

Board Correspondence

January 2020

Date	From	Subject
Oct.17, 2019	Middlesex-London Health Unit	Report 059-19 – Collaborative Action to Address Vaping Concerns.
Nov.27, 2019	City of Hamilton	Letter to Minister of Health – Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada.
Nov.27, 2019	City of Hamilton	Letter to Minister of Health – Endorsement of Regional Municipality of Durham’s Motion: Opioid Overdose Emergency Resolution.
Nov.29, 2019	Peterborough Public Health	Letter to Minister of Health – Concerns regarding the impact of vaping on non-smokers and youth.
Dec.2, 2019	Leeds, Grenville & Lanark District Health Unit	Letter to Minister of Health – Vapour Product Use Among Youth.
Dec.3, 2019	Public Health Sudbury & Districts	Letter to Minister of Health – E-cigarette and Aerosolized Product Prevention and Cessation.
Dec.9, 2019	Simcoe Muskoka District Health Unit	Letter to Minister of Natural Resources and Forestry – Schedule 16 of Proposed Bill 132 Respecting the Aggregate Resources Act.
Dec.17, 2019	Township of James	Resolution – THU to return current reserves to the participating funding municipalities under the same formula and that each hold the funds until final decisions are made by the Province of Ontario.
Dec.18, 2019	Leeds, Grenville & Lanark District Health Unit	Letter to Minister of Health – National Universal Pharmacare Program.
Jan.2, 2020	Peterborough Public Health	Letter – Minister of Health – Request for Weekly Data Reports on Vaping Cases.
Jan.9.2020	Porcupine Health Unit	Letter of support – Simcoe Muskoka District Health Unit on stronger legislation of vaping products. Also commended leadership on decision to prohibit the promotion of vaping products in convenience stores and gas stations effective Jan.1, 2020.
Jan.17.2020	Windsor-Essex County Health Unit	Resolution – Children Count Pilot Project – approach to fulfil local, regional and provincial population health data gaps for children and youth.
Jan.17.2020	Windsor-Essex County Health Unit	Resolution/Recommendations Report to keep Healthy Smiles Ontario funding at 100% and merge with the Seniors Dental Care Program.

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 October 17

COLLABORATIVE ACTION TO ADDRESS VAPING CONCERNS

Recommendations

It is recommended that the Board of Health:

1. *Receive Report No. 059-19 re: “Collaborative Action to Address Vaping Concerns”;*
2. *Endorse the HEAL Youth Advisory Council’s (HEALYAC) position statement “Vaping in Schools and Student Health,” attached as Appendix A, expressing its support of youth advocacy on vaping;*
3. *Submit a letter, attached as Appendix B, along with the HEALYAC’s position statement, to the Tobacco Control Directorate of Health Canada and the federal Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products;*
4. *Submit a letter, attached as Appendix C, along with the HEALYAC’s position statement, to the Ontario Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products; and,*
5. *Send a copy of this report and its appendices to local members of the provincial and federal parliaments, and to the Association of Local Public Health Agencies for dissemination to all Ontario boards of health.*

Key Points

- The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States, and investigations are ongoing across the United States and Canada to understand the scope of this issue and the health consequences associated with vaping.
- The Middlesex-London Board of Health has a history of supporting the enactment of strong policy measures to help prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture.
- Western University’s Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC) identified vaping as one of the most important health issues facing youth in the London community, and created a position statement (attached as Appendix A) highlighting recommendations for action.
- Due to growing concerns related to the health consequences of vaping and the uptick in youth vaping across Canada, Health Unit staff prepared letters for Board of Health approval (Appendices B and C) to express its support for strengthened measures to limit youth access, appeal, and advertising of vaping products.

Growing Concerns Related to Health Harms Associated with Vaping

The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States. According to the Centres for Disease Control and Prevention (CDC), as of October 3 there were 18 confirmed deaths and more than 1,000 cases of illness under investigation, affecting almost every state. At the time of writing of this report, the source of these illnesses remains unclear; however, according to the CDC, chemical exposure is likely the cause, with no consistent product, substance, or additive being identified.

While investigations are ongoing in the United States, the Public Health Agency of Canada and the Council of Chief Medical Officers of Health have convened a federal, provincial, and territorial task group to develop a uniform approach to identifying and reporting cases of severe pulmonary illness related to vaping. With the growing number of cases under investigation across Canada and the United States, the reporting of confirmed and probable cases will provide information necessary to understand the scope of this issue and the health consequences associated with vaping. Health Unit staff will continue to monitor this situation.

Vaping in Schools and Student Health

Public Health Nurses from the Child Health and Young Adult teams, the Health Unit's Enforcement Officers, and the Vaping Prevention Health Promoter have been working in collaboration with Southwestern Public Health staff to support school administrators in their efforts to address the increased use of vaping products by youth. This collaboration is creating a comprehensive vaping strategy that includes staff education, vaping curriculum supports, in-school vaping awareness and educational activities for students, cessation supports for students, parent outreach, and enforcement. Implementation of a public awareness campaign, using social media and targeted paid advertisements, is planned for later this fall in partnership with health units from the Southwest Tobacco Control Area Network.

In 2018, Western University's Human Environments Analysis Laboratory (HEAL) established a Youth Advisory Council (HEALYAC) with the goal of integrating youth voices and perspectives into research. The HEALYAC is comprised of fourteen high school students aged 13 to 18, representing diverse communities within the City of London, who work collectively toward the goal of improving the health of young people through authentic collaboration and participatory research with the HEAL. In 2019, the HEALYAC identified vaping as one of the most important health issues facing youth in the London community and suggested that youth input would strengthen future actions aimed at minimizing vaping among young people. In order to share their concerns with stakeholders and community members, the HEALYAC collectively wrote a position statement (attached as Appendix A) that provides an overview of the problem of vaping in schools and advances several key recommendations to address the issue. Leveraging its strong relationships with school and community partners, the Health Unit intends to work in partnership with the HEALYAC to support the development and implementation of a "by youth, for youth" vaping prevention campaign to be disseminated through media channels frequented by youth in Middlesex-London in 2020.

Opportunity for Protective Policy Measures through Federal and Provincial Regulation

The Board of Health has a history of supporting the enactment of strong policy measures to prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture (see reports [016-18](#), [048-18](#), [068-18](#), [026-19](#), and [040-19](#)). Due to growing concerns related to the health harms associated with vapour product use and the uptick of youth vaping across Ontario and Canada, Health Unit staff prepared two letters for Board of Health approval (attached as Appendices B and C) in support of strengthened measures to limit youth access, appeal, and advertising of vaping products. Vapour products that contain nicotine are addictive and alter brain development in youth, including areas of the brain that control memory, concentration, impulse control, and addiction pathways. With a 74% increase in youth vaping and a 45% increase in youth smoking in Canada from 2017 to 2018 ([Report 055-19](#)), and given the growing concerns about the health harms associated with vapour product use, the public health sector should be concerned about growing rates of nicotine addiction among young people following decades of decline in youth smoking rates.

This report was prepared by the Healthy Living Division.



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



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
Hcminister.ministresc@canada.ca

RE: Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada

Dear Minister Hajdu,

At its meeting on November 16, 2019, the City of Hamilton Board of Health endorsed the October 16, 2019 correspondence from Kingston, Frontenac and Lennox & Addington Public Health, respecting comprehensive measures to address the rise of vaping 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.

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Endorsement of Measures to Address the Rise of Vaping in Canada

Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco use among children youth and young adults. However, in Hamilton, sales of vapour product or e-cigarettes to persons under the age of 19 have so far doubled in 2019 in comparison to all of 2018. There also is a marginal increase in tobacco sales to persons less than 19 years old in 2019 in comparison to 2018.

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, through which the City of Hamilton Public Health Services has submitted regulatory recommendations.

The City of Hamilton 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.

On behalf of the City of Hamilton's Board of Health, we endorse the following:

- a) That the Federal Government prohibit all additives and non-tobacco flavours in vaping products and e-liquids;
- b) That the Federal Government require the listing of all ingredients on product labels and packaging on vapour products;
- c) That the Federal Government require health and toxicity warnings on vapour products;
- d) That the Federal Government restrict nicotine concentration in all vaping products;
- e) That the Federal Government require standardized and tamper proof packaging on all vapour products;
- f) That the Federal Government require mandatory testing and reporting for vapour products;
- g) That the Federal Government strengthen the advertising and promotion control regime so that it aligns with tobacco controls; and,

Endorsement of Measures to Address the Rise of Vaping in Canada

- h) That the Federal Government develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls, and to identify emerging products.

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. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
hcminister.ministresc@canada.ca

ATTN: Hon. Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

RE: Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

Honourable Ministers of Health,

At a meeting on November 18, 2019, the City of Hamilton Board of Health endorsed the October 24, 2019 correspondence from the Regional Municipality of Durham, regarding their motion on an Opioid Overdose Emergency Resolution.

Within the City of Hamilton, the impact of opioid related health issues continues to rise. This city continues to be disproportionately affected by the opioid crisis with rates for opioid related emergency hospital visits, hospitalizations and deaths that are higher than the Ontario provincial average. In 2017, Hamilton opioid related poisonings were 20.4 deaths per 100,000 vs. Vancouver rates of 20.2 deaths per 100,000. Opioid related death rates for 2018 continued to rise, and early reports for 2019 indicate this trend is continuing. Demands on emergency medical services including paramedicine services, emergency department visits and hospitalizations continue to escalate and represent a significant cost to the health care system. The cost of the opioid crisis on human life and the subsequent implications for persons who are using substances and their family and friends is beyond measure.

The harms related to opioid use not only include opioid poisonings, but also include opioid use disorders, adverse drug reactions, neonatal withdrawal, secondary infections

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Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

such as HIV, Hepatitis, invasive group A streptococcal infections, endocarditis, pervasive individual trauma and community violence. These harms contribute to the need for the declaration of an Opioid Emergency across the province and the country.

The factors that lead to opioid use and substance use disorder are multiple and pervasive. Trauma, violence, and economic disparity are a few of the components of this issue. Many factors are related to social determinants of health and thus require long term, persistent and co-ordinated approaches in order to have an impact on the harms caused by opioid misuse.

At its November 18, 2019 meeting, the Hamilton Board of Health recommended that the City Council acknowledge and declare an Opioid Emergency in the City of Hamilton. This declaration recognizes and underscores the seriousness of this issue and allows for renewed attention and continued collective action. The City of Hamilton, like other regions and urban centres needs the support of the federal government and Minister of Health to combat this crisis. This support would best come in the way of public affirmation of the seriousness of this issue, a co-ordinated federal and provincial drug strategy and funding to support and expand evidence-based responses that support all pillars of drug strategy: prevention, harm reduction, treatment and social justice.

This multifaceted approach is addressed in the correspondence from the Regional Municipality of Durham, which outlines specific recommendations from the Federation of Canadian Municipalities, Mayor's Task Force and Association of Municipalities Ontario to combat this epidemic. In addition, at its meeting on November 27, 2019 Hamilton City Council endorsed urging the Minister of Health to seek authority from Health Canada to import diacetylmorphine (pharmaceutical heroin) for use as a managed opioid program medication.

The recommendations in the endorsed letter provide a roadmap for success through the declaration of a national epidemic, co-ordination of response across the country and funding to support public health units and Boards of Health to continue to provide evidence-based interventions to address the opioid crisis such as managed opioid programs and services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a large, sweeping flourish at the end.

Fred Eisenberger

**Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose
Emergency Resolution**

Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health



Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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peterboroughpublichealth.ca

November 29, 2019

The Honourable Patty Hajdu
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Sent via e-mail: Patty.Hajdu@parl.gc.ca

Dear Minister Hajdu,

Congratulations on your appointment as Federal Minister of Health. We look forward to working with you to advance the health and well-being of all Canadians.

Peterborough Public Health (PPH) has been long involved in raising concerns regarding the impact of vaping on non-smokers and in particular, youth. Continuing with this advocacy in order to protect youth in our community is critical. At the October 9, 2019 meeting of the Board of Health, communications from both the Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Boards of Health (attached) were reviewed regarding vaping in Ontario.

PPH has provided feedback to a number of Health Canada consultations related to vaping and youth including advertising of vaping products (March 2019), regulatory measures to reduce youth access and appeal of vaping products (June 2019) and labelling and packaging of vaping products (August 2019). PPH responses to these consultations have noted that while vaping may be less harmful than smoking tobacco, it is not harm free. This has been demonstrated most recently by the hospitalization of a young person in the Middlesex-London Health Unit area, following hundreds of hospitalizations and deaths in the United States as a result of vaping-related pulmonary illness.¹

On September 19, 2019, representatives from eight health organizations (Action on Smoking and Health, Canadian Cancer Society, Canadian Medical Association, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, Ontario Campaign for Action on Tobacco and Physicians for a Smoke-Free Canada) made an appeal for immediate federal action to curb the marketing of vaping products.² These groups urged all federal political parties to commit to an urgent interim order that would put vaping products under the same kind of restrictions that are currently in place for tobacco products. Acceptance of this interim order would result in having protective restraints in place this calendar year using the powers of the Department of Health Act within sixty (60) days of a forming government.

We ask that action using the interim order is taken immediately to curb the marketing of vaping products in order to protect youth and reverse the current trend in both youth vaping and tobacco rates. Vaping products must be under the same kind of restrictions that are currently in place for tobacco products. Acceptance of an interim order using the powers of the Department of Health Act would result in having protective restraints in place this calendar year. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Hon. Christine Elliott, Ontario Minister of Health
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health, Ontario
Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

¹ CBC London (September 2019) Ontario teen was on life-support after respiratory illness linked to vaping. Retrieved from: <https://www.cbc.ca/news/canada/london/middlesex-london-health-unit-vaping-respiratory-illness-1.5288065>

² CTV News (September 2019) Canadian health groups concerned about teen vaping call for urgent government action. Retrieved from: <https://www.ctvnews.ca/health/canadian-health-groups-concerned-about-teen-vaping-call-for-urgent-government-action-1.4601027>



December 2, 2019

VIA EMAIL

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

Dear Minister Elliott:

Subject: Vapour Product Use Among Youth

On behalf of the Board of Health of the Leeds, Grenville and Lanark District Health Unit, I congratulate you on taking an important first step to address the serious problem of vapour product use (with e-cigarettes) among youth in our communities by restricting the advertising of vaping products to adult access stores.

Since 2017 there has been a dramatic increase in the number of youth who are now using vapour products, including youth who are non-smokers. New high tech vapour products, the addition of flavours that appeal to youth, easy access, its marketing as being safe, as well as high levels of nicotine leading to addiction are all contributing to this increase. Nicotine affects the growth and development of the youth brain, and the other inhaled, unregulated vaping compounds likely have a serious impact on the respiratory system.

Our Board of Health urges you to continue your work to protect the youth by supporting Bill 151, the *Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2019*. The Bill includes the following measures concerning vapour products:

- Banning promotion
- Banning flavours unless exempted by regulation
- Setting a maximum nicotine level in pods and liquids of 20 mg/ml
- Banning sales except in adult-only specialty vape stores
- Requiring specialty vape stores to be approved by the local Board of Health
- Authorizing the Health Minister to direct that tax revenue from e-cigarette sales in specialty vape shops be directed to public education, provided that the Legislature appropriates funds for this purpose
- Requiring Ontario Health to prepare an annual report to the Health Minister on youth vaping with information and recommendations

Sincerely,

Doug Malanka
Board Chair

cc: Ontario Boards of Health
Randy Hillier, MPP, Lanark-Frontenac-Kingston
Steve Clark, MPP, Leeds-Grenville-Thousand Islands & Rideau Lakes



**Public Health
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SUDBURY & DISTRICTS

December 3, 2019

VIA EMAIL

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

Dear Minister Elliott:

Re: E-Cigarette and Aerosolized Product Prevention and Cessation

On behalf of the Board of Health for Public Health Sudbury & Districts, I am very pleased to convey our congratulations on your recent decision to protect Ontarians by banning the promotion of vapour products in corner stores and gas stations. This is an important first step in reducing exposure and accessibility to vapour products and working toward improving the health of Ontarians.

By the enclosed resolution, the Board of Health further urges the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education.

Minister, we recognize that your Ministry is committed to establishing a patient centered system for health, and to ensuring system sustainability for Ontarians now and into the future. To this end, we strongly endorse that any vaping strategy is firmly grounded in the connect between vaping and tobacco use.

As you are aware, although vaping is not without risk, tobacco causes nearly 16 000 deaths per yearⁱ and costs Ontario nearly \$7 billion (\$2.7 billion direct health care, \$4.2 billion indirect costs) annually.ⁱⁱ Cigarettes are known to be toxic and cause cancer, lung, and heart disease when used as intendedⁱⁱⁱ and nearly one in five Ontarians continue to smoke^{iv}. Reducing supply and exposure to products must be part of the system sustainability goal. This holds true for tobacco and anything that may

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@PublicHealthSD



promote or normalize its use, such as vaping. Below, we are sharing a compelling infographic developed by Public Health Sudbury & Districts to convey this important message to our publics.

Thank you again for your leadership in the protection of youth from the risks of vaping. We urge you to consider in your next steps the linkages between vaping and tobacco and develop a comprehensive tobacco and e-cigarette strategy. Please know that the Board of Health for Public Health Sudbury & Districts is a committed local partner in this important work.

Sincerely,



René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

Enclosures (2)

cc: The Honourable Doug Ford, Premier, Minister of Intergovernmental Affairs
All Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable Jamie West, MPP, Sudbury
The Honourable France Gélinas, MPP, Nickel Belt
The Honourable Michael Mantha, MPP, Algoma-Manitoulin
Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Constituent Municipalities within Public Health Sudbury & Districts
The Honourable Doug Downey, Attorney General of Ontario

ⁱ Ministry of Health and Long-Term Care. (2018, May 3) Minister of Health and Long-Term Care. Letter. Smoke-Free Ontario Strategy.

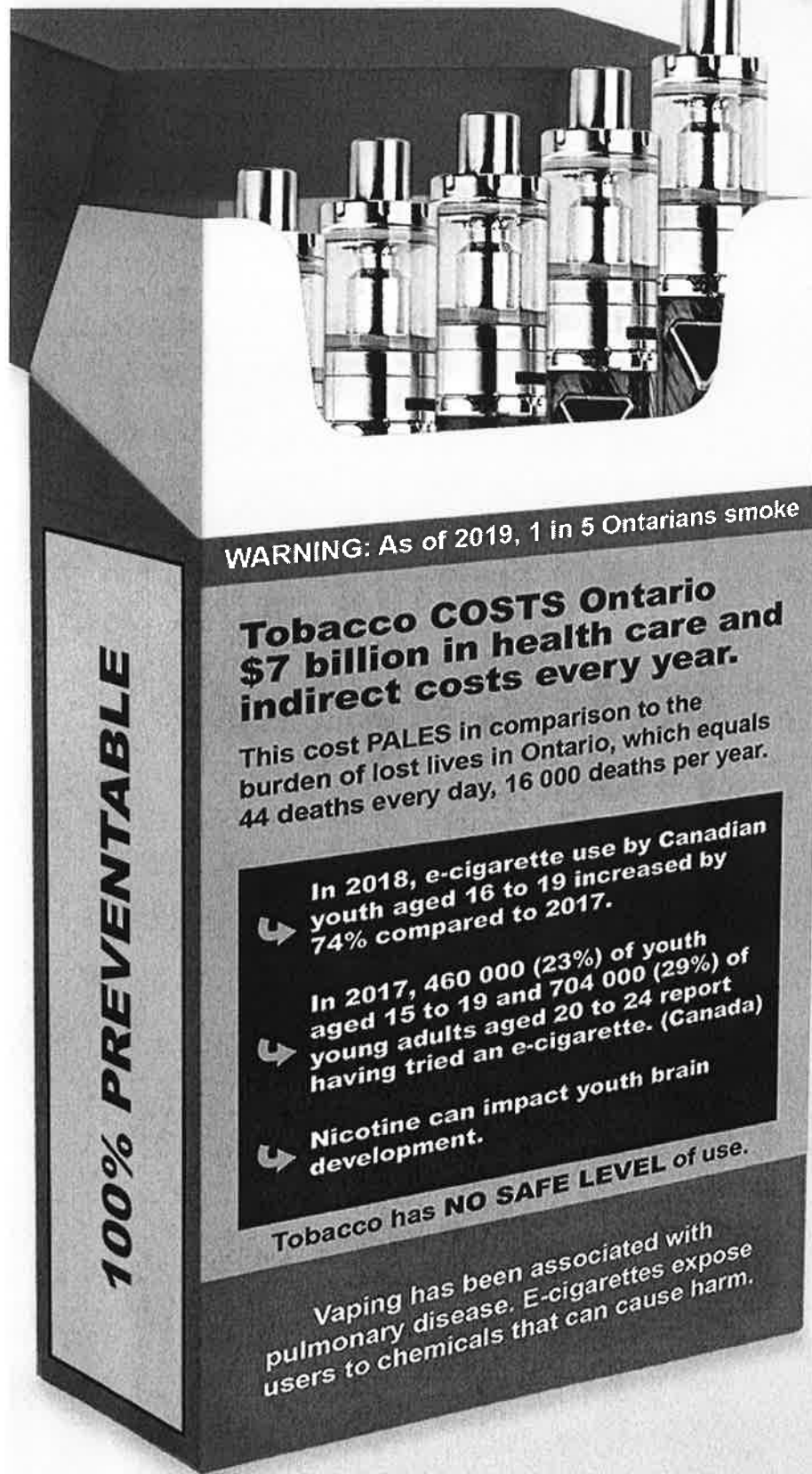
ⁱⁱ CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2019). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

ⁱⁱⁱ Health Canada. (2019). Smoking, vaping and tobacco. Retrieved from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html>

^{iv} Ministry of Health and Long-Term Care. (2018). Smoke-Free Ontario: The Next Chapter – 2018. Toronto: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/SFO_The_Next_Chapter.pdf

WARNING!

WARNING!



The need for a comprehensive tobacco and e-cigarette strategy

The **rapid** proliferation of e-cigarette use is fuelling mass recruitment of new consumers by an established industry, which profits from nicotine addiction.

Many e-cigarette users are **unaware** of the potential harms of regular or occasional use. There is evidence that e-cigarette use **increases youth uptake of tobacco**.

Tobacco continues to kill its users and cause cancer, lung and heart disease, and grips 1.8 million Ontarians daily.

Ingredients of a **comprehensive tobacco and e-cigarette strategy** include cessation, prevention (denormalization, education, taxation), and protection (enforcement, controls, regulations).

In time, e-cigarettes may be proven to help people quit smoking. What's the message to everyone else?

IF YOU DON'T SMOKE, DON'T VAPE.



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WARNING!

Moved by Hazlett - Thain

Approved by Board of Health for Public Health Sudbury & Districts, November 21, 2019

48-19 E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian youths and 10% of local youths reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

CARRIED WITH FRIENDLY AMENDMENTS

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f t @PublicHealthSD



**Public Health
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SUDBURY & DISTRICTS



December 9, 2019

DELIVERED VIA E-MAIL

The Honourable John Yakabuski
Minister of Natural Resources and Forestry
Whitney Block
Suite 6630, 6th Floor
99 Wellesley Street West
Toronto, ON M7A 1W3

Dear Minister:

Re: Schedule 16 of Proposed Bill 132 Respecting the *Aggregate Resources Act*

Wellington-Dufferin-Guelph Public Health (WDGPH) encourages you to consider the impact that proposed amendments to the *Aggregate Resources Act* could have on protecting groundwater resources in Wellington and Dufferin Counties and the City of Guelph.

Residents of Fergus, Orangeville and Guelph get their drinking water from ground water resources. The proposed amendments could negatively impact the groundwater that supplies these large municipal residential drinking water systems, as well as hundreds of other smaller drinking water systems, and over 30,000 private wells.

In the past, Wellington County, Dufferin County and the City of Guelph have passed zoning by-laws that trigger a zone change application when an operator applies to increase the depth of aggregate extraction. This process enables the municipality to require the submission of studies to assess potential groundwater impacts to prevent negative impacts and protect vital local groundwater resources.

The proposed amendments to Schedule 16 of Bill 132 limits the ability of municipalities to protect their local groundwater, and consequently, valuable drinking water resources. WDGPH believes that municipalities have an important role to play in protecting their local groundwater resources on behalf of their residents and that this oversight role should be maintained.

WDGPH understands that the government wants to protect groundwater resources and therefore encourages you to carefully reconsider amendments to the *Aggregate Resources Act* that remove municipal authority to use zoning by-laws to regulate the depth of aggregate extraction activities.

.../2

Thank you for giving this matter your every consideration.

Sincerely,



George Bridge,
Chair, WDGPH Board of Health

- c.c. Dr. David Williams, Chief Medical Officer of Health, Ministry of Health – via e-mail
- c.c. Hon. Sylvia Jones, MPP (Dufferin-Caledon) - via e-mail
- c.c. Hon. Ted Arnott, MPP (Wellington-Halton-Hills)- via e-mail
- c.c. Randy Pettapiece, MPP (Perth-Wellington) – via e-mail
- c.c. Mike Schreiner, MPP (Guelph) – via e-mail
- c.c. Ontario Public Health Units – via e-mail
- c.c. Dr. Nicola Mercer, Medical Officer of Health and CEO (WDGPH) – via e-mail

Facsimile Transmittal Form

**The Corporation of the Township of James
Third Street, P.O. Box 10
Elk Lake, NORTHERN ON POJ 1G0**

Telephone: (705)678-2237 Facsimile: (705)678-2495

December 17, 2019.

To: Temiskaming Health Unit
New Liskeard ON

Attention: Members of the Temiskaming Health Unit Board

Facsimile: 647-5779

Number of pages (including cover sheet): 02

SUBJECT: Resolution #08-19
Temiskaming Health Unit Reserves
Township of James

Please distribute copies of Township of James Resolution #08-19 regarding the above subject to all members of the Temiskaming Health Unit Board.

Due consideration to this important matter is anticipated.

Regards,

Myrna J. Hayes
Clerk/Treasurer

c.c. TMA

THE CORPORATION OF THE TOWNSHIP OF JAMES

RESOLUTION: 08-19

DATE: December 12, 2019.

Moved by:  Seconded by: 

WHEREAS The Corporation of the Township of James is serviced by the Temiskaming Health Unit on a shared cost formula with the District municipalities;

AND WHEREAS these shared costs include and in part from the current reserves of the Temiskaming Health Unit;

AND WHEREAS the provincial government has stated its intent to study the current Public Health Unit structure with a proposed target of reducing the number of operating Public Health Units from the current 35 to as few as 10 Public Health Units;

AND WHEREAS any consolidation or reduction in the number of Public Health Units may come with significant employee severances;

AND WHEREAS any potential severance would be solely due to a decision made by the Province of Ontario;

AND WHEREAS any employee severances created from any reduction or consolidation of Public Health Units should be the responsibility of the Province of Ontario;

NOW THEREFORE BE IT RESOLVED that Council for The Corporation of the Township of James request the Temiskaming Health Unit return current reserves to the participating funding municipalities under the same formula as collected and that each municipality hold such dollars until final decisions are made and carried out by the Province of Ontario;

AND FURTHER that a copy of this resolution be sent to the Temiskaming Municipal Association, Temiskaming Health Unit and each member of the Temiskaming Health Unit Board.



Carried.

December 18, 2019

VIA EMAIL

The Honourable Patty Hajdu
Minister of Health
Confederation Building
278
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

Re: National Universal Pharmacare Program

The Leeds, Grenville and Lanark District Health Unit Board of Health urges the Federal Government to follow through on the promises made by three of the four federal parties during the recent federal election to develop a national universal pharmacare program.

A national universal pharmacare program is an essential component of a comprehensive publicly funded health system and Canada is the only country with a publicly-insured health care system that does not cover the cost of prescription medications. This means that, for many people, the cost of medication is a barrier to receiving the treatment they need for health problems.

Forty percent of the residents in Leeds, Grenville and Lanark do not have additional benefits to cover the cost of necessary medication. Bulk buying would also reduce the cost of drugs for insurance companies which would be passed on to employers in our communities.

The Honourable Patty Hadju

Page 2

December 18, 2019

The work of experts outlined in the Government of Canada report "Towards Implementation of National Pharmacare: Discussion Paper"¹ outlines the rationale for, and a way forward, to improve the health of Canadians. Now is the time to act on it.

Sincerely,



Doug Malanka

Board Chair

DM/hb

cc: The Right Honourable Justin Trudeau, Prime Minister, Liberal Party of Canada
The Honourable Andrew Scheer, Conservative Party of Canada
The Honourable Jagmeet Singh, New Democratic Party of Canada
The Honourable Jo-Ann Roberts, Green Party of Canada
The Honourable Christine Elliott, Minister of Health
The Honourable Scott Reid, MP Lanark-Frontenac-Kingston
The Honourable Michael Barrett, MP Leeds-Grenville-Thousand Islands and
Rideau Lakes
Ontario Boards of Health

¹ https://www.canada.ca/content/dam/hc-sc/documents/corporate/publications/council_on_pharmacare_EN.PDF

January 2, 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: Request for Weekly Data Reports on Vaping Cases

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received for information correspondence from the City of Hamilton (attached) requesting that cases of vaping-related severe pulmonary disease in Hamilton hospitals be shared with Hamilton's Medical Officers of Health.

The Board of Health for Peterborough Public Health also requests that local cases of vaping-related severe pulmonary disease reported by Peterborough Regional Health Centre to the Chief Medical Officer of Health under section 77.7.1 of the Health Protection and Promotion Act be shared with Peterborough's Medical Officer of Health.

Considering the importance of public health surveillance and the need to continue to raise awareness of health impacts related to vaping, information related to incidences of hospitalizations locally is critical in assessing the extent of the ill-effects of vaping on the health of residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

Encl.
/ag

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Dr. Peter McLaughlin, President and Chief Executive Officer, Peterborough Regional Health Centre
Local MPPs
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, Ontario M7A 2J3
christine.elliott@pc.ola.org

RE: Request for Weekly Data Reports on Vaping Cases

Dear Minister Elliott,

At its meeting on October 18, 2019 the City of Hamilton Board of Health discussed the potential health effects associated with the use of electronic cigarettes, in particular, the current outbreak of severe pulmonary disease, and your recent order for hospitals to report such cases to Ontario's Chief Medical Officer of Health.

In order to enable Hamilton's Board of Health to better assess the extent of the ill-effects of vaping on the health of those in Hamilton, I am writing on behalf of the Hamilton Board to request that any such reports to Ontario's Chief Medical Officer of Health by Hamilton hospitals be shared with Hamilton's Medical Officer of Health.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a horizontal line drawn through the bottom of the signature.

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

.../2

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

January 9, 2020

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

Honourable Christine Elliott, Deputy Premier
Minister of Health, Ontario
Hepburn Block 10th Floor 80 Grosvenor Street
Toronto, ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Hajdu and Minister Elliot,

The Board of Health for the Porcupine Health Unit would like to take this opportunity to support the correspondence forwarded by the Board of Health Chair of the Simcoe Muskoka District Health Unit dated September 18th, 2019. This requested stronger provincial legislation to restrict the display and promotion of vaping products and ban flavoured vaping products to address the youth vaping crisis. Accordingly, the concerns identified in the document reflect those of our Board of Health and community partners.

We would like to commend your leadership in making the decision to prohibit the promotion of vaping products in convenience stores and gas stations effective January 1, 2020. This measure is a critical first step towards preventing youth access and initiation. Nevertheless, the Board of Health for the Porcupine Health Unit (PHU) remains uncertain that banning the promotion of vaping products in retail settings will be enough to reduce youth uptake and related harms. With increasing numbers of youth seen vaping across PHU communities, and an already higher than provincial average tobacco use rate we remain extremely concerned. Evidence supports that e-cigarette companies are appealing to young people through the promotion of flavours. As such, banning flavoured e-cigarette products would be a great step towards curbing the current youth vaping epidemic.

The Board of Health for the Porcupine Health Unit supports Private Members Bill 151 which was brought forward in the Ontario Legislature by the Ontario NDP Health Critic France G linas on November 27, 2019. The Smoke-Free Ontario Amendment Act (*Vaping is not for Kids*) bill includes measures concerning e-cigarettes, such as banning flavours unless exempted by regulation; banning sales except in adult-only specialty vape stores; and requiring specialty vape stores to be approved by local Board of Health. The bill would prohibit the promotion of vaping products, regulate the availability of flavours, set a maximum amount of nicotine per milliliter of e-fluid, restrict sales to specialty shops, require Ontario Health to prepare an annual report on vaping usage and health effects as well as prioritize research by setting tax money aside. We urge the Ministry of Health to support this bill so that we not only protect our youth but can mutually reach our goal of achieving a smoking rate of less than 5% by 2035.



Years of
Public Health

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Moosonee, Smooth Rock Falls

The Honourable Patty Hajdu; and
The Honourable Christine Elliott
January 9, 2020

2.

Our concern that current measures will not be enough to adequately address the crisis of youth vaping continue to be supported. Decades of experience with youth smoking demonstrate the need for comprehensive protective measures. As such, the recommendations forwarded on December 19, 2019, by the *Physicians for a Smoke-Free Canada* should also be considered in the development of new regulations.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,



Sue Perras
Chair, Board of Health for the Porcupine Health Unit

cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Porcupine Health Unit - Member Municipalities

January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On January 16, 2020, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Children Count Pilot Project**. **WECHU's resolution as outlined below recognizes that the Children Count Pilot Study Project, Healthy Living Module, is a feasible approach to fulfil local, regional and provincial population health data gaps for children and youth:**

Windsor-Essex County Board of Health
RECOMMENDATION/RESOLUTION REPORT – Children Count Pilot Project
January 16, 2020

ISSUE

The behaviours initiated in youth create a foundation for health through the life course (Toronto Public Health, 2015). Supporting student achievement and improving overall quality of life for children and youth is a priority shared across multiple sectors, including health and education. Both the Ministry of Health and the Ministry of Education have identified the importance of this stage of development through the Ontario Public Health Standards (OPHS) and the Ontario Curriculum (2019), and the interrelationship between health, well-being and educational outcomes. Collecting, analyzing and reporting data at the local level is essential for the planning, delivery and evaluation of effective and efficient services that meet the unique needs of students and ensure the responsible public stewardship of the resources allocated to these services (Windsor-Essex, 2017). The lack of a coordinated provincial system for the assessment and monitoring of child and youth health that meets local needs has been the focus of many reports, including the 2017 Annual Report of the Ontario Auditor General. The Auditor General's report identified that children are a public health priority population and that epidemiological data on children are not readily available to public health units for planning and measuring effective programming (Office of the Auditor General of Ontario, 2017).

In the initial report, [Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units](#) (Populations Health Assessment LDCP Team, 2017), public health units and school boards identified a need for local data related to mental health, physical activity and healthy eating for school-aged children and youth. In 2017, the Children Count Locally Driven Collaborative Projects (LDCP) Team convened a Task Force of leaders in education, public health, research, government and non-governmental organizations to explore solutions and make recommendations for improving assessment and monitoring of child and youth health. The Task Force recommendations have been endorsed by many organizations including the Council of Directors of Education (CODE) and Council of Medical Officers of Health (COMOH). In their report, [the Children Count Task Force](#) (Children Count Task Force, 2019) recommended building on existing infrastructure by using the Ministry of Education's mandated school climate survey (SCS). The SCS provides population level data for children and youth grades 4 to 12 and represents a significant opportunity to understand local health needs of students.

BACKGROUND

In follow up to this previous work, the Children Count LDCP Team, with a renewal grant from Public Health Ontario (PHO), embarked upon The Children Count Pilot Study Project. The Children Count Pilot Study began in December 2017 with the goal to explore the feasibility of coordinated monitoring and assessment of child and youth health, utilizing the SCS, to address local health data gaps. This provincial project included six school board and public health unit pairings who developed and piloted a Healthy Living Module (HLM) as part of the school board's SCS. The HLM covered the topics previously prioritized of mental health, healthy eating, and physical activity.

The objectives of the Pilot Study were:

1. To work collaboratively to develop a HLM for the SCS;
2. To pilot test and evaluate the applicability and feasibility of the partnership between public health units and school boards in coordinated monitoring and assessment utilizing the SCS; and
3. To develop a toolkit for implementation of coordinated monitoring and assessment for health service planning using the SCS for child and youth health in Ontario.

Using a Participatory Action Research (PAR) model, the steering committee (comprised of school board and public health leadership), worked together to build the HLM. The HLM was successfully integrated into the SCS led by participating school boards. Collaboratively school boards and local public health units analyzed and interpreted the results for knowledge sharing and planning.

The HLM enriched each school boards' SCS and identified areas for further work to support student health and well-being. The process of piloting the HLM with multiple and diverse school boards using different methods demonstrated that the overall process of coordinating a HLM into the SCS is feasible and adaptable to suit local needs while still enabling consistency in data across regions. The Children Count Pilot Project captured the process and lessons learned in their final report (December 2019) as well as developed the *Children Count Pilot Study Project: Healthy Living Module Toolkit* as a guide for school boards and health units across the province.

PROPOSED MOTION

Whereas, boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends over time, and

Whereas, boards of health require local population health data for planning evidence-informed, culturally and locally appropriate health services and programs, and

Whereas, addressing child and youth health and well-being is a priority across multiple sectors, including education and health, and

Whereas, Ontario lacks a single coordinated system for the monitoring and assessment of child and youth health and well-being, and

Whereas, there is insufficient data on child and youth health and well-being at the local, regional and provincial level, and

Whereas, the Children Count Pilot Study Project, Healthy Living Module is a feasible approach to fulfill local, regional and provincial population health data gaps for children and youth, and

Now therefore be it resolved that the Windsor-Essex County Board of Health receives and endorses the Healthy Living Module, and

FURTHER THAT, the Windsor-Essex County Board of Health encourage the Ministry of Health and the Ministry of Education to adopt the Healthy Living Module as part of the Ontario Public Health Standards and the Ontario School Climate Survey.

References

Children Count Task Force. (2019). Children Count: Task Force Recommendations. Windsor, ON: Windsor-Essex County Health Unit.

Office of the Auditor General (2017). Annual Report 2017. Toronto: Queen's Printer for Ontario.

Ministry of Education. (2019). The Ontario Curriculum, Grades 1-8: Health and Physical Education.

Ministry of Health and Long-Term Care. (2018). Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Toronto: Queen's Printer for Ontario.

Population Health Assessment LDCP Team (2017). Children Count: Assessing Child and youth Surveillance Gaps for Ontario Public Health Units. Windsor, ON: Windsor-Essex County Health Unit.

Toronto Public Health. (2015). Healthy Futures: 2014 Toronto Public Health Student Survey. Toronto: Toronto Public Health

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. Stephen Lecce, Minister of Education
 - Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
 - Pegeen Walsh, Executive Director, Ontario Public Health Association
 - Association of Local Public Health Agencies – Loretta Ryan
 - Association of Municipalities of Ontario
 - Greater Essex County District School Board – Erin Kelly
 - Windsor Essex Catholic District School Board – Terry Lyons
 - CSC Providence (French Catholic) – Joseph Picard
 - Conseil Scolaire Viamonde (French Public) – Martin Bertrand
 - Ontario Boards of Health
 - WECHU Board of Health
 - Corporation of the City of Windsor – Clerk's office
 - Corporation of the County of Essex – Clerk's office
 - Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
 - Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis, Dave Epp

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..\\2020 BOARD MEETINGS\01-JANUARY 16-20\RESOLUTION\Children Count Pilot Study Toolkit ENG 2019.pdf

January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

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

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

ISSUE

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

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

BACKGROUND

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

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

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

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

PROPOSED MOTION

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

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

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

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

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

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

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

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

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

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

References:

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

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

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