially at events with children/families. Many panelists agreed that MAPs are only one part of the solution. Additional strategies are needed to address teen drinking, binge drinking, etc.

"Of course a policy plays a part in the overall picture and they should be up to date. The impact it makes is probably questionable. It serves the general population who may have the occasional opportunity to go too far, but does not help in things like teen drinking and other binge type activities which take place outside of organized events." – Panelist

Community Events

Festivals and concerts, BBQs, sports competitions, fun runs and fishing tournaments are very popular in Northwestern Ontario, especially in the summer months. Alcohol is sold at many of these events. At one time, adults could only purchase and consume alcohol in the event 'beer gardens'; however, it has become more normalized that drinks can be purchased and consumed throughout the whole event venue.

Evidence show us that when alcohol is more visible in our communities children are more readily exposed to and influenced by the idea that alcohol purchasing and consumption is a normalized activity

Panel Response – A number of panelists felt that alcohol at community events is generally acceptable, as long as the guidelines/MAPs are followed. Panel members had mixed support for a ban on alcohol sales at events attended by children/families. Some felt it is up to community members and families to decide if they wish to attend an event where alcohol is served. There was also a division in opinion over the use of beer gardens to restrict alcohol use to a separate area.

"Community events per se are usually fundraising events for community endeavors. A large portion of profits for these events does come from the sale of alcohol. If a family does not wish to expose their children to alcohol, they do have the option to not attend." – Panelist

Availability

In Ontario, the provincial government is loosening controls over alcohol, and we are starting to see alcohol available in more places than ever before. Although this is not yet the case in Northwestern Ontario, beer and wine is available at farmers markets, grocery stores and coffee shops in other parts of Ontario. We know from other provinces that the more places that alcohol is available, the more people will consume alcohol, and this could lead to more alcohol-related harms, such as injury, chronic disease and even death (CAMH, 2015).

Panel Response – Panelists had varying opinions of where alcohol should be available; some felt that sales in certain locations (i.e. grocery stores) would have less of an impact than other locations (i.e. movie theatres, coffee shops, online). Most panel members disagreed with extended alcohol availability due to concerns of increased consumption, police calls, emergency room visits and underage drinking. There was also the feeling that if individuals want alcohol and were going to drink it anyways then changes in availability will have no impact.

"I think increasing the places in which alcohol is available is an incredibly bad idea. In our community we have a real problem with the over consumption of alcohol. This has increased our policing costs, our medical costs, our child welfare costs, and the costs of the judicial system and incarceration rates. I think the Provincial government's plan to make alcohol available in grocery stores is a terrible idea…. In my opinion, we need more restriction on the sale of alcohol rather than more access to alcohol." - Panelist

Marketing

Studies show that when young people who are current drinkers are exposed to alcohol marketing, it increases the amount of alcohol those individuals will consume. Additionally, alcohol marketing accelerates the onset of drinking to an earlier age (Durham, 2014).

In Canada, alcohol marketing is regulated by the provincial and federal government, as well as some industry self-regulation. Additionally, local governments often support or extend this legislation through local by-laws or alcohol advertising guidelines embedded in their Municipal Alcohol Policies (PHO, 2016).

Municipalities can control the kind of advertising and sponsorship they permit on municipally owned properties and at events sponsored by municipalities. Sports leagues can implement policies that do not allow sponsorship from alcohol companies. Event organizers can decide who they want to sponsor their event.

Panel Response – Panelists generally felt that the influence of peers and family has more impact on youth drinking than alcohol marketing, but agree that alcohol marketers are very clever. Many panelists think that sponsorships should be allowed; however, several agree that sponsorship should not be allowed for youth/children's events/teams. Several panel members did not feel that municipalities should regulate sponsorships, especially if funding for events/teams is limited.

"While I agree that alcohol producing companies should not sponsor or advertise at strictly youth sporting activities such as minor hockey or high school events I think that not allowing them to sponsor or advertise at events that children or youth may be present is carrying things too far. It is essential to have these companies support teams and events." – Panelist

Promising Practices in Northwestern Ontario

Managed Alcohol Program - Kenora

In January 2017, the first Managed Alcohol Program (MAP) in the NWHU catchment area opened in Kenora. The program, funded by the Local Health Integration Network, will provide individuals with a safe and secure living situation to physically stabilize, relearn basic skills and reconnect with the community and their families. The program aims to help with reducing contact with police, emergency department visits, hospital admissions, overall health care costs, and improve participant's quality of life with the provision of housing and healthcare.

Strengthening Families for Parents and Youth – Kenora

Strengthening Families for Parents and Youth (SFPY) is a nine-week skill-building program for families with teens 12 to 16 years old. The program takes a 'whole family' approach that helps parents and teens to develop trust and mutual respect. Each week covers topics like positive attention, communication, clear expectations and supporting goals, fair limits, handling stress and anger, and problem solving. Parents and teens must commit to attending the sessions together as both must participate in the sessions to gain from the program. For more information, visit Parent Action on Drugs.

The Dryden/Ignace and Area Impaired Reduction Strategy (DAIRS)

In 2016, community partners came together to raise awareness of issues in the Dryden and Ignace area, and to educate their community as a whole about the risks, and the safety and legal implications of impaired driving and underage drinking/binge drinking. Through providing educational and skill building opportunities, and more supportive environments to enable safer choices and enforcement, the goal is to create a shift in the drinking culture in the region.

Healthy Community Task Force Drug and Alcohol Strategy (2016) – Sioux Lookout

The Sioux Lookout Community Drug and Alcohol Strategy is a holistic strategy developed by the Healthy Community Task Force (HCTF) to help facilitate improved health and wellness throughout the Community using a five-pillar (Prevention, Harm Reduction, Treatment, Enforcement and Housing) approach. The goal is to improve the health, safety and well-being of all citizens in the community by working together to decrease the harms caused by substance misuse. To read the report, click here.

P.A.R.T.Y. Program – Fort Frances, Atikokan and Dryden

The P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth) Program is a one-day injury awareness and prevention program for youth age 15 and older. Developed in 1986 at Sunnybrook Health Sciences Centre, this program is a vital component of the growing community effort to reduce death and injury in alcohol, drug and risk-related crashes and incidents.

Students hear from police officers, paramedics, doctors, a coroner, nurses, the blood and tissue bank, rehabilitation professionals, and injury survivors. Students hear first-hand experiences from the people who experience them. This program is real, emotional, scientific and lifesaving. For more information, visit the Party Program website.

Low-risk Alcohol Drinking Guidelines Promotion – Partnership with Law Enforcement

The Northwestern Health Unit works with our partners to provide education to the public about alcohol and drug misuse. Since 2013, health unit staff have worked with the OPP and local police in seven communities to share information on the dangers of impaired driving and the effects of alcohol misuse through holiday RIDE (reduce impaired driving everywhere) programs. Canada's Low-Risk Alcohol Drinking Guidelines have been distributed to hundreds of people, giving health unit staff an opportunity to continue to build strong working relationships with our regional enforcement.

"Although I feel that I am a pretty open-minded, accepting individual, there are times when I feel uncomfortable when walking in the downtown. I feel afraid when I encounter groups of people who have been drinking. I have to wonder how the tourists feel - they are an important part of our economy." – Community Partner

Next Steps for NWHU

We know that changing the culture around alcohol consumption in Northwestern Ontario will not be an easy task, and will require effort on many levels. The Northwestern Health Unit will continue to work in partnership to address the many issues related to alcohol consumption in our catchment area. We will continue to monitor indicators and trends in our region and to seek feedback from members of our community. The Northwestern Health Unit will also work on:

Policy

- Assisting Municipalities to update their alcohol policy where appropriate, and work to educate our communities on why MAPs are important.
- Working with communities towards healthy public policy related to alcohol.

Education & Skill Development

- Educating the public and community groups/coalitions on the benefits of stricter controls on alcohol availability and marketing
- Educating the public on the health harms of alcohol use through awareness campaigns such as *Rethink Your Drinking*, and skill-building activities.
- Continuing to educate the public on harms associated with underage drinking and the provision of alcohol to minors through local partnerships and campaigns.
- Continuing to promote Canada's Low-risk Alcohol Drinking Guidelines and encourage people to drink in moderation.
- Supporting families and youth with skill-building opportunities that help them develop resilience and reduce underage alcohol use and misuse.

Supportive Environments

- Promoting, encouraging and hosting family friendly alcohol-free events in our communities.
- Continuing to work with law enforcement to reduce impaired driving, including distributing Low-risk Alcohol Drinking Guidelines during RIDE programs.
- Working with health care services and other service providers to support pregnant women to reduce alcohol consumption during pregnancy

"I agree that overuse or misuse of alcohol and the attitudes toward it start in the home. However, when alcohol is readily available at community events where families are in attendance, it does become normalized, or a 'normal' part of socializing. It will take a huge effort, similar to how the tobacco restrictions were enforced, to change attitudes toward alcohol use." – Community Member

References

Canadian Centre on Substance Abuse (CCSA). (2002). The Costs of Substance Abuse in Canada 2002. Highlights.Ottawa: CCSA; 2006.

Canadian Centre on Substance Abuse (CCSA). (2016). The Impact of Alcohol in Canada. Retrieved on 02/16/2017 from: http://www.ccsa.ca/Eng/topics/alcohol/Pages/default.aspx

Cancer Care Ontario (CCO). (2014). Cancer Risk Factors in Ontario: Alcohol. Toronto, ON: Queen's Printer for Ontario.

Cancer Care Ontario (CCO). (2016). 2016 Prevention System Quality Index: monitoring Ontario's efforts in cancer prevention. Toronto, ON: Queen's Printer for Ontario.

Centre for Addiction and Mental Health (CAMH). (2003). The Municipal Alcohol Policy Guide: A Practical Resource for Successfully Managing Drinking in Recreational Settings. Toronto, ON.

Centre for Addiction and Mental Health (CAMH). (2015). Alcohol availability and Harms (Infographic). Retrieved on 02/16/2017 from: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/OntarioAlcoholStrategy.jpg

Durham Region Health Department, Region of Waterloo, Public Health, York Region Community and Health Services, Public Health Branch & Halton Region Health Department. (2014). Addressing alcohol consumption and alcohol-related harms at the local level: A locally driven collaborative project. Retrieved 02/16/2017 from www.oninjuryresources.ca/ldcpalcohol.

Ministry of Health, BC Healthy Communities (MHBC). (2012). A Local Government Guide to Creating Municipal Alcohol Policy. British Columbia.

Northwestern Health Unit (NWHU). (2017). NWHU Alcohol Trends Report, 2017.

Ontario Public Health Association (OPHA). (2015). Alcohol Availability Advocacy Package. Retrieved on 02/16/2017 from: http://www.opha.on.ca/Events-News-and-Media/News/OPHA-Offers-Health-Units-Tools-for-Advocacy-re-Inc.aspx

Public Health Agency of Canada (PHAC). (2015). The Chief Public Health Officer's Report on the State of Public Health in Canada, 2015. Alcohol Consumption in Canada. Ottawa, ON.

Public Health Ontario (PHO). (2012). Alcohol Policy at a Glance Webinar. Retrieved from: http://www.publichealthontario.ca/en/LearningAndDevelopment/Events/Pages/Alcohol-Policy-at-a-Glance-Webinar.aspx

Public Health Ontario (PHO). (2016) A Focus On: Alcohol marketing. Toronto, ON: Queen's Printer for Ontario.

World Health Organization (2014). Global Status Report of Alcohol and Health - 2014 edition. Switzerland: WHO Press.

Appendix 1: Alcohol in the Community Survey Results

Public Survey Results

1. The health unit is interested in finding out what community members know about alcohol use. i) Please list any health harms related to alcohol that you are aware of.

Theme	**%**
Health problems (liver damage, chronic disease)	76.1
Mental health & addictions	51.6
Violence and crimes (including assaults)	34.6

ii) Please list any health benefits related to alcohol that you are aware of.

Theme	**%**
Physical health benefits	29.6
None/no benefits	27.7
Red wine is good for your heart	18.2

2. Can you provide a short example of how you or your community have experienced harm or issues related to alcohol use?

Theme	**%**
Violence and crimes (including assaults)	58.9
Social impacts: homelessness/poverty/unemployment	34.4
Public intoxication	24.5

3. Can you provide a short example of how you or your community have experienced benefits related to alcohol use in the past year?

Theme	**%**
Financial benefits	37.3
None/no benefits	34.1
Social interaction/community events	25.4

4. From this list of possible issues linked to alcohol, please indicate how concerned you are about:

	Very concerned	Somewhat concerned	No opinion	Somewhat unconcerned	Very unconcerned	Total Responses
Binge drinking	80 (47.9%)	53 (31.7%)	15 (9.0%)	12 (7.2%)	7 (4.2%)	167
Violence	119 (70.4%)	34 (20.1%)	7 (4.1%)	5 (3.0%)	4 (2.4%)	169
Drunk driving	127 (76.0%)	27 (16.2%)	5 (3.0%)	4 (2.4%)	4 (2.4%)	167
Underage drinking	92 (55.1%)	44 (26.3%)	12 (7.2%)	11 (6.6%)	8 (4.8%)	167
How easy or hard it is to purchase alcohol	54 (32.9%)	43 (26.2%)	32 (19.5%)	17 (10.4%)	18 (11.0%)	164
Crime	102 (60.7%)	45 (26.8%)	15 (8.9%)	2 (1.2%)	4 (2.4%)	168
Public intoxication	102 (59.6%)	35 (20.5%)	13 (7.6%)	12 (7.0%)	9 (5.3%)	171
Chronic disease	81 (48.2%)	57 (33.9%)	17 (10.1%)	7 (4.2%)	6 (3.6%)	168

In addition to the closed-ended options, respondents noted additional alcohol-related concerns that echo those identified in previous survey questions: public intoxication, criminal activity and violence; mental health and addiction issues; underage drinking; and, the impact of alcohol on the family unit/dynamic. Also, several respondents noted that they feel there exists a social norm or acceptability of the overconsumption of alcohol in Northwestern Ontario communities.

Partner Survey Results

1. The health unit is interested in finding out what community partners know about alcohol use.
i) Please list any health harms related to alcohol that you are aware of.

Theme	**%**
Health harms (liver, kidney, heart, high blood pressure, stroke, cancer, FASD)	92
Mental health and Addictions	61.2
Violence and crimes (including assaults)	34.7

ii) Please list any health benefits related to alcohol that you are aware of.

Theme	**%**
Health benefits: diabetes, cardiovascular, dementia, cancer	33.3
Red wine is good for the heart	28.9
None/no benefit	28.9

2. Can you provide a short example of how your organization or community have experienced harm or issues related to alcohol use?

Theme	**%**
Violence and crimes (including assaults)	38.8
Mental health and addictions	36.7
Breakdown of the family unit	28.6

3. Can you provide a short example of how your organization or community have experienced benefits related to alcohol use?

Theme	**%**
None/no benefits	67.4
Financial benefits	13.9
Social interaction	9.3

4. How does alcohol use affect your community as a whole?

Theme	%
Social issues: poverty/homelessness/unemployment	39.6
Violence and crimes (including assault)	35.4
Mental health and addictions	31.3

5. What assets to address alcohol misuse (i.e., binge drinking, over-drinking, underage drinking, etc.) are present in your community?

Theme	%
Addictions counselling	50.0
Education and awareness	31.8
AA/Al-Anon	27.3

6. What barriers to addressing alcohol misuse (i.e., binge drinking, over-drinking, underage drinking, etc.) are present in your community?

Theme	%
Socially acceptable attitudes towards alcohol	34.8
Lack of funding/resources/services	34.8
Not enough alcohol free activities	15.2

7. What can be done to enhance those assets or reduce those barriers?

Theme	%
Education and awareness	44.4
More funding/services	40.0
Change in attitude/culture	22.2

Appendix 2: Recommendations for Reducing Alcohol-Related Harms

Based on the research evidence and grey literature on reducing alcohol consumption and alcohol-related harms at the local level, as well as the PHU survey and key informant interview findings, the following recommendations are offered:

Policy Area	Recommendations	Consider the following...
Pricing and Taxation	1. Work with community partners to support the creation and advancement of a local stakeholder group to educate the public and policy makers.	❑ Assess how decreasing alcohol-related harms fits into stakeholders' agenda. ❑ Define common goals among stakeholders ❑ Utilize existing evidence and examples to support evidence-based pricing policies
	2. Work with local municipalities to identify and implement local pricing strategies. *17, 27, 28, 29, 33	❑ Risk mitigation, through municipal alcohol policies may be appealing to local leaders ❑ Minimizing local pricing wars and the discounting of alcohol by addressing alcohol density
Physical Availability	3. Work with community stakeholders to continue to prevent further expansion of alcohol sales. *16a, 19, 20, 27	❑ Assess the potential threats of increasing availability of alcohol through: • The potential privatization or semi-privatization of the LCBO • Increase in privately-owned channels of alcohol access (e.g. farmers markets and convenience stores) • Increase in retail outlets that offer alcohol at prices which do not meet minimum pricing (e.g., ferment-on-premise businesses)
	4. Continue to influence policy development around outlet density and hours of alcohol sale at the provincial and/or local level. *16c, 18, 27, 33	❑ Participate in active public health surveillance of outlet density and associated harms ❑ Gather and present evidence on the need to set outlet density limits ❑ Assist municipalities to develop, implement and evaluate municipal alcohol policies and other strategies to address alcohol availability
Marketing and Advertising	5. Implement youth engagement strategies to empower youth to advocate against alcohol marketing and advertising. *5, 31	❑ Partner with educational institutions and/or other community youth serving organizations ❑ Consider using the 'healthy schools model' with schools
	6. Continue to explore effective counter-marketing approaches to alcohol advertising and marketing.	❑ Work with other Ontario public health units and community stakeholders to identify a coordinated approach to countering alcohol marketing ❑ Utilize social media and other communication channels that appeal to youth

Policy Area	Recommendations	Consider the following...
Modifying the Drinking Environment	7. Create an alcohol report about your community to show alcohol consumption, availability and alcohol-related harms at the local level. *18, 33 8. Work with local businesses and stakeholders to modify the drinking environment. *6, 16b, 21, 22, 23, 25, 33, 24, 35, 36	❑ Participate in active public health surveillance of local outlet density, alcohol consumption and alcohol-related harms ❑ Collaborate with community stakeholders to frame alcohol as a community issue not just a health issue ❑ Encourage local bars to implement a licensed establishment alcohol policy ❑ Encourage local municipalities and law enforcement authorities to continue to enforce liquor laws and regulations ❑ Advocate for safer drinking environments and communities
Drinking and Driving Countermeasures	9. Work with law enforcement and community stakeholders to incorporate local surveillance data on alcohol-related harms into a community report, including local drinking and driving statistics. 10. Support municipalities and law enforcement to continue to enforce existing laws and regulations around drinking and driving. *37	❑ Identify and target high-risk areas within your community
Education and Awareness-Raising	11. Implement education and awareness-raising strategies as a part of a balanced and comprehensive approach. *5, 6, 12, 14c, 32, 35	❑ Focus education and awareness-raising strategies on influencing attitudes and increasing knowledge in the target population ❑ Move current and future education and awareness-raising initiatives towards a more comprehensive approach ❑ Continue to use education and awareness-raising strategies as one important step in the policy road map
Treatment and Early Intervention	12. Build the capacity of health care professionals to implement early intervention and screening into their practice. *7, 11, 12, 13 13. Implement early intervention strategies as a part of an overall strategy to reduce alcohol-related harms. *7, 13	❑ Share evidence and information about early intervention strategies with local health care professionals ❑ Explore the development and use of practice standards or guidelines for early intervention with professional practice organizations ❑ Use online self-screening tools on public health unit websites to provide normative feedback ❑ Include alcohol screening and brief intervention in public health direct-client service programs

*Refers to the alignment with specific recommendations within the National Alcohol Strategy Working Groups, Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation – Recommendations for a National Alcohol Strategy (National Alcohol Strategy Working Group, 2007). Please note that this has been provided as a suggestion and others may find that the recommendations align differently.

Source: Durham Region Health Department, Region of Waterloo, Public Health, York Region Community and Health Services, Public Health Branch & Halton Region Health Department. (2014). Addressing alcohol consumption and alcohol-related harms at the local level: A locally driven collaborative project. Retrieved 02/16/2017 from www.oninjuryresources.ca/ldcpalcohol

Appendix 3: Online Discussion Panel – Final Poll Results

How important is it for municipalities to:	Important	Not Important	No Opinion
Update and strengthen their Municipal Alcohol Policy	69.2%	23.1%	7.7%
Provide community education about the MAP and why it is important.	84.6%	15.4%	0.0%
Promote family-friendly, alcohol free events.	69.2%	7.7%	23.1%
Limit the number of community events on municipal property that are allowed to sell alcohol.	30.8%	53.8%	15.4%
Plan and promote safe transportation to and from events where alcohol is being consumed.	75.0%	8.3%	16.7%
Ask the province to retain provincial ownership and regulation of alcohol through the LCBO.	30.8%	38.5%	30.8%
Ask the province to revisit recent legislation that allows for an increase in the accessibility of alcohol in family centered venues such as farmers markets and grocery stores.	30.8%	30.8%	38.5%
Ban alcohol advertising at municipal properties.	15.4%	46.2%	38.5%
Ban alcohol advertising at municipally sponsored events where children are present.	46.2%	7.7%	46.2%
Ban alcohol advertising at community events hosted by third parties on municipal properties where children are present.	30.8%	23.1%	46.2%
Educate the public on the harms of alcohol use through awareness and skill-building activities.	76.9%	15.4%	7.7%

alPHa
Association of Local PUBLIC HEALTH Agencies

Information Break

May 18, 2017
This monthly update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa correspondence and events.

2017 Annual Conference - June 11 to 13

alPHa has planned an exciting conference, **Driving the Future of Public Health**, that will take place from June 11 to 13 at the Chatham-Kent John D. Bradley Convention Centre, 565 Richmond St., Chatham, Ontario. Through an informative, timely program, you will learn about change management in the context of health system transformation and participate in engaging breakout sessions on organizational change, balancing budgets, and age-friendly communities. Vote in the Resolutions Session and attend business meetings just for COMOH and board of health members, among other activities. Register now, **before the Early Bird deadline of this Sunday, May 21, 11:59 PM**!
Register and learn more about 2017 alPHa Annual Conference here
Coming early or staying after the conference? Check out Chatham-Kent's local attractions here.

2017 Distinguished Service Awards (DSA)

Congratulations to the following alPHa Distinguished Service Award recipients who have made significant contributions to public health:

Maureen Cava, Toronto Public Health
Bjorn Christensen (retired), Niagara Region Public Health
Dick Ito (retired), Simcoe Muskoka District Health Unit
Valerie Jaeger, Niagara Region Public Health
Mary Johnson, Board of Health, Eastern Ontario Health Unit
Cynthia St. John, Elgin St. Thomas Public Health

The awards will be presented to the individuals above on June 12th during the annual conference's Awards Dinner, which will be held at the Buxton Museum, a national historic site commemorating the Underground Railroad freedom movement of the 1800's.
Learn more about the DSA and see a list of past recipients

2017 Conference Sponsors & Exhibits

This year's annual conference is generously supported by its sponsors and contributors. We gratefully acknowledge the following organizations and their support of alPHa and this event:

Platinum Sponsors
Ontario Neurotrauma Foundation
Public Health Ontario

Bronze Sponsors
Mosey & Mosey Benefits
Sanofi Pasteur

In addition to sponsors, we will have a number of exhibits on hand to enhance your conference experience. Learn about a host of public health-related services, products and initiatives by speaking to representatives from the following exhibiting organizations:

BORN Ontario
Dieticians of Canada
GSK
Health Canada - Environmental Health Programs
Heart & Stroke
Home Care Supplies
Mosey & Mosey Benefits
Ontario Neurotrauma Foundation
ParticipACTION
Sanofi Pasteur

Patients First Update

Health system integration bulletins from the Province are available online to keep the public abreast of work supported by the *Patients First Act, 2016.*
Read the latest (May 12) Health System Integration bulletin
Go to Health System Integration updates
Updated Public Health Standards -- On March 17, alPHa wrote its initial response to the Ministry of Health and Long-Term's Standards for Public Health Programs and Standards Consultation Document. In addition to alPHa, individual boards of health have also submitted their feedback to the province on the updated Standards. These responses are now available on the alPHa website (see links below). alPHa continues to monitor developments on the Standards and related Patients First activities.
Read alPHa's response to the OPHS Consultation Document
Visit alPHa's Public Health Standards Review page here (login and password required)

2017 Fitness Challenge Winners

Each year alPHa holds its Annual Fitness Challenge in which Ontario's health units and their employees engage in some friendly competition to see which organization can involve the most number of staff in physical activity for 30 minutes. This year's Challenge was held on May 11th. Congratulations to the following 2017 alPHa Fitness Challenge winners for achieving 100% staff participation:

Huron County Health Unit
Northwestern Health Unit
Sudbury & District Health Unit

Honourable mention goes to Porcupine Health Unit. Winners will receive a plaque at the annual conference in June. A big thanks to all those who took up the Challenge!

---

alPHa Website Feature: Current Consultations

From time to time government calls on public health professionals and other members of the public to provide feedback on legislation, regulations, initiatives and projects. The province is currently interested in hearing from the public on its discussion paper focused on increasing food security; the deadline to respond is May 31st.
Visit alPHa's Current Consultations page here

Upcoming Events - Mark your calendars!

June 11, 12 & 13, 2017 - 2017 alPHa Annual General Meeting and Conference: *Driving the Future of Public Health*, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario. Early bird registration deadline ends May 21, 11:59 PM.
Click here to register and for further information

November 1, 2017 - Fall alPHa Meeting, DoubleTree by Hilton Downtown Toronto Hotel. Details TBA.