

Board Correspondence

April 2020

Date	From	Subject
February 28, 2020	The Regional Municipality of York	Response on MOHLTC – Discussion Paper on Public Health Modernization.
March 3, 2020	Grey Bruce Health Unit	Motion – to support resolution of Windsor-Essex County Health Unit - Harms of Vaping and the Next Steps for Regulation.
March 3, 2020	Grey Bruce Health Unit	Motion – to endorse the correspondence of Kingston Frontenac and Lennox & Addington Public Health – Comprehensive Measures to Address the Rise of Vaping in Canada.
March 5, 2020	Peterborough Public Health	Letter to Minister of Health – Support for a Seamless Provincial Immunization Registry.
March 30, 2020	Simcoe Muskoka District Health Unit	Letter to Legalization of Cannabis Branch – to express concerns re: 20-MAG001, Cannabis Consumption Establishments/Special Occasion Permits.

February 28, 2020

Carman Kidd
Timiskaming Health Unit
43 – 247 Whitewood Avenue, PO Box 1090
New Liskeard, ON P0J 1P0

Dear Mr. Kidd:

Re: Response to Ontario Ministry of Health's Discussion Paper on Public Health Modernization

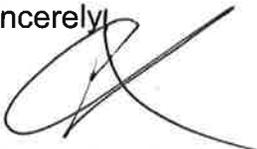
On February 27, 2020 Regional Council as the Board of Health made the following decision:

1. York Region Board of Health, approve Attachment 1 as York Region's response to the Ontario Ministry of Health's Discussion Paper on Public Health Modernization.
2. The Regional Clerk circulate the Region's response to the following: Ministry of Health, Members of Provincial Parliament in York Region, Clerks of the nine Local Municipalities, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, Association of Municipalities of Ontario, Association of Local Public Health Agencies and Chairs of 35 Boards of Health in Ontario.

The original staff report is enclosed for your information.

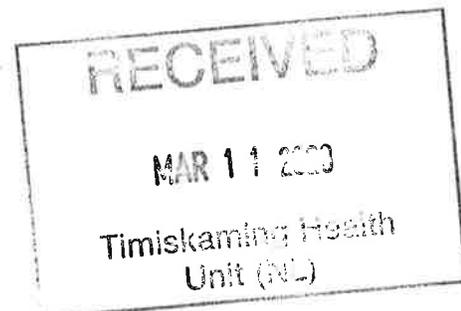
Please contact Dr. Karim Kurji, Medical Officer of Health at 1-877-464-9675 ext. 74012 if you have any questions with respect to this matter.

Sincerely,



Christopher Raynor
Regional Clerk

Attachment



The Regional Municipality of York

Board of Health
Community and Health Services
February 27, 2020

Report of the Commissioner of Community and Health Services and Medical Officer of Health

Response to Ontario Ministry of Health's Discussion Paper on Public Health Modernization

1. Recommendations

1. York Region Board of Health, approve Attachment 1 as York Region's response to the Ontario Ministry of Health's Discussion Paper on Public Health Modernization.
2. The Regional Clerk circulate the Region's response to the following: Ministry of Health, Members of Provincial Parliament in York Region, Clerks of the nine Local Municipalities, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, Association of Municipalities of Ontario, Association of Local Public Health Agencies and Chairs of 35 Boards of Health in Ontario.

2. Summary

This report seeks Council and York Region Board of Health's approval of the Region's proposed response (Attachment 1) to the Ministry of Health's (Ministry) Discussion Paper: Public Health Modernization (Discussion Paper), which seeks stakeholder feedback on potential solutions for the modernization of public health services in Ontario.

Key Points:

- The Ministry's consultation process is an important opportunity for municipalities to provide input on the path forward for modernizing public health in Ontario
- Challenges identified by the Ministry that may exist in some communities, are not experienced by York Region to the extent described. This is due to supports inherent in York Region Public Health's integrated governance model within a municipal structure. The Ministry could focus on implementing any required changes to support and strengthen communities with capacity issues. Broad structural changes are not required or recommended
- York Region Public Health is best positioned to address social determinants of health as part of its integration with York Region. Public Health, together with local municipalities, efficiently and effectively meets the needs of York Region residents

- Boundary, governance or other large structural changes will negatively impact existing partnerships and service delivery. Time and resources will be required to re-establish partnerships and operate a new organization
- The Region is a major partner in delivering public health services. The Region's contributions, both mandated and additional, have grown from \$19.1 million in 2016 to \$24.2 million in 2019. A modernized Public Health system needs to respect this municipal partnership and allow for local flexibility in meeting Ontario Public Health Standards
- A Provincially-coordinated and centralized technology solution strategy is the biggest opportunity to drive efficiencies, better manage risk and improve customer service quality. This would also reduce duplication in public health units across the province, improve data quality and save money

3. Background

Province plans to modernize public health in Ontario

In October 2019, the Province appointed Jim Pine, Chief Administrative Officer of Hastings County, as the Provincial Advisor to lead province-wide consultations on public health modernization. By transforming and strengthening public health, the Province seeks to achieve the following outcomes:

- Better consistency and equity of service delivery across the province
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health units
- Better relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention
- Improved public health delivery and sustainability of the system

In November 2019, the Ministry released a Discussion Paper: Public Health Modernization, inviting stakeholders to provide input and advice on four key challenges in the public health sector identified by the Ministry:

1. Insufficient capacity
2. Misalignment of health, social and other services
3. Duplication of effort
4. Inconsistent priority setting

In January 2020, staff presented and received feedback at Committee of the Whole on the proposed advice to be incorporated into the Region's formal response to the Ministry.

York Region was invited to a Provincial consultation scheduled for January 28, 2020, which was postponed by the Ministry on January 27, 2020 to enable readiness planning for the COVID-19 (Coronavirus Disease 2019). At this time a new date has not been set for the consultation.

4. Analysis

The Region's response is based on our Public Health experiences with each of the four challenges raised by the Province

The Ministry's Discussion Paper is organized around four key challenges, and the Region's proposed response (Attachment 1) to the questions in the Discussion Paper follows the same format. For each challenge, the Region describes its experiences, identifies best practices, and offers specific advice on how to tackle the challenge.

The proposed response is not limited to questions in the Discussion Paper. It is prefaced with general comments, including information on the position Council has previously taken on the governance, geography and funding of York Region Public Health, and a description of why Public Health works so well in York Region.

Our response also aligns with recommendations provided by the Association of Municipalities of Ontario to the Province in its formal response released [February 10, 2020](#).

The Region has advised the Ministry that governance, geography, integrated service delivery model and funding levels should not change

In [June 2019](#), Council and York Region Board of Health responded to proposed changes to public health announced in the 2019 Ontario Budget, stating:

- The restructured public health entity should include only the existing geographic area of York Region, as the Region's current population is large enough to justify its own public health unit
- The governance and operating model of the restructured public health entity should maintain the integrated service model which currently exists for York Region Public Health
- The Ministry should commit to funding 70% of actual costs of delivering public health

York Region is committed to working with the Province to modernize public health and strengthen local services

The Region supports a more tailored approach to improve service quality and efficiencies, rather than implementing broad based and costly governance changes. Challenges identified by the Ministry are not experienced by York Region to the extent described in the Discussion Paper. The Ministry should focus on jurisdictions where the identified challenges are largest to ensure public health services in Ontario are equitable and aligned.

5. Financial

Provincial funding for York Region Public Health has been less than the Ministry's approved funding model

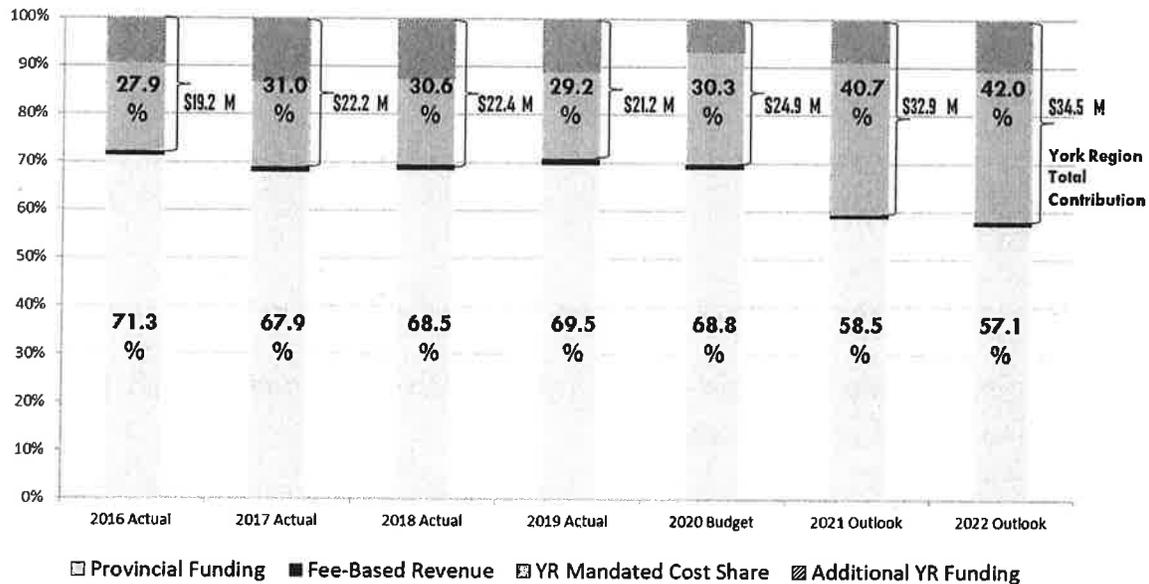
Public Health is funded through Provincial and Municipal contributions. Until 2019, the Province funded up to 75% of eligible costs for mandated public health programs and up to 100% of other related programs, with municipalities contributing the rest. Healthy Babies Healthy Children is funded by the Ministry of Children, Community and Social Services up to capped funding of \$4.4 million although the actual direct cost of this program is over \$5.2 million.

As shown in Figure 1, despite the Ministry's cost-share formulas, historical provincial funding for York Region Public Health has been less than the 75% for mandated public health programs and 100% of other related programs' actual costs to meet the requirements under the Ontario Public Health Standards. As a result, York Region has needed to contribute more than its share for many years. York Region contributions – both mandated and additional York Region funding – have grown from \$19.2 million in 2016 to about \$21.2 million in 2019.

For 2020, Council approved an operating budget of \$75.0 million gross and \$17.7 million net tax levy, excluding corporate and departmental support costs estimated at \$7.2 million. Public Health expenses eligible for provincial funding include gross expenditures and department support costs, for an estimated \$82.2 million total expected cost in 2020. Provincial investments continue to decrease, and yet the Region is still required to deliver all public health services in the manner mandated by the Ministry.

Figure 1

Share of Public Health Funding Contributions, 2016 to 2022



Notes:

- Funding contributions prior to 2019 do not include the new Ontario Seniors Dental Care program, which is currently 100% funded by the Province.
- Figures for 2020 to 2022 are consistent with the approved 2020 budget and outlook for 2021 and 2022, and include corporate and departmental support costs.
- Percentage not shown for fee based revenue

Provincial funding is anticipated to decrease even further

In 2016, York Region contributed 28% (\$19.2 million) towards York Region Public Health funding. This is forecasted to increase to 42% (\$34.50 million) by 2022 due to the proposed new Provincial funding model requiring large municipalities, such as York Region, to contribute 40% of the cost-share beginning in 2021. An increase to the municipal cost-share for public health is not sustainable without impacting front-line services and/or increasing property taxes.

The proposed response advises the Province to commit to funding a minimum of 70% of actual costs to deliver public health services. Funding based on actual costs of delivering the mandated provincial programs would increase provincial funding to the Region in the absence of other efficiency measures the Province could take. For example, using 2018 data, if the Province had provided funding in accordance with the funding formula (75% for most programs, and 100% for the remaining, including Healthy Babies Healthy Children) based on actual costs, the Province would have provided \$58 million to York Region, rather than the \$50.2 million it did provide; a shortfall of \$7.8 million in Provincial funding.

In addition, Ministry staff advised in 2019 a 10% “savings target” would be applied to Public Health towards assisting the Province to achieve the annual \$200 million savings by 2021/22 fiscal year set out in its April 2019 budget, however, no further details have been released since then. Rather than transferring costs to municipalities to reduce provincial spending, the Province should look for efficiencies in how services are delivered. A provincially coordinated public health technology solutions could be the most effective opportunity to drive efficiencies, reduce costly duplication and risk, and to improve customer service and data quality.

6. Local Impact

Providing public health services is a municipal function as municipalities influence many of the factors which impact the social and economic determinants of health. It has been a municipal function in the Region since 1978. As Regional Council is also the Board of Health, public health perspectives are integrated into a wide range of municipal services, ranging from transportation and community planning to environmental services. Local municipalities also play an integral role in the planning and delivery of public health services.

7. Conclusion

York Region is committed to collaborating with the Province to modernize public health in Ontario. Public health provides an effective connection between the community and the health care system to prevent disease, protect and promote health and ensure fewer people require expensive acute care. Public health works when you cannot see it, and it has been working in tandem with municipalities for at least 150 years. The unique model for Public Health in York Region is a best practice. The Ministry should consider opportunities to engage in learning more about the Region's model to inform changes needed to create an efficient public health sector.

The Region has strengths that can be leveraged and scaled up to create an operationally efficient public health sector, which is responsive to the changing needs of our growing and diversifying communities.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health ex 74012. Accessible formats or communication supports are available upon request.

Recommended by:

Katherine Chislett

Commissioner of Community and Health Services

Dr. Karim Kurji

Medical Officer of Health

Approved for Submission:

Bruce Macgregor

Chief Administrative Officer

February 14, 2020

Attachment (1)

10376079



March 3, 2020

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

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

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

GBHU BOH Motion 2019-100

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

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Twolan".

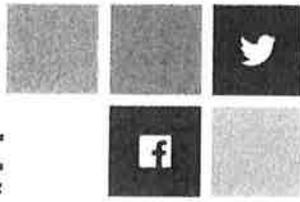
Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all.

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



October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk’s office
Corporation of the County of Essex – Clerk’s office
Local MPP’s – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP’s – Brian Masse, Irek Kusmeirczyk, Chris Lewis



March 3, 2020

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

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

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

GBHU BOH Motion 2019-99

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

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Twolan".

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all..

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



KFL&A
Public Health

October 16, 2019

Via E-mail: Ginette.PetitpasTaylor@parl.qc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada.

While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

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



*The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada*

Page 2

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,

Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

March 5, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Seamless Provincial Immunization Registry

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

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

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

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

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

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

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



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliott
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

Dr. David Williams
Chief Medical Office of Health
Ministry of Health and Long-Term Care
21st Flr, 393 University Avenue, 21st Floor
Toronto, ON M5G 2M2
dr.david.williams@ontario.ca

RE: Support for a Seamless Provincial Immunization Registry

Dear Minister Elliott and Dr. David Williams,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the *Immunization of School Pupils Act* (ISPA). As a result, the Board of Health was happy to support the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry and asked that the report (BOH19029) be circulated to those copied on this letter.

Local public health units are responsible for the enforcement of the ISPA, a provincial law that requires children attending school to be vaccinated according to the Ontario immunization schedule. The Hamilton Public Health Vaccine Program engages in a screening and suspension process that ensures parents and guardians are adequately notified of ISPA requirements. The program is responsible for assessing and maintaining vaccine records for over 70,000 students enrolled in Hamilton elementary and secondary schools. For the 2018-2019 school year, at the completion of the screening and suspension process, the compliance rate ranged between 94.3% to 98.5% for 7 to 8 year-old school students and 93.1% to 99.8% for 17 to 18 year-old students.

Although ISPA is an effective tool to ensure individual and community level immunity, the process is resource intensive both from a staff and time perspective. This is a result of most vaccine records requiring manual input into the provincial database by program staff, and follow-up required on records received that are missing information such as date of administration, required demographics or fax error.

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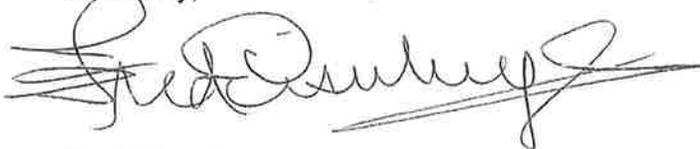
A major challenge to the administration of ISPA is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary and community health care providers, at the time a vaccine is given, to the Digital Health Immunization Repository. As a result, parents/guardians are responsible for reporting their child(ren)'s vaccine records to Public Health. Furthermore, public health units across Ontario do not have a process to verify information received from parents/guardians with their health care provider, as this would be both labour intensive and costly.

Support for a seamless immunization registry would address several of the challenges with the current system, including:

- Eliminating the burden on parents/guardians to report vaccines to Public Health;
- Reducing the risk of inaccurate information being reported by parents;
- Reducing staff time and resources needed to manually input vaccine records; and,
- Reducing the number of suspensions due to the lack of reporting by parents.

Immunizations remain one of the most successful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases in addition to providing community level protection. Hamilton Public Health Services is committed to protecting the health of the community by preventing vaccine-preventable diseases. To achieve this goal, Hamilton Public Health Services will continue to collaborate and support parents and local school boards to ensure compliance with the Immunization of School Pupils Act. Moving toward a seamless immunization registry would increase efficiencies in the screening and suspension process while reducing parental burden to report vaccines to public health.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal flourish extending to the right.

Fred Eisenberger
Mayor

CC:

Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health

coMOH

Council of Ontario
MEDICAL OFFICERS OF HEALTH

*The Council of Ontario
Medical Officers of
Health (COMOH) is a
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Association of Local
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the public health units
in Ontario.

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in Ontario

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Supervisors of Public
Health Inspectors of
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Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

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ATTACHMENT 2

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

March 14, 2019

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

Dear Minister Elliott,

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

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

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

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

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

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

Providing Leadership in Public Health Management

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

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

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

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

Yours sincerely,



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

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

March 30, 2020

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

Dear Director Bishop:

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

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

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

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

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

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

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

Sincerely,

ORIGINAL Signed By:

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

AD:CS:cm

Encl. (1)

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



Association of Local
PUBLIC HEALTH
Agencies

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
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February 27, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
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Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to express our concerns about the consideration of permitting cannabis consumption establishments and issuing special occasion permits analogous to those issued for alcohol in Ontario.

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

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

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

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

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