

Board Correspondence

March 2020

Date	From	Subject
January 20, 2020	City of Hamilton	Letter of endorsement – Vaping recommendations.
January 22, 2020	Peterborough Public Health	Letter to Minister of Health – adoption of tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment program of youth cessation and public education.
January 28, 2020	KFL&A Public Health	Motion – Food insecurity and food affordability.
January 29, 2020	Peterborough Public Health	Letter to Minister of Transportation – Off road vehicles (ORV) and Bills 107 and 132.
January 31, 2020	Public Health Sudbury & Districts	Resolution #02-20 – Fully funded universal health school food program.
February 3, 2020	Municipality of Charlton & Dack	Motion 20-020 – employee severances created by reduction of consolidation should be the responsibility of the province of Ontario.
February 4, 2020	Township of Chamberlain	Motion 2020-20 – employee severances created by reduction of consolidation should be the responsibility of the province of Ontario.
February 12, 2020	Eastern Ontario Health Unit	Motion #2020-1393 – 2020 municipal cost share of public health funding.



OFFICE OF THE MAYOR
CITY OF HAMILTON

January 20, 2020

VIA: Mail and Email

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

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

RE: Endorsement of Correspondence re: Vaping Recommendations

Dear Ministers Hajdu and Elliott,

At its meeting on January 20, 2020, the City of Hamilton Board of Health endorsed correspondence regarding comprehensive measures to address the rise of vaping in Ontario (see attached) from the following Boards of Health:

- Public Health Sudbury & Districts
- Haliburton Kawartha, Pine Ridge District Health
- Middlesex-London Health Unit
- Peterborough Public Health
- Leeds, Grenville and Lanark District Health Unit

While aerosolized products, also known as e-cigarettes, are considered by some health authorities to be less harmful than combustible tobacco cigarettes, Health Canada and other health authorities have concluded that the long-term health effects from the use of aerosolized products are not yet fully known. Vaping aerosolized products has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018. In Hamilton, the amount of vapour product stores and inspections have increased as well as the sales of vapour product or e-cigarettes to persons under the age of 19 in 2019 in comparison to 2018. Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco and vaping use among children youth and young adults.

The City of Hamilton's Board of Health is supportive of the proposed regulations put forward by the Ontario's Ministry of Health to prohibit the promotion of vapour products

in convenience stores and gas stations effective January 1, 2020, as research shows that point of sale advertising has the strongest association with youth's interest in e-cigarette products. Despite this regulatory change, vapour products manufacturers are still able to promote their products in other settings (i.e. billboards, posters, public transit) provided they do not violate the federal Tobacco and Vaping Products Act. Commendably, on December 19, 2019 Honourable Patty Hajdu, Minister of Health, proposed that new regulations to prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth.

Flavoured vapour products are also appealing to youth and have been linked to uptake of vaping by youth, similar to the experience with flavoured tobacco, which is now prohibited. According to the Tobacco and Vaping Products Act, many of these popular flavours such as dessert, confectionery, soft drink, energy drink, or cannabis are prohibited from being used to promote e-cigarette products including its packaging and through illustrations and design elements. Despite this, the Ontario Tobacco Research Unit (OTRU) has found that many Canadian online e-cigarette retailers are in fact promoting these flavours.

While youth use is of concern, it is also important to consider the potential for cessation among adult smokers using e-cigarettes. A systematic review of consumer preference for e-cigarette products researched the relationship between flavours and quitting smoking. Two studies found greater quit success when using menthol flavoured products, another study found quit success when using coffee flavours, while another study found that flavoured e-cigarette use was associated with a lower intention to quit smoking.

E-cigarettes utilizing the salt-based nicotine pod systems such as JUUL are very popular among youth, with some of these products containing very high concentrations of nicotine (59 mg/mL). This is alarming as children and youth are especially vulnerable to nicotine addiction as the brain is still developing until the age of 25. The European Union has limited the amount of nicotine in e-cigarettes to 20 (mg/ml) to allow for a comparable amount of nicotine that would be found in a standard cigarette, this is much lower than the current nicotine levels permitted in Canada.

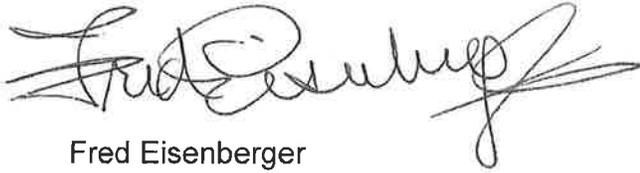
On behalf of the City of Hamilton's Board of Health, I endorse recommendations from the above stated Boards of Health as well as from Minister Hajdu and Health Canada for more stringent vaping regulations, similar to those regulating tobacco products.

These recommended regulations include:

- Require a ban on flavoured e-cigarettes to help prevent the further uptake of vaping by youth;
- Restrict the nicotine concentration in all vaping products;
- Require health and toxicity warnings on all vapour products;
- Require mandatory testing and reporting for vapour products;
- Require standardized and tamper proof packaging on all vapour products;
- Require an age of 21 years for tobacco, vaping and cannabis sales;

- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance; and,
- Revise the Federal Tobacco and Vaping Products Act to ban display, promotion and advertising, mirroring the restrictions on tobacco in the Tobacco and Vaping Products Act.

Sincerely,



Fred Eisenberger
Mayor

CC:

Donna Skelly, MPP, Flamborough-Glanbrook
Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

David Sweet, MP, Flamborough-Glanbrook
Matthew Green, MP, Hamilton Centre
Bob Bratina, MP, Hamilton East – Stoney Creek
Scott Duvall, MP, Hamilton Mountain
Filomena Tassi, MP, Hamilton West-Ancaster-Dundas

Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

January 22, 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:

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received correspondence from Public Health Sudbury & Districts (enclosed) regarding e-cigarette and aerosolized product prevention and cessation.

Foremost, we wish to congratulate the Ministry for the recently announced changes to the *Smoke-Free Ontario Act* that, effective January 2020, ban the promotion of e-cigarettes/vapour products in corner stores and gas stations. The Board of Health for Peterborough Public Health also urges **the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment program of youth cessation and public education.**

The previous Smoke-Free Ontario Strategy, released in May 2018, provided an updated framework for tobacco control, guiding direction across the province on tobacco prevention, cessation, protection and enforcement. Considering the increase in use of vapour products and the ongoing prevalence of tobacco use impacting the lives of Ontarians, it is a critical in this time of public health modernization for the Ministry of Health to develop a new comprehensive tobacco and e-cigarette strategy.

A greater proportion of the Peterborough population 12 years and older are currently smoking (2013/2014) compared to both the province and the Peer Group, at 27.0%, 17.3%, and 20.6% respectively.¹ These rates have the potential to increase with 24.1% of Peterborough area students in grades 9 to 12 trying electronic cigarettes.² Further to this, Professor David Hammond of the University of Waterloo, found that among Ontario youth 16-19 years old, vaping increased by a stunning 74% from 2017 to 2018, from 8.4% to 14.6%.³

The recent rise in youth addiction to vaping products seen in local secondary schools and requests for prevention supports in elementary schools, speak to the current situation and the need for a coordinated and comprehensive tobacco and e-cigarette strategy to improve the health of Ontarians and stay on course for achieving the lowest smoking prevalence rates in Canada.

We look forward to working with the Ministry and local partners to develop and implement a comprehensive tobacco and e-cigarette strategy that will ultimately protect the health of all Ontarians.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
Hon. Doug Downey, Attorney General of Ontario
France Gélinas, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Peterborough County-City Health Unit (2016). Tobacco Use in Peterborough: Priorities for Action Peterborough, ON: Beecroft, K., Kurc, AR.

² During the 2014/2015 school year, the Peterborough County City Health Unit (PCCHU) collected data on 1,358 students at six (out of nine) different secondary schools across Peterborough with support from the Propel Centre for Population Health Impact at the University of Waterloo. This represents approximately 15% of the population 15 through 19 according to Statistics Canada's 2011 Census. Source: University of Waterloo. Canadian Student Tobacco, Alcohol, and Drugs Survey. Available: <https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about>

³ Hammond, D., Reid, J., Rynard, V., Fong, G., Cummings, K.M., McNeill, A., Hitchman, S., Thrasher, J., Goneiwick, M., Bansal-Travers, M., O'Connor, R., Levy, D., Borland, R., White, C. (2019) Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *British Medical Journal* 365:l2219.



January 28, 2020

VIA: Electronic Mail (Patty.Hajdu@parl.gc.ca)

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

RE: Monitoring of food insecurity and food affordability

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its January 22, 2020 meeting:

THAT the KFL&A Board of Health recommend that the Federal Government

- **commit to annual local measurement of food insecurity in all the provinces and territories by making the Household Food Security Survey Module a core module in the Canadian Community Health Survey, and**
- **update the foods included in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and develop a national food costing protocol.**

FURTHER THAT a copy of this letter be forwarded to:

- 1) **Honourable Christine Elliott, Minister of Health, Ontario**
- 2) **Honourable Navdeep Bains, Minister of Innovation, Science and Industry**
- 3) **Mark Gerretsen, MP Kingston and the Islands**
- 4) **Scott Reid, MP Lanark-Frontenac Kingston**
- 5) **Derek Sloan, MP Hastings-Lennox and Addington**
- 6) **Ian Arthur, MPP Kingston and the Islands**
- 7) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 8) **Daryl Kramp, MPP Hastings-Lennox and Addington**
- 9) **Loretta Ryan, Association of Local Public Health Agencies**
- 10) **Ontario Boards of Health**
- 11) **Mary Ellen Prange, The Ontario Dietitians in Public Health**
- 12) **Kim Loupos, The Ontario Dietitians in Public Health**

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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	Napanee	613-354-3357	Fax: 613-354-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997



**Letter to: Honourable Patty Hajdu
Minister of Health, Canada**

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Monitoring food insecurity and food affordability supports KFL&A Public Health in assessing trends over time, identifying community needs and priority populations, supporting and promoting access to safe and healthy food, and informing healthy public policy. Requiring the Household Food Security Survey Module as mandatory rather than optional for provinces and territories would facilitate effective and consistent food affordability surveillance and monitoring.

KFL&A Public Health completes the Ontario Nutritious Food Basket survey tool annually to monitor the cost of healthy food in KFL&A. The National Nutritious Food Basket which serves as the basis for the Ontario Nutritious Food Basket survey tool was last updated using the 2007 Canada's Food Guide. KFL&A Public Health recommends that the Federal Government take leadership in developing a national protocol that would accompany the National Nutritious Food Basket to ensure consistency in monitoring food costing across Canada.

The consistent, systematic and relevant measurement of food insecurity is foundational for measuring and surveilling food insecurity in Canada.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. C. Elliott, Minister of Health, Ontario
Hon. N. Bains, Minister of Innovation, Science and Industry
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac Kingston
D. Sloan, MP Hastings-Lennox and Addington
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
M. E. Prange, The Ontario Dietitians in Public Health
Kim Loupos, The Ontario Dietitians in Public Health

January 29, 2020

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

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

Dear Honourable Ministers,

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

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

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

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

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

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

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

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

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

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

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

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

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

References

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



Public Health
Santé publique
SUDBURY & DISTRICTS

January 31, 2020

VIA ELECTRONIC MAIL

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

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

Dear Ministers:

Re: Fully Funded Universal Healthy School Food Program

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

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

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

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

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
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Rainbow Centre

10 rue Elm Street
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1 rue King Street
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800 rue Centre Street
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phsd.ca



Re: Fully Funded Universal Healthy School Food Program

January 31, 2020

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

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

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

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

Sincerely,



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

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



MUNICIPALITY OF CHARLTON AND DACK

Resolution of Council

MOVED BY:

[Signature]

MOTION NO:

20-020

SECONDED BY:

[Signature]

DATE: February 3rd, 2020

WHEREAS the Municipality of Charlton and Dack is serviced by the Timiskaming Health Unit on a shared cost formula with the remainder of the district municipalities:

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

AND WHEREAS the Province of Ontario 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 due to the sole decision making of the Province of Ontario;

NOW THEREFORE BE IT RESOLVED THAT the Municipality of Charlton and Dack request that any employee severances created from any reduction or consolidation of Public Health Units should be the responsibility of the Province of Ontario.

FURTHER THAT a copy of this motion be sent to the Temiskaming Municipal Association, Timiskaming Health Unit, and The Federation of Northern Ontario Municipalities.

<input checked="" type="checkbox"/>	CARRIED
<input type="checkbox"/>	DEFEATED
<input type="checkbox"/>	DEFERRED

Signature of Presiding Officer:

[Signature]

DIVISION VOTE

Position	Name	Yeas	Nays
Councillor	Sandra Parkin		
Councillor	Jim Huff		
Deputy Reeve	Debbie Veerman		
Councillor	Clem Yantha		
Reeve	Merrill Bond		

Certified to be a true copy from the Corporation of the Municipality of Charlton and Dack, passed in Council on the 3 day of February, 2020.

DECLARATION OF CONFLICT OF INTEREST

declared their interest, abstained from the discussion and did not vote on the question.

[Signature]
Municipality of Charlton and Dack



THE CORPORATION OF THE TOWNSHIP OF CHAMBERLAIN

(Hereinafter referred to as the "Township of Chamberlain")

Moved: [Signature]

No: 2020-20

Seconded: [Signature]

Date: Feb.4th/2020

WHEREAS the Township of Chamberlain is serviced by the Timiskaming Health Unit on a shared cost formula with the remainder of the district municipalities;

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

AND WHEREAS the Province of Ontario 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 due to the sole decision making of the Province of Ontario;

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

NOW THEREFORE BE IT RESOLVED THAT the Township of Chamberlain request the that any employee severances created from any reduction or consolidation of Public Health Units should the responsibility of the Province of Ontario.

FURTHER THAT a copy of this motion be sent to the Temiskaming Municipal Association, Timiskaming Health Unit, and The Federation of Northern Ontario Municipalities.

- CARRIED
- AMENDED
- DEFEATED
- DEFERRED

REEVE: [Signature]

CLERK: [Signature]

Position	Name	Yeas	Nays	Declared Conflict
Reeve	Kerry Stewart			
Councillor	Kelly Osborne			
Councillor	Gerard Guenette			
Councillor	Cary Hager			
Councillor	Debra Schenk			

Cornwall, February 12, 2020

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

Dear Minister Elliott:

RE: 2020 Municipal Cost Share of Public Health Funding

At its meeting on January 30, 2020, the Eastern Ontario Health Unit (EOHU) Board of Health unanimously passed the following motion number 2020-1393:

***WHEREAS** the Ontario Government's Public Health Modernization Consultation process is still ongoing and in fact delayed;*

***WHEREAS** the Public Health Modernization Consultation process does not address public health funding models including municipal cost-share;*

***WHEREAS** without prior consultation nor discussion with health units or municipalities and before a new public health structure model has been devised and implemented, the municipal public health funding share for 2020 has been increased to 30% and now extends to include programs not previously cost-shared with municipalities;*

***WHEREAS** the 30% share across all programs, including those previously not cost-shared will result in significant and likely unsustainable increase of close to 50% to the EOHU's 3 obligated, mostly rural municipalities which have a limited tax base;*

***WHEREAS** the EOHU's obligated municipalities have planned for a 2020 modest overall contribution increase of up to 2% which is less than their new 30% cost-share formula 2020 contribution, even offset by verbally confirmed one-time transitional funding by the Ministry of Health;*

***THEREFORE, BE IT RESOLVED THAT** for the calendar year of 2020 the provincial Ministry of Health reverse the 30% cost-share formula and return to previous years' municipal share of 25% applicable only to previously shared mandatory programs;*

and

***FURTHERMORE THAT** copies of this motion be forwarded to local municipalities, the Wardens Caucus of Eastern Ontario, the Association of Municipalities of Ontario (AMO), ROMA, local MPPs, MPP Steven Clark, all Ontario Boards of Health, the Association of Public Health Agencies (alPHA) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.*

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Si les renseignements sont requis dans un autre format, veuillez appeler au 1 800 267-7120 et faire le 0.

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

Sincerely,



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy: Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
Warden's Caucus of Eastern Ontario
Association of Municipalities of Ontario (AMO)
ROMA
City of Cornwall
Ontario Boards of Health
Association of Public Health Agencies (aPHa)
Office of the Chief Medical Officer of Health
Jim McDonnell, MPP, Stormont - Dundas - South Glengarry
Amanda Simard, MPP, Glengarry - Prescott-Russell
Steven Clark, Minister of Municipal Affairs