

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, March 13, 2019 – 5:30 p.m.  
Dr. J. K. Edwards Board Room, 3<sup>rd</sup> Floor  
Jackson Square, 185 King Street, Peterborough**

**1. Call to Order**

Councillor Kathryn Wilson, Chair

**1.1. Welcome and Opening Statement**

*We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.*

*Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all Treaty people.*

**2. Confirmation of the Agenda**

**3. Declaration of Pecuniary Interest**

**4. Consent Items to be Considered Separately**

**Board Members:** Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1 a b 9.2 a b c d e f g h i 9.3.1 9.3.2 9.4.1

**5. Delegations and Presentations**

**6. Confirmation of the Minutes of the Previous Meeting**

- Cover Report
- a. February 13, 2019

**7. Business Arising From the Minutes**

## **8. Staff Reports**

### **8.1. Staff Presentation: The Weekly Influenza Report – An Example of PPH Surveillance**

Presenter: Mohamed Kharbouch, Epidemiologist

- Cover Report
- a. Presentation

### **8.2. Staff Report: Summary of Peterborough Public Health's 2019 Annual Service Plan Submission**

Larry Stinson, Director of Operations

- Staff Report

### **8.3. Stewardship Committee Report: Budget Approvals**

Cathy Praamsma, Chair

- Cover Report
- a. HBHC Budget 2019
- b. ITDP Budget 2019/20

## **9. Consent Items**

### **9.1. Correspondence for Direction**

- a. Cannabis Use in Public Places – Durham
- b. Food Insecurity and Bill 60 - NBPSDHU

### **9.2. Correspondence for Information**

- Cover Report
- a. Kennedy – AMO Discussion Paper
- b. MPPs – alPHa Documents
- c. Premier Ford – Oral Health Low Income Adults and Seniors
- d. CMOH – Transformation of Health Care System
- e. alPHa – Ending Hallway Medicine
- f. alPHa – Bill S-228, Child Health Protection Act
- g. alPHa – E-newsletter
- h. alPHa – BOH Update
- i. alPHa – Draft Conference Program

### **9.3. Staff Reports**

#### **9.3.1. Staff Report: Guarding Minds @ Work Update**

- Staff Report

#### **9.3.2. Staff Report: Public health responses to the federal consultation on the regulation of edible cannabis, extracts and tinctures**

- Staff Report
  - a. ODPH Cannabis Consultation 2019
  - b. OPHU COC Cannabis Consult Submission

#### **9.4. Committee Reports**

##### **9.4.1. Stewardship Committee**

Cathy Praamsma, Chair

- Cover Report
  - a. Committee Minutes, Feb. 5/19

#### **10. New Business**

#### **11. In Camera to Discuss Confidential Matters**

*In accordance with the Municipal Act, 2001,*

- *Section 239(2)(d), Labour relations or employee negotiations*

#### **12. Motions for Open Session**

#### **13. Date, Time, and Place of the Next Meeting**

Wednesday, April 10, 2019, 5:30 p.m.  
Dr. J. K. Edwards Board Room, 3rd Floor  
Jackson Square, 185 King Street, Peterborough

#### **14. Adjournment**

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Meeting Minutes, February 13, 2019</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Natalie Garnett, Board Secretary</b>
<b>APPROVED BY:</b>	<b>Dr. Rosana Salvaterra, Medical Officer of Health</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on February 13, 2019.

**ATTACHMENTS**

[Attachment A – Draft Minutes, February 13, 2019](#)



**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, February 13, 2019 – 5:30 p.m.  
Dr. J.K. Edwards Board Room  
Jackson Square, 185 King Street**

**In Attendance:**

**Board Members:**

Deputy Mayor Bonnie Clark  
Councillor Henry Clarke  
Ms. Kerri Davies  
Deputy Mayor Matthew Graham  
Mayor Andy Mitchell  
Ms. Catherine Praamsma  
Councillor Kathryn Wilson, Chair  
Councillor Kim Zippel

**Regrets:**

Mr. Gregory Connolley  
Mr. Andy Sharpe  
Councillor Don Vassiliadis  
Chief Phyllis Williams

**Staff:**

Ms. Dale Bolton, Manager, Finance and Property  
Ms. Brittany Cadence, Manager, Communication Services  
Ms. Donna Churipuy, Director of Public Health Programs  
Ms. Natalie Garnett, Recorder  
Ms. Alida Gorizzan, Executive Assistant  
Dr. Rosana Salvaterra, Medical Officer of Health  
Mr. Larry Stinson, Director of Operations

---

**1. Call to Order**

Councillor Kathryn Wilson, Chair called the meeting to order at 5:29 p.m.

## **2. Confirmation of the Agenda**

MOTION:

*That the agenda be amended by adding items 10.1 and 10.2.*

Moved: Councillor Clarke

Seconded: Deputy Mayor Graham

Motion carried. (M-2019-020)

## **3. Declaration of Pecuniary Interest**

## **4. Consent Items to be Considered Separately**

MOTION:

*That the following items be passed as part of the Consent Agenda: 9.1 a, 9.2 a and d, 9.3.1, 9.3.4, 9.3.5, 9.4.1 and 9.4.2.*

Moved: Ms. Praamsma

Seconded: Mayor Mitchell

Motion carried. (M-2019-021)

MOTION (9.1 a):

*That the Board of Health for Peterborough Public Health:*

- *receive for information, Resolution #42-18 dated November 22, 2018 from the Board of Health for Sudbury & District Public Health Unit regarding a provincial oral health program for low income adults and seniors; and,*
- *support their position and communicate this support to Premier Ford, with copies to Minister Elliott, Dr. David Williams, Chief Medical Officer of Health local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health*

Moved: Ms. Praamsma

Seconded: Mayor Mitchell

Motion carried. (M-2019-021)

MOTION (9.2 a, d):

*That the Board of Health for Peterborough Public Health receive the following for information:*

- a. Letter dated January 11, 2019 from Minister Mulroney in response to the former Board Chair's initial letter dated November 8, 2018, regarding cannabis retail.*
- d. alPHA symposium update, January 30, 2019.*

Moved: Ms. Praamsma

Seconded: Mayor Mitchell

Motion carried. (M-2019-021)

MOTION (9.3.1):

*That the Board of Health for Peterborough Public Health receive the Oral Health Report, 2019, for information.*

Moved: Ms. Praamsma  
Seconded: Mayor Mitchell  
Motion carried. (M-2019-021)

MOTION (9.3.4):

*That the Board of Health for Peterborough Public Health receive the staff report, Summary of Complaints, 2018, for information.*

Moved: Ms. Praamsma  
Seconded: Mayor Mitchell  
Motion carried. (M-2019-021)

MOTION (9.3.5):

*That the Board of Health for Peterborough Public Health receive the staff report, Summary of Donations, 2018, for information.*

Moved: Ms. Praamsma  
Seconded: Mayor Mitchell  
Motion carried. (M-2019-021)

MOTION (9.4.1):

- a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from November 1, 2018, for information.*
- b. *That the Board of Health for Peterborough Public Health approve the Governance Committee Terms of Reference as written (reviewed by the Committee, no changes to recommend).*
- c. *That the Board of Health for Peterborough Public Health appoint Deputy Mayor Bonnie Clark to the Governance Committee.*

Moved: Ms. Praamsma  
Seconded: Mayor Mitchell  
Motion carried. (M-2019-021)

MOTION (9.4.2):

- a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from October 24, 2018, for information.*
- b. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from January 12, 2019, for information.*
- c. *That the Board of Health for Peterborough Public Health approve the Stewardship Committee Terms of Reference, as revised.*
- d. *That the Board of Health for Peterborough Public Health receive the Q4 2018 Financial Report for information.*

- e. *That the Board of Health for Peterborough Public Health receive the staff report, Three Prong Strategy Status, for information.*

Moved: Ms. Praamsma

Seconded: Mayor Mitchell

Motion carried. (M-2019-021)

## **5. Delegations and Presentations**

### **5.1. Peterborough Regional Health Centre: Transforming Care Through Investment and Innovation**

MOTION:

*That the Board of Health for Peterborough Public Health receive the following for information: "Presentation: Peterborough Regional Health Centre – Transforming care through investment and innovation", Presenters: Dr. Peter McLaughlin, Chief Executive Officer; Adair-Ireland-Smith, Board Chair; Don Gillespie, Board Vice Chair.*

Moved: Councillor Clarke

Seconded: Deputy Mayor Clark

Motion carried. (M-2019-022)

## **6. Confirmation of the Minutes of the Previous Meetings**

### **a. January 12, 2019**

MOTION:

*That the minutes of the Board of Health for the Peterborough Public Health meeting held on January 12, 2019 be approved as circulated.*

Moved: Deputy Mayor Graham

Seconded: Ms. Praamsma

Motion carried. (M-2019-023)

## **7. Business Arising From the Minutes**

### **7.1. Correspondence with the Association of Local Public Health Agencies (alPHA)**

MOTION:

*That the Board of Health for Peterborough Public Health receive the following items of correspondence for information:*

- a. *Email dated January 18, 2019 from Dr. Salvaterra to Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHA) regarding funding advocacy.*
- b. *Letter dated January 23, 2019 from Loretta Ryan responding to Dr. Salvaterra regarding funding advocacy.*

c. *Email dated February 8, 2019 from Dr. Salvaterra to Loretta Ryan regarding vision screening.*

Moved: Councillor Zippel

Seconded: Mr. Williams

Motion carried. (M-2019-024)

## **8. Staff Reports**

### **8.1. Staff Presentation: The New Canada Food Guide: Update and Public Health Implications**

Ms. Luisa Magalhaes, Registered Dietitian, provided a presentation on “The New Canada Food Guide: Update and Public Health Implications”.

MOTION:

*That the Board of Health for Peterborough Public Health receive the following for information:*

*Staff Presentation: The New Canada Food Guide – Update and Public Health Implications, Presenter: Luisa Magalhaes, Registered Dietitian.*

Moved: Councillor Clarke

Seconded: Ms. Williams

Motion carried. (M-2019-025)

## **9. Consent Items**

### **9.2.b Correspondence for Information**

MOTION:

*That the email dated January 25, 2019 from Gord Fleming, Association of Local Public Health Agencies (alPHA) to the Council of Medical Officers of Health regarding the 2019 provincial budget submission and public health resource paper be received for information; and,*

*That this information be provided to the local MPPs.*

Moved: Ms. Davies

Seconded: Ms. Praamsma

Motion carried. (M-2019-026)

9.2.c **Correspondence for Information**

MOTION:

*That the alPha e-newsletter dated January 25, 2019 be received for information;*

*and,*

*That this information be made available on the Peterborough Public Health website.*

Moved: Mayor Mitchell

Seconded: Deputy Mayor Clark

Motion carried. (M-2019-027)

9.2.e **Correspondence for Information**

MOTION:

*That the Premier's Council on Improving Healthcare and Ending Hallway Medicine Releases First Report, released January 30, 2019 be received for information.*

Moved: Ms. Davies

Seconded: Councillor Zippel

Motion carried. (M-2019-028)

9.3.2 **Report: Q4 2018 Peterborough Public Health Activities**

MOTION:

*That the Board of Health for Peterborough Public Health receive report, Q4 2018 Peterborough Public Health Activities, for information.*

Moved: Mayor Mitchell

Seconded: Councillor Clarke

Motion carried. (M-2019-029)

9.3.3 **Staff Report: Audit Letter of Engagement, 2018**

MOTION:

*That the Board of Health for Peterborough Public Health:*

- *Receive the staff report, 2018 Audit Letter of Engagement, for information;*
- *Engage the audit services of Baker Tilly KDN LLP, formerly Collins Barrow Chartered Accountants LLP; and*
- *Authorize the Chair and Vice-Chair to sign the Letter of Engagement.*

Moved: Mayor Mitchell

Seconded: Deputy Mayor Graham

Motion carried. (M-2019-030)

9.3.6 **Staff Report: Summary of Research Activities, 2018**

MOTION:

*That the Board of Health for Peterborough Public Health receive the staff report, "Summary of Research Activities, 2018", for information.*

Moved: Ms. Praamsma  
Seconded: Deputy Mayor Clark  
Motion carried. (M-2019-031)

**10. New Business**

10.1 **Medical Officer of Health**

MOTION:

*That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of February 20 – March 6, 2019.*

Moved: Ms. Davies  
Seconded: Ms. Praamsma  
Motion carried. (M-2019-032)

10.2 **alPHa Strategic Plan**

MOTION:

*That the Board of Health for Peterborough Public Health provide feedback on alPHa's Strategic Plan.*

Moved: Ms. Davies  
Seconded: Deputy Mayor Graham  
Motion carried. (M-2019-033)

**11. In Camera to Discuss Confidential Matters**

MOTION:

*That the Board of Health for Peterborough Public Health in accordance with the **Municipal Act, 2001**, move In Camera to discuss one item under Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board, at 6:56 p.m.*

Moved: Mr. Williams  
Seconded: Deputy Mayor Graham  
Motion carried. (M-2019-034)

MOTION:

*That the Board of Health for Peterborough Public Health rise from In Camera at 7:04 p.m.*

Moved: Deputy Mayor Clark

Seconded: Ms. Praamsma

Motion carried. (M-2019-035)

**12. Motions from In Camera for Open Session**

**13. Date, Time, and Place of the Next Meeting**

The next meeting will be held Wednesday, March 13, 2019 in the Dr. J.K. Edwards Board Room, 3<sup>rd</sup> Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

**14. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Councillor Zippel

Seconded by: Deputy Mayor Graham

Motion carried. (M-2019-036)

The meeting was adjourned at 7:07 p.m.

---

Chairperson

---

Medical Officer of Health



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>The Weekly Influenza Report - An Example of PPH Surveillance</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Mohamed Kharbouch, Epidemiologist</b>
<b>APPROVED BY:</b>	<b>Dr. Rosana Salvaterra, Medical Officer of Health</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the following for information:  
Staff Presentation: The Weekly Influenza Report - An Example of PPH Surveillance  
Presenter: Luisa Magalhaes, Registered Dietitian

**ATTACHMENTS**

[Attachment A – The Weekly Influenza Report - An Example of PPH Surveillance Presentation](#)

# The Weekly Influenza Report

## An Example of PPH Surveillance

Date: March 13, 2019  
Presenter: Mohamed Kharbouch,  
Epidemiologist



## Purpose

- To increase Board of Health member knowledge of surveillance responsibilities of PPH
- To provide a demonstration of a recently revised surveillance product



## Proposed Recommendations

That the Board of Health for Peterborough Public Health receive this presentation for information.



## Background

- Surveillance is unique role of public health
- Public health surveillance is: “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice



## Weekly Influenza Report

- What is it?
- For whom?
- Purpose?

[Website Link](#)



## Evaluation and improvement

- Currently being evaluated to assess:
  - reach
  - our assumptions on how it is being used by health care providers
- Findings will be used to improve the product and its promotion for the 2019-2020 influenza season





**QUESTIONS?**



## **PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Summary of Peterborough Public Health's 2019 Annual Service Plan Submission</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director of Operations</b>
<b>APPROVED BY:</b>	<b>Dr. Rosana Salvaterra, Medical Officer of Health</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Summary of Peterborough Public Health's 2019 Annual Service Plan (ASP) Submission*, for information;
- approve the 2019 budgets for Ministry of Health and Long-Term Care 100% funded programs in the amount of \$2,043,100; and
- approve the 2019 budgets for Ministry of Health and Long-Term Care Additional Base and One-Time programs in the amount of \$1,375,352.

### **FINANCIAL IMPLICATIONS AND IMPACT**

This staff report is to advise the Board of Health of the one-time and additional base enhancements requested that will be submitted to Ministry of Health and Long-Term Care as part of the Annual Service Plan submission. The Board of Health approved the cost-shared budget at its meeting in November, 2018. With the exception of one-time requests and the additional base enhancement noted above, the Annual Service Plan (ASP) aligns with that approved budget.

As part of the ASP submission, the Ministry provided an opportunity to request additional base funding to address requirements under the new Ontario Public Health Standards (OPHS) or fiscal pressures. As part of our ASP submission, we are including a base funding request for \$784,157 which reflects the amount required from the Ministry to meet the 75% to 25%, provincial: local funding ratio.

Budgets for one-time funding are included in the ASP to fund programs and services not covered through base funding. Budget submissions in excess of \$100,000 must be approved by the Board of Health. A funding request of \$292,000 will be submitted for the acquisition and implementation of an Electronic Medical Record (EMR) system for the Sexual Health Clinic and other public health services. The funding will help to modernize service delivery, improve transparency and accountability, and support a culture of quality and continuous improvement in the Sexual Health Clinic and other settings in accordance with the OPHS Foundational Standard "Effective Public Health Practice - Quality and Transparency". Approved one-time funding is provided at 100% by the Ministry.

## **DECISION HISTORY**

The Board of Health approved the 2019 cost-shared budget on November 14, 2018. At that time budget requests for the 100% funded programs, additional base or one-time funding requests had not been submitted to the Board of Health for approval as the Ministry had not provided guidelines for their preparation.

In 2018, no funding increases were provided by the Province for 100% funded programs.

Communication by the Ministry indicated that no increase in funding should be expected for 100% funded programs in 2019. These budgets were prepared and submitted based on the same funding as the prior year. When the Province does not provide adequate funding to cover the costs of 100% programs, the excess costs must be covered through the mandatory cost-shared programs funded 25% by local partners.

## **BACKGROUND**

In January 2019, the Ministry circulated an updated ASP Template for cost-shared and 100% funded programs to local public health agencies. The Province made some modifications to the 2018 template based on lessons learned from the previous year. The revised template is adapted to support use of common categories for program descriptions and financial information. The template is intended to ensure that boards of health provide: more completed population health assessments in some or all program areas and demonstrate how this informed program priorities; program descriptions based on standardized categories within programs; and, financial information showing proportion of funding allocation to each program. The Annual Service Plan includes a community assessment which describes community needs and priorities, priority populations, and unique challenges and risks. It also includes a description of how the Foundational Standards will be implemented. This is followed by all of the current programs which are sorted by their relevance to the remaining program standards (see Appendix A). The template also requires the inclusion of program details including: local evidence demonstrating need or priority, key stakeholders, objectives, and descriptions of the included interventions.

The final submission represents a fulsome collaboration between Program Managers and the Finance Manager. The board-approved 2019 budget sets the parameters for the 2019 PPH Annual Service Plan for both cost-shared and 100% funded programs.

Summary tables containing budget information from the ASP are attached (see Appendices B, C & D).

## **RATIONALE**

The Board of Health is required to approve and submit to the Ministry, an ASP for both cost-shared and 100% funded programs that does not result in a deficit. Specifically, the Public Health Accountability Framework demands the following requirement:

“The Board of Health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for Ministry-funded programs.” (MOHLTC OPHS: Requirements for Programs, Services, and Accountability (2018), pg. 70)

## **STRATEGIC DIRECTION**

The 2019 approved budget allows the Board to address all its strategic priorities.

## **APPENDICES**

[Appendix A: Summary of PPH’s Annual Service Plan Submission – Program List by Standard](#)

[Appendix B: Cost-Shared Program by Program Standard – 2019 Budget](#)

[Appendix C: 100% Funded Programs – 2019 Budget](#)

[Appendix D: Additional Base and One-Time Funding Requests – 2019 Budget](#)



**APPENDIX A: Summary of PPH's Annual Service Plan Submission - Program List by 2019  
Ontario Public Health Standards (Includes Cost-Shared and 100% Funded Programs)**

<b>Chronic Disease Prevention and Well-Being</b>	<b>Food Safety</b>
Physical Activity Promotion	Inspections
Skin Cancer Prevention	Education
Healthy Eating	Enhanced Food Safety (100%)
CDP Programs/Services with Priority Populations	
Mental Health Promotion/ Basic Needs	
Non-mandatory Oral Health Program	
Menu Labelling	

<b>Healthy Environments</b>	<b>Healthy Growth and Development</b>
Surveillance and Monitoring of Health Hazards	Healthy Growth and Development -Children
Inspections	Healthy Growth and Development – Preconception Health and Healthy Pregnancies
Climate Change	

<b>Infectious and Communicable Diseases Prevention and Control</b>	<b>Safe Water</b>
Reportable Diseases and Outbreak Investigations	Recreational Water (Beaches) Surveillance and Monitoring
Zoonotic Disease Surveillance and Monitoring	Inspections/Investigations
Rabies Prevention and Control	Small Drinking Water Systems
Vector Borne Diseases	Enhanced Safe Water (100%)
Sexual Health Clinics	
Infection Prevention and Control Nurses Initiative (100%)	
Infectious Disease Control Initiative	
Zoonotic Disease Surveillance and Monitoring	

<b>Immunization</b>	
Immunization Monitoring and Surveillance	
Vaccine Administration	
Community-based Immunization Outreach	
Vaccine Management	

<b>Substance Use and Injury Prevention</b>	<b>School Health– Oral Health</b>
Tobacco Wise Living	Oral Health Assessment and Surveillance
Cannabis	Healthy Smiles Ontario (100%)
Alcohol and Other Substance Use Prevention/ Harm Reduction	<b>School Health – Immunization</b>
Harm Reduction – Opioids (100%)	Immunization for Children in Schools and Licensed Child Care Settings
Needle Exchange Initiative (100%)	<b>School Health – Immunization</b>
Smoke Free Ontario – Youth Engagement (100%)	<b>School Health – Vision</b>
Smoke-Free Ontario – Tobacco Control Coordination (100%)	Vision Health and Vision Screening
Smoke-Free Ontario – Protection and Enforcement (100%)	<b>School Health – Other</b>
Smoke-Free Ontario – Prosecution (100%)	Comprehensive School Health
Electronic Cigarettes Act (100%)	
Transportation Safety	
Child Injury Prevention	

**APPENDIX B: Cost-Shared Program by Program Standard – 2019 Budget**

<b>Programs Funded January 1 to December 31, 2019</b>	<b>2019 Budget Request</b>
Foundational Standards	\$704,648
Emergency Management	\$75,780
Chronic Disease Prevention and Well-Being	\$1,132,451
Food Safety	\$414,715
Healthy Environments	\$208,747
Healthy Growth and Development	\$598,808
Immunization	\$389,415
Infectious and Communicable Diseases Prevention and Control	\$1,271,861
Safe Water	\$315,817
School Health – Oral Health	\$215,600
School Health – Vision	\$28,964
School Health – Immunization	\$234,969
School Health – Comprehensive	\$360,091
Substance Use and Injury Prevention	\$650,984
Public Health Administration	\$1,534,336
Small Drinking Water	\$90,800
Vector Borne Diseases	\$76,133
<b>Total Cost-Shared Programs</b>	<b>\$8,304,119</b>

**APPENDIX C: 100% Funded Programs – 2019 Budget**

<b>Programs Funded January 1 to December 31, 2019</b>	<b>2019 Budget Request</b>
Chief Nursing Officer	\$121,500
Infection Prevention and Control Nurses	\$90,100
Infectious Diseases Control	\$222,300
Social Determinants of Health Nurses	\$180,500
Enhanced Safe Water	\$15,500
Enhanced Food Safety – Haines	\$25,000
Needle Exchange Initiative	\$57,000
Electronic Cigarettes Act	\$29,300
Smoke-Free Ontario	\$388,800
Harm Reduction Enhancement – Opioid	\$150,000
Healthy Smiles Ontario	\$763,100
<b>Total 100% Funded Programs</b>	<b>\$2,043,100</b>

**APPENDIX D: Additional Base and One-Time Funding Requests – 2019 Budget**

<b>Additional Base - January 1 to December 31, 2019</b>	<b>2019 Budget Request</b>
Base Funding	\$785,157
<b>Total Additional Base Funding Requests</b>	<b>\$785,157</b>
<b>One-Time Funding (100%)</b>	
Menu Labelling	\$49,800
Public Health Inspector Practicum	\$20,000
SFOA Signage	\$17,182
Vaccine Preventable Disease	\$54,213
Electronical Medical Record – Sexual Health Services	\$292,000
Strategic Server Replenishment	\$36,000
Phone Streamlining Project	\$38,000
Local Segregated Data	\$83,000
<b>Total One-Time Funding Requests – 100% Funded</b>	<b>\$507,195</b>
<b>Total Additional Base and One-Time Funding Requests</b>	<b>\$1,375,352</b>

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Stewardship Committee – Budget Approvals</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director of Operations</b>
<b>APPROVED BY:</b>	<b>Cathy Praamsma, Stewardship Chair</b>

The Stewardship Committee met last on March 6, 2019. At that meeting, the Committee requested that the following items come forward to the Board of Health at its next meeting:

**PROPOSED RECOMMENDATIONS**

- a. That the Board of Health for Peterborough Public Health:
  - receive the staff report, 2019 Budget Approval - Healthy Babies, Healthy Children Program, for information;
  - approve the 2019 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413; and
  - support Thunder Bay District Health Unit's call to action and concern regarding the Healthy Babies, Healthy Children (HBHC) program funding, and communicate this support to Minister McLeod, with copies to local MPPs, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, and Ontario Boards of Health.
- b. That the Board of Health for Peterborough Public Health approve the 2019-20 budget for the Infant and Toddler Development Program in the total amount of \$242,423.

**ATTACHMENTS**

[Attachment A – HBHC Budget and TBDHU Letter](#)  
[Attachment B – ITDP Budget](#)

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2019 Budget Approval – Healthy Babies, Healthy Children Program</b>
<b>DATE:</b>	<b>March 6, 2019</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations</b>

#### **PROPOSED RECOMMENDATIONS**

That the Stewardship Committee for the Board of Health for Peterborough Public Health:

- receive the staff report, *2019 Budget Approval - Healthy Babies, Healthy Children Program*, for information;
- recommend to the Board of Health approval the 2019 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413; and
- recommend to the Board of Health that they support Thunder Bay District Health Unit's call to action and concern regarding the Healthy Babies, Healthy Children (HBHC) program funding.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

The HBHC budget is 100% funded by the Ontario Ministry of Children and Youth Services (MCYS).

The 2019 budget has been completed based on the provincial funding allocation of \$928,413. The provincial allocation has not been increased since 2013 when funding was received for a 1.0 Public Health Nurse (PHN) full-time equivalent (FTE) position. However the funding received in 2013 was associated with a new client screening tool and did not help with existing programs requirements. Funding for the base operations of the program have not increased since 2007.

Lack of funding increases to cover the cost of increasing wage and benefit costs, has resulted in no additional staffing resources over the past number of years despite the growing demand in the program. In 2019, no additional funding is anticipated. The program staff will be maintained at the previous year levels with 4.8 PHN FTE's, 1.8 FTE's Family Home Visitors (FHV's), 1.1 FTE Administrative Assistant (AA) and a share of Program Manager. The program continues to struggle to maintain program services and targets without additional funding.

The proposed budget for January – December 2019 is balanced within the funding allocation of \$928,413.

## Healthy Babies Healthy Children Program Budget – 2018

### Expenditures

Salaries	\$683,216
Benefits	194,312
Universal screening – Early ID	25,575
Staff development	750
Travel	11,750
Audit fees	1,800
Communications	4,500
Program resources	<u>6,510</u>
Total Program Expenditures	<b><u>\$928,413</u></b>

### Funding

Ministry of Children Youth Services **\$928,413**

### **DECISION HISTORY**

The Board of Health has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Board and other provincial public health agencies (such as the Association of Local Public Health Agencies (aLPHa)) to the provincial government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100 percent provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on public health agencies themselves as employers.

### **BACKGROUND**

Introduced in 1998 by the Government of Ontario, the HBHC program is mandated as a requirement within the Healthy Growth and Development standard of the 2018 Ontario Public Health Standards of the Ministry of Health and Long-Term Care.

HBHC is a prevention and early intervention home visiting program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service. A revised protocol was received in January 2018 and an updated Guidance Document is expected by the end of 2018.



## **STRATEGIC DIRECTION**

The HBHC program is identified as a requirement under the Healthy Growth and Development standard in the Ontario Public Health Standards 2018. Approval of the budget will contribute to the program and Peterborough Public Health's ability to continue to meet the strategic directions of:

- Community-Centred Focus; and
- Determinants of Health and Health Equity.

February 11, 2019

The Honorable Lisa MacLeod, Minister  
Ministry of Children, Community and Social Services  
56 Wellesley Street West, 14<sup>th</sup> Floor  
Toronto, ON M7A 1E9

Dear Minister MacLeod:

**Funding for the Healthy Babies, Healthy Children (HBHC) program**

On behalf of our Board of Health, I am writing to you in support of Thunder Bay District Health Unit's call to action and shared concern regarding the Healthy Babies, Healthy Children (HBHC) program funding.

As noted in Thunder Bay District Health Unit's call to action, the HBHC program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

The Windsor Essex County Health Unit has seen an increase in the complexity of the clients in the HBHC program. As evidenced by the 2018 *Response to Screening and Working With Families With Complex Needs* survey that was completed by all 35 public health units, the HBHC program is seeing an increase in the complex needs of the clients across the province. This survey highlights the need for the potential changes to the model. However, the Ministry has indicated that there is no funding available for the implementation of these changes to the HBHC program in the 2019 fiscal year. Over the last several years, our local School Boards have expressed concerns over the number of children who are experiencing challenges at school entry. The inability to change the current model will continue to affect the percentage of children who achieve optimal growth and development and readiness for school.

The province did indeed commit to funding the HBHC program at 100%. However, since 2008, the HBHC program has not seen any increases in the budget except for the one-time funding in 2012 to support the implementation of the 2012 protocol, and an increase in our FTE to support the Liaison role.

Furthermore, as noted in Thunder Bay District Health Unit's call to action, the review of the HBHC program in 2016 by MNP found a funding gap of approximately \$7.808m (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7). Notably, this gap continues to grow every year with the increases in salaries, benefits, and operational costs.

On behalf of the Windsor-Essex County Health Unit, we thank you for your consideration.

Sincerely,



Gary McNamara  
Chair, Board of Health



Theresa Marentette, RN, MSc  
Chief Executive Officer, Chief Nursing Officer

<https://www.wechu.org/board-meetings/january-2019-board-meeting>

c: Association of Local Public Health Agencies (alPha)  
Association of Municipalities of Ontario (AMO)  
Ontario Boards of Health  
Windsor-Essex MPPs  
Windsor-Essex Board of Health



## Thunder Bay District Health Unit

### MAIN OFFICE

999 Balmoral Street  
Thunder Bay, ON P7B 6E7  
Tel: (807) 625-5900  
Toll Free in 807 area code  
1-888-294-6630  
Fax: (807) 623-2369

### GREENSTONE

P.O. Box 1360  
510 Hogarth Avenue, W.  
Geraldton, ON P0T 1M0  
Tel: (807) 854-0454  
Fax: (807) 854-1871

### MANITOUWADGE

1-888-294-6630

### MARATHON

P.O. Box 384  
Marathon Library Building  
Lower Level,  
24 Peninsula Road  
Marathon, ON P0T 2E0  
Tel: (807) 229-1820  
Fax: (807) 229-3356

### NIPIGON

P.O. Box 15  
Nipigon District  
Memorial Hospital  
125 Hogan Road  
Nipigon, ON P0T 2J0  
Tel: (807) 887-3031  
Fax: (807) 887-3489

### TERRACE BAY

P.O. Box 1030  
McCausland Hospital  
20B Cartier Road  
Terrace Bay, ON P0T 2W0  
Tel: (807) 825-7770  
Fax: (807) 825-7774

TBDHU.COM

November 21, 2018

*SENT VIA EMAIL*

The Honourable Lisa MacLeod  
Minister of Children, Community and Social Services  
14th Flr, 56 Wellesley St W,  
Toronto, ON  
M7A 1E9

Dear Minister MacLeod,  
On behalf the Thunder Bay District Health Unit (TBDHU) Board of Health, it is with significant concern that I am writing to you regarding funding for the Healthy Babies, Healthy Children (HBHC) Program.

The Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

In 1997 the province committed to funding the Healthy Babies Healthy Children program at 100%. Province wide funding allocations have been essentially "flat-lined" from an original allocation that was completed in 2008, with the exception of the one-time funding increases for implementation of the 2012 Protocol. In the interim, collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program. Management and administration costs related to the program are already offset by the cost-shared budget for provincially mandated programs.

Simultaneously the complexity of clients accessing the program has increased requiring that more of the services be delivered by professional versus non-professional staff. The TBDHU has made every effort to mitigate the outcome of this ongoing funding shortfall however it has become increasingly more challenging to meet the targets set out in HBHC service agreements. At the current funding level services for these high-risk families will be reduced.

In 2016 the firm MNP performed a review of the HBHC program provincially and found that "based on the activities of the current service delivery model, and using the targets outlined in the service agreements ... there is a gap in the current funding of the program of approximately \$7.808M." (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7)

The Thunder Bay District Board of Health continues to advocate that the Ministry of Children, Community and Social Services fully funds the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

.../2

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

Sincerely,

**Original Signed by**

Joe Virdiramo, Chair  
Board of Health  
Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)  
Judith Monteith-Farrell, MPP (Thunder Bay-Atitkokan)  
All Ontario Boards of Health

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2019-20 Budget Approval – Infant and Toddler Development Program</b>
<b>DATE:</b>	<b>March 6, 2019</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations</b>

#### **PROPOSED RECOMMENDATIONS**

That the Stewardship Committee for the Board of Health for Peterborough Public Health:

- receive the staff report, 2019-20 Budget Approval - Infant and Toddler Development Program (ITDP), for information; and
- recommend to the Board of Health the approval of the 2019-20 budget for the Infant and Toddler Development Program in the total amount of \$242,423.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

The ITDP is funded 100% by the Ministry of Children, Community and Social Services (MCCSS).

The 2019/20 budget has been completed based on the Ministry funding allocation of \$242,423. There have been no funding increases to the program since 2003. The budget reflects staffing, resources, occupancy costs and a reasonable recovery of costs to administer the program. Operating costs continue to be limited to the approved funding level of \$242,423. The lack of funding increases to cover the cost of increasing wage and benefit costs has impacted staffing levels over the past number of years. No funding increase is anticipated this year. To maintain existing program staff FTE's and balance the budget in 2019/20, \$11,394 will need to be used from reserves set aside for the program in prior years. The reserve funds will ensure the current staffing levels of 1.8 Infant Development Workers, .2 Administrative Assistant and .1 Program Manager are maintained. Last year, it was reported to the Board that the reserve balance available for 2019/20 was \$7,000. With additional one-time funding from the Ministry in 2018/19, the program did not require the budgeted reserve to balance operations. This resulted in some additional reserve fund availability for the 2019/20 fiscal year to maintain existing staffing levels. The reserve funds will be depleted this year, thus demonstrating the importance of advocating for an increase in Ministry funding to support the ongoing program operating costs.

Budget to be submitted to MCCSS is presented below.

## **Infant Toddler Development Program Budget – 2019-2020**

### **Expenditures**

Salaries	\$158,816
Benefits	45,263
Materials and Supplies	2,000
Staff development	-
Travel	4,800
Occupancy	15,396
Audit and legal fees	1,800
Communications	1,500
Allocated administration	<u>24,242</u>
 Total Program Expenditures	 \$253,817
Less: Transfer from Reserves	<u>(11,394)</u>
 Net Program Expenditures	 <b><u>\$242,423</u></b>

### **Funding**

Ministry of Children, Community & Social Services	<b><u>\$242,423</u></b>
--	-------------------------

## **DECISION HISTORY**

The Board of Health has operated the ITDP Program since 1981.

Since 2008, the Board has annually reviewed the impact of funding shortfalls and communicated to the funder the resulting challenges. Senior management has continued to communicate with MCYS regarding funding requirements. Over the years, they have met at least annually with provincial representatives, and MCYS has committed to allowing the budget to cover off a more reasonable reflection of the organization's costs to operate the program, but MCYS is unable to provide any additional funds.

In June 2017, the Board of Health approved the use of reserves to balance program operations until depleted. The Board will need to address the future funding of the program with the Ministry prior to the next fiscal year.

## **BACKGROUND**

The ITDP is funded 100% by the MCYS. The ITDP is for families with infants and young children who may become delayed in their development because of prematurity, social, or economic

concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy, or spina bifida; or are found to be delayed in development. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

### **STRATEGIC DIRECTION**

Although not part of the Ontario Public Health Standards, the ITDP assists Peterborough Public Health in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Child Health program. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to help maintain the Community-Centred Focus.



## **PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Direction – Cannabis Use in Public Places, Regional Municipality of Durham</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director of Public Health Programs</b>
<b>APPROVED BY:</b>	<b>Dr. Rosana Salvaterra, Medical Officer of Health</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health (PPH):

- receive for information the Council of the Regional Municipality of Durham resolution urging the Government of Ontario to amend the Smoke-Free Ontario Act, 2017 (SFOA) such that the smoking or holding of lighted cannabis is prohibited in all public places; and
- direct PPH staff to continue to monitor provincial trends and best practices with regards to secondhand smoke exposure and to reach out to other local public health agencies and associations to determine whether there is a sector wide position on this, or if one should be developed.

### **BACKGROUND**

The Board of Health has previously made recommendations supportive of enhancing protections to reduce exposure to secondhand tobacco smoke.

The SFOA currently prohibits smoking of cannabis in enclosed public places and workplaces, on hospital grounds, on patios, in a car or other motor vehicle if anyone inside is age 15 years or younger, on school property or public areas within 20 metres of the school's grounds, on children's playgrounds or public areas within 20 metres of children's playground, and on the outdoor grounds of a community recreational facility and any public areas within 20 metres of its grounds in addition to other locations.

Smoking of cannabis and commercial tobacco is permitted on sidewalks and in parking lots.

A backgrounder from Alberta Health Services on public consumption of cannabis suggests the importance of restricting smoking of cannabis in public places, but does not equate that restriction to full prohibition in all public spaces as this may have pitfalls including driving more cannabis smoking indoors making it difficult to create and sustain smoke-free homes. There is limited evidence of the impact of social exposure to smoking on sidewalks and parking lots on the uptake of smoking by children and youth. The entire public health sector needs to further consider the risks and harms related to public intoxication and smoking indoors.

The initial draft of the amended SFOA was written to prohibit cannabis smoking in all public spaces however this was changed to allow for cannabis to be used in the same spaces as commercial tobacco. This approach simplifies communication and enforcement of the legislation.

The City of Peterborough and some local lower tier municipalities are in the process of enhancing or developing bylaws to further protect residents from secondhand cannabis smoke and align the restrictions on cannabis smoking to already enhanced restrictions on commercial tobacco smoking.

To date, PPH has not received any complaints nor laid any charges related to smoking cannabis in public spaces.

## **APPENDICES**

[Appendix A – Durham Resolution](#)

[Appendix B – Alberta Health Services Public Consumption of Cannabis, Information for Municipalities](#)

[Appendix C – Alberta Health Services Recommendations on Cannabis Regulations for Alberta Municipalities](#) (***web hyperlink***)

FEB 8 2019



January 31, 2019

Peterborough Public Health

The Honourable Doug Ford  
Premier of Ontario  
Minister of Intergovernmental Affairs  
Room 281  
Legislative Building, Queen's Park  
Premier's Office  
Toronto ON M7A 1A1

COPY

The Regional  
Municipality  
of Durham

Corporate Services  
Department  
Legislative Services

605 Rossland Rd. E.  
Level 1  
PO Box 623  
Whitby, ON L1N 6A3  
Canada

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

durham.ca

Don Beaton, BCom, M.P.A.  
Commissioner of Corporate  
Services

Dear Minister Ford:

**RE: Motion re: Cannabis Use in Public Places**  
**Our File: P00**

Council of the Region of Durham, at a meeting held on January 30, 2019, adopted the following recommendations of the Committee of the Whole:

- "A) Whereas the use of cannabis became legalized in Canada on October 17, 2018; and
- B) Whereas every time cannabis is used it can adversely affect learning and remembering, mental health, and mood and feelings; and
- C) Whereas regular cannabis use over a prolonged period of time can injure the lungs, adversely affect mental health, and lead to physical dependence or addiction; and
- D) Whereas cannabis use in public places combined with its known health effects can adversely affect community safety, such as through impaired driving, etc.; and
- E) Whereas Section 11 of Schedule 1 (*Cannabis Act, 2017*) of *The Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017*, S.O. 2017, c. 26 – Bill 174 prohibited the use of cannabis in public places; and
- F) Whereas Section 11 of Schedule 1 (Amendments to the Cannabis Act, 2017 and Other Acts) repealed Section 11 (Restrictions on places of consumption) of the *Cannabis Act, 2017*; and

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2097.

- RECEIVED  
FEB 8 2018  
Peterborough City of Health
- G) Whereas Section 12 of the *Smoke-Free Ontario Act, 2017* prohibits the smoking or holding of lighted cannabis in only enclosed public places and workplaces; and
- H) Whereas it is desirable to mitigate the human health effects of cannabis use and to de-normalize the use of cannabis in all public places, particularly with respect to children and youth; and
- I) Whereas it is also desirable to mitigate the community safety impacts of cannabis use in all public places;
- J) Now therefore be it resolved that the Council of the Regional Municipality of Durham urges the Government of Ontario to amend the *Smoke-Free Ontario Act, 2017* such that the smoking or holding of lighted cannabis is prohibited in all public places; and
- K) Now be it further resolved that the Councils of Durham's lower-tier municipalities are requested to endorse this resolution; and
- L) Now be it further resolved that the Premier of Ontario, Deputy Premier & Minister of Health and Long-Term Care, Attorney General of Ontario, Minister of Finance, Durham's MPPs, Chief Medical Officer of Health, AMO, alpha and all Ontario Boards of Health be so advised."



Ralph Walton,  
Regional Clerk/Director of Legislative Services

RW/np

- c: Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care  
The Honourable Caroline Mulroney, Attorney General  
The Honourable Victor Fedeli, Minister of Finance  
Dr. David Williams, Chief Medical Officer of Health  
Pat Vanini, Executive Director, Association of Municipalities of Ontario (AMO)

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2097.

Loretta Ryan, Executive Director, Association of Public Health  
Agencies (aPHa)  
Rod Phillips, MPP (Ajax/Pickering)  
Lorne Coe, MPP (Whitby/Oshawa)  
Lindsey Park, MPP (Durham)  
Jennifer French, MPP (Oshawa)  
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)  
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)  
David Piccini, MPP (Northumberland-Peterborough South)  
Ontario Boards of Health  
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2097.



# Public Consumption of Cannabis

## INFORMATION FOR MUNICIPALITIES

Regulations restricting public consumption of cannabis are important for reducing health and social harms in our communities. The following information provides municipalities important information to make healthy and evidence-informed decisions about public consumption of cannabis.

### Risk of Normalization

### Second-Hand Smoke

### Intoxication

## Risk of Normalization

- Normalization means becoming a 'normal part' of leisure and lifestyle and no longer considered potentially harmful
- Children tend to copy what they observe and are influenced by normality of any type of smoking around them.
- Normalization of cannabis is evident in society as discussion has shifted from a substance once considered harmful and privately used, to one that has a degree of acceptability in different spaces (i.e., parks, concerts).
- Cannabis use is gaining more social acceptance and associated disregard of potential harms.
- Cannabis users often do not believe there are any long-term risks or they think they can manage harms with moderate use.<sup>1</sup>
- Mixed interpretations about cannabis use and associated harms illustrate the expansion of normalization.<sup>1</sup>
- Normalization of cannabis has the risk of renormalizing all forms of smoking (including tobacco and waterpipes). This would be a step backwards for public health.
- In Canada, evidence indicating cannabis normalization is particularly strong among individuals aged between 15 and 44 years.<sup>2</sup>
- Prevalence rates for cannabis consumption have risen in Canada since the late 1970s.
- In 2012, the US Surgeon General declared a causal association between smoking in films and youth smoking initiation.
- An Ontario study showed co-use of cannabis and tobacco has increased among grade 7, 9, and 11 students. In 2011, 92% of tobacco users also used cannabis, up from 16% in 1991.<sup>3</sup>
- Tobacco related diseases kill 10 Albertans every day
- 2012 Alberta's Chief MOH identified many hazards associated with water pipe smoking.

## Why is normalization of smoking cannabis a problem?

- Normalization leads to increases in rates of use (lessons learned from tobacco and alcohol).
- There are at least 33 known carcinogens in cannabis smoke.<sup>4</sup>
- Like tobacco smoke, cannabis smoke is a mixture of tiny particles in a gas–vapour.
- Both types of smoke have similar concentrations of particulate matter and toxicants, including carbon monoxide, hydrogen cyanide and nitrosamines, all of which pose health risks.<sup>5</sup>
- Cannabis smoking is associated with cancer, respiratory problems and cardiovascular disease.<sup>6,7</sup>

## Second-Hand Smoke

- In the early days, there was little data about harms of tobacco and few restrictions for tobacco use were put in place. Enacting strong regulations to keep citizens safe from second and third-hand cannabis smoke is the best option until further studies can be completed.
- Factors that impact the short-term effects of second-hand smoke include:
  - ventilation space,
  - volume of air,
  - amount of cannabis cigarettes lit at one time,
  - potency of the cannabis,
  - number of smokers.<sup>2</sup>
- Evidence from several comparative studies concluded that cannabis smoke produces more changes to genetic material and is more toxic to living cells than tobacco smoke.<sup>5, 6, 8, 9</sup>
- Second-hand exposure to cannabis smoke can result in a positive test for cannabis in body fluids, urine and blood, and can lead to psychoactive effects.<sup>7</sup>
- Evidence suggests that even weak doses and exposure can result in positive tests and lead to psychoactive effects.<sup>2</sup>
- There is no universal threshold that can differentiate between those who have actively smoked cannabis and are intoxicated, those who have actively smoked cannabis in the past and those who have been exposed to second-hand smoke.<sup>2</sup>

## Intoxication

- Cannabis can cause bad reactions: paranoia, panic, increased HR, confusion, nausea/vomiting.
- 20-30% of recreational users experience intense anxiety and/or panic attacks after smoking cannabis. Panic and phobic attacks are more common in new users and in novel/fun or stressful environments.<sup>10</sup>
- Cannabis intoxication can produce vivid mental imagery, illusions and hallucinations, and can mimic behaviours associated with psychotic disorders.<sup>11</sup>
- Simultaneous use of alcohol and cannabis has been found to approximately double the odds of impaired driving, social consequences, and harms to self.<sup>12</sup>
- According to AHS treatment data, of those using AHS Addiction Services, more than half used cannabis, and of those who use cannabis, 90% have used alcohol and 80% have used tobacco (Alberta Health Services, 2017).

## REFERENCES

- <sup>1</sup> Cone EJ, Bigelow GE, Herrmann ES, et al. Nonsmoker Exposure to Secondhand Cannabis Smoke. III. Oral Fluid and Blood Drug Concentrations and Corresponding Subjective Effects. *J Anal Toxicol*. 2015;39(7):497-509.
- <sup>2</sup> Mark Asbridge, Jenna Valleriani, Judith Kwok & Patricia G. Erickson (2016). Normalization and denormalization in different legal contexts: Comparing cannabis and tobacco. *Journal: Drugs: Education, Prevention and Policy*, Volume 23, 2016 - Issue 3 Pages 212-223.
- <sup>3</sup> Webster, L., Chaiton, M. & Kirst, M. (2014). The co-use of tobacco and cannabis among adolescents over a 30-year period. *Journal of School Health*, 84(3), 151-159.
- <sup>4</sup> Schwartz, R. (2017) Legalize marijuana without the smoke. *CMAJ*, 189 (12) E137-38.
- <sup>5</sup> Maertens RM, White PA, Rickert W, et al. The genotoxicity of mainstream and sidestream marijuana and tobacco smoke condensates. *Chem Res Toxicol*. 2009;22(8):1406-1414.
- <sup>6</sup> Barry RA, Glantz SA. A public health analysis of two proposed marijuana legalization initiatives for the 2016 California ballot: creating the new tobacco industry. San Francisco (CA): Center for Tobacco Control Research and Education, Philip R. Lee Institute for Health Policy Studies, School of Medicine, University of California, San Francisco; 2016. Available: <https://tobacco.ucsf.edu/sites/tobacco.ucsf.edu/files/u9/Public%20Health%20Analysis%20of%20Marijuana%20Initiatives%201%20Feb%202016.pdf>
- <sup>7</sup> Holitzki et al. (2017). Health effects of exposure to second- and third-hand marijuana smoke: a systematic review. *CMAJ Open*, 5(4), E814-E822.
- <sup>8</sup> Maertens RM, White PA, Williams A, Yauk CL. A global toxicogenomic analysis investigating the mechanistic differences between tobacco and marijuana smoke condensates in vitro. *Toxicology*. 2013;308:60-73.
- <sup>9</sup> Health Technology Assessment Unit, University of Calgary. (2017). Cannabis Evidence Series: An Evidence Synthesis. Available from <https://open.alberta.ca/publications/cannabis-evidence-series-an-evidence-synthesis>
- <sup>10</sup> Crippa JA, et al. "Cannabis and Anxiety: A Critical Review of the Evidence," *Human Psychopharmacology* (Oct. 2009): Vol. 24, No. 7, pp. 515–23.
- <sup>11</sup> Allen P, et al. "Modulation of Auditory and Visual Processing by Delta-9-Tetrahydrocannabinol and Cannabidiol: an fMRI Study," *Neuropsychopharmacology* (June 2011): Vol 36, No. 7, pp 1340-1348
- <sup>12</sup> Subbaraman, M. and Kerr, W. (2015). Simultaneous versus concurrent use of alcohol and cannabis in the national alcohol survey. *Alcoholism: Clinical and Experimental Research*, 39(5), 872–879.



## **PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Direction – Food Insecurity and Bill 60, North Bay Parry Sound District Health Unit</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Carolyn Doris, Manager, Family and Community Health</b>
<b>APPROVED BY:</b>	<b>Dr. Rosana Salvaterra, Medical Officer of Health</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health (PPH):

- receive for information the correspondence from the North Bay Parry Sound District Health Unit regarding food insecurity and Bill 60; and,
- support their position and communicate this support to Premier Ford, with copies to Ministers Elliott and McLeod, local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

### **BACKGROUND**

As noted by the Board of Health of the North Bay Parry Sound District Health Unit, Bill 60: Ministry of Community and Social Services Amendment Act, Social Services Amendment Act (Social Assistance Research Commission), 2018 was introduced by Paul Miller, MPP, Hamilton East – Stoney Creek (New Democratic Party of Ontario) and Robert Bailey, MPP, Sarnia-Lambton (Progressive Conservative Party of Ontario) on November 21, 2018.

The Board of Health for Peterborough Public Health sent a letter of support for a similar Bill (Bill 6: Ministry of Community and Social Services Amendment Act) in 2017 after it passed second reading and was referred to the Standing Committee of Social Policy. The Bill was not passed before the Provincial Election was called in 2018.

Bill 60 is similar to Bill 6 in that it calls for the creation of Social Assistance Research Committee that should include individuals with specific expertise in the economic and financial challenges faced by aboriginal individuals and those living with disabilities in Ontario. The Act also will define regions of Ontario based on economic geography and the cost of living in different parts of Ontario and for each region. The result will be recommended rates of provincial social assistance based on basic necessities including nutritious food basket costs, shelter, basic transportation, telephone service, internet access, clothing, personal needs items (i.e., personal hygiene products), household cleaning supplies, items and services related to the educational and recreation needs of children, etc.

### **APPENDICES**

[Appendix A – North Bay Parry Sound District Letter](#) (*web hyperlink*)

February 27, 2019

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building, Room 281  
Queen's Park  
Toronto, ON M7A 1A1

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
College Park, 5<sup>th</sup> Floor  
777 Bay Street  
Toronto, ON M7A 2J3

The Honourable Lisa MacLeod  
Minister of Children, Community and Social Services  
Hepburn Block, 6<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9

The Board of Health for the North Bay Parry Sound District Health Unit (Board) would like to share with you the resolutions passed at our recent meeting on February 27, 2019. The resolutions highlight our continued support of staff and community stakeholders to reduce health inequities, and our support for Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. A copy of the motion passed is included as Appendix A.

One in seven households in our Health Unit region experience food insecurity. Included is a copy of our [2018 Food Insecurity poster](#), highlighting this important statistic, as Appendix B. Our goal with this key messaging is to emphasize the magnitude of this issue in our area. The [full report](#) is available on our website.

While our community has a broad gamete of important social service and food charity programs in place to assist those experiencing food insecurity, this complex issue cannot be adequately or sustainably addressed at the local level. Food insecurity is defined as inadequate or insecure access to food due to financial constraints, which highlights low income as the root of the problem. Our Health Unit continues to raise awareness about the importance of income security for low income Ontarians, in an effort to reduce food insecurity rates. Food insecurity is a significant public health problem because of its great impact on health and well-being. In light of the release of the new Canada's Food Guide, it is important to note that these dietary recommendations are out of reach for many low-income Canadians.

While there are a number of risk factors for being food insecure, social assistance recipients are at particularly high risk. Research has shown that 64% of households in Ontario receiving social assistance

experience food insecurity, demonstrating that social assistance rates are too low to protect recipients from being food insecure. For this reason, our Board supports Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. This group will make recommendations on social assistance policy, including social assistance rates based on the real costs of living in regions across Ontario, taking into account the cost of healthy eating. Our Health Unit, community partners and households receiving social assistance are eagerly awaiting the release of more details about the changes that will be made to Ontario's social assistance system following Minister MacLeod's announcement on November 22, 2018. Please consider the establishment of the Social Assistance Research Commission as part of the changes that will ensue by prioritizing Bill 60.

Last year, we expressed our [support and feedback](#) to the previous government on the [Income Security: A Roadmap for Change](#) report. This report was prepared in collaboration with many experts, including Indigenous representatives, and has already undergone a public consultation process. Please take into account the elements outlined in this report when implementing changes to the current social assistance system. We emphasized this last August, when we [expressed our concern](#) about the cancellation of the basic income pilot project and the reduction to the scheduled increase to social assistance rates in 2018.

Thank you for taking the time to review this information and we will look forward to hearing next steps in strengthening income security in Ontario.

Sincerely,

*Original Signed by Dr. Jim Chirico*

---

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH  
Medical Officer of Health/Executive Officer

*Original Signed by Don Brisbane*

---

Don Brisbane  
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:

Victor Fedeli, MPP, Nipissing  
Norm Miller, MPP, Parry Sound-Muskoka  
John Vanthof, MPP, Timiskaming-Cochrane  
Robert Bailey, MPP, Sarnia-Lambton  
Paul Miller, MPP, Hamilton East-Stoney Creek  
North Bay Parry Sound District Health Unit Member Municipalities  
Joseph Bradbury, Chief Administrative Officer, DNSSAB  
Janet Patterson, Chief Administrative Officer, PSDSSAB  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health

Appendix A

**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT  
BOARD OF HEALTH**

**RESOLUTION**

**DATE:** February 27, 2019

**MOVED BY:** Mike Poeta

**RESOLUTION:** #BOH/2019/02/04

**SECONDED BY:** Dan Roveda

***Whereas, The Nutritious Food Basket Survey results show that many low income individuals and families do not have enough money for nutritious food after paying for housing and other basic living expenses; and***

***Whereas, The Board of Health for the North Bay Parry Sound District Health Unit recognizes the impact of adequate income on food security and other social determinants of health; and***

***Whereas, Food insecurity rates are very high among social assistance recipients; and***

***Whereas, Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission) would help ensure social assistance rates are indexed to inflation, reviewed on an annual basis, and reflect regional costs of living including the cost of a Nutritious Food Basket; and***

***Whereas, the Ontario Public Health Standards require public health units to assess and report on the health of local populations, describing the existence and impact of health inequities;***

***Therefore Be It Resolved, That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of employees and community stakeholders to reduce health inequities, including food insecurity; and***

***Furthermore Be It Resolved, That the Board of Health support Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission); and***

***Furthermore Be It Resolved, That the Board of Health provide correspondence of these resolutions to district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Norm Miller, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Lisa MacLeod (Minister of Community and Social Services), the Honourable Christine Elliott (Minister of Health and Long-Term Care) and the Association of Local Public Health Agencies (ALPHA).***

**CARRIED:** ✓

**VICE-CHAIRPERSON:** Original Signed by Don Brisbane

# 1 in 7

Nipissing and Parry Sound homes are **food insecure** because they don't have enough money.

**This can mean:**

- Worrying about running out of food
- Eating less healthy food
- Skipping meals
- Having poor health



**Be informed** [myhealthunit.ca/foodinsecurity](https://myhealthunit.ca/foodinsecurity)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Rosana Salvaterra, Medical Officer of Health</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the following for information:

- a. Email dated February 15, 2019 to John Kennedy, City Clerk, regarding the circulation of documents from the Association of Municipalities of Ontario, as requested by the Board.\*
- b. Email dated February 19, 2019 to MPPs Piccini, Scott and Smith, regarding the circulation of documents from the Association of Local Public Health Agencies (ALPHA), as requested by the Board.\*
- c. Letter dated February 27, 2019 to Premier Ford from the Board Chair regarding support for provincial oral health programs for low income adults and seniors.\*
- d. Memorandum dated March 6, 2019, from the Chief Medical Officer of Health to Ontario Board of Health Chairs, regarding the transformation of the Ontario health care system.

Correspondence from ALPHA:

- e. Letter dated February 12, 2019 to Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway Medicine.\*
- f. Letter dated February 15, 2019 to Ontario Senators regarding Bill S-228, Child Health Protection Act.
- g. E-newsletter dated February 19, 2019.
- h. Update to Boards of Health, March 1, 2019.
- i. June 2019 Conference and Annual General Meeting Draft Program.

*\*Enclosures removed, previously circulated.*

**From:** Alida Gorizzan

**Sent:** Friday, February 15, 2019 12:09 PM

**To:** John Kennedy (JKennedy@peterborough.ca) <JKennedy@peterborough.ca>

**Cc:** Rosana Salvaterra <rsalvatterra@peterboroughpublichealth.ca>

**Subject:** ITEM FOR CIRCULATION: AMO Discussion Paper - A Check-up on the Municipal Role for Health

**Importance:** High

Good afternoon John,

At its meeting on February 13, 2019, the Board of Health requested that the documents linked below be circulated to City Council members for their information. The Association of Municipalities of Ontario recently released two policy discussion papers on the municipal role in health, including public health, and made recommendations on the provincial-municipal working relationship in this area.

**Main discussion paper:**

Partners for a Healthy Ontario A Check-up on the Municipal Role for Health (January 18, 2019)

<https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Partners-for-a-Healthy-Ontario-2019-01-18.aspx>

**Accompaniment document:**

A Compendium of Municipal Health Activities and Recommendations

A Companion to AMO's "Partner's for a Healthy Ontario: A Check Up on the Municipal Role in Health" Discussion Paper (January 18, 2019)

<https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Compendium-of-Municipal-Health-Activities-and.aspx>

With thanks,

Alida Gorizzan

**Alida Gorizzan**

*Executive Assistant to*

*Dr. Rosana (Pellizzari) Salvaterra, Medical Officer of Health  
and the Board of Health*



**Peterborough Public Health**

Jackson Square, 185 King St., Peterborough, ON K9J 2R8

P: 705-743-1000 or 1-877-743-0101, ext. 264 | F: 705-743-1810

E: [agorizzan@peterboroughpublichealth.ca](mailto:agorizzan@peterboroughpublichealth.ca)

[www.peterboroughpublichealth.ca](http://www.peterboroughpublichealth.ca)

**From:** Alida Gorizzan

**Sent:** Tuesday, February 19, 2019 3:57 PM

**To:** 'david.piccinico@pc.ola.org' <david.piccinico@pc.ola.org>; 'laurie.scottco@pc.ola.org' <laurie.scottco@pc.ola.org>; 'dave.smithco@pc.ola.org' <dave.smithco@pc.ola.org>

**Cc:** Rosana Salvaterra <rsalvatterra@peterboroughpublichealth.ca>

**Subject:** CORRESPONDENCE: alPHa Documents re: Public Health

**Attachments:** alPHa Pre Budget Submission; alPHa PH Position Paper

**Importance:** High

***Sent on behalf of Dr. Rosana Salvaterra, Medical Officer of Health:***

Dear MPPs Piccini, Scott and Smith:

At its February 13<sup>th</sup> meeting, the board of health received the attached correspondence from the Association of Local Public Health Agencies (alPHa), its provincial association.

The first is a letter sent to Minister Fedeli regarding the 2019 provincial budget. In this letter, Dr. Robert Kyle, the alPHa President, makes several relevant points regarding the province's investment in public health. Although we represent only 2% of the total health care spending, we generate significant returns on that investment by keeping the population well with interventions such as immunization, tobacco prevention and safe water.

The second attachment is a short two page overview of the contribution of public health to reducing hallway medicine.

The board asked that these two documents be shared with all of our Peterborough area MPPs.

On behalf of the board, I hope you will find these informative and valuable. Please do not hesitate to contact me if you would like a follow-up visit to discuss further.

Rosana (Pellizzari) Salvaterra, MD, CCFP, MSC, FRCPC  
Medical Officer of Health,  
Peterborough Public Health  
Jackson Square, 185 King Street,  
Peterborough, ON K9J 2R8



February 27, 2019

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1  
Sent via e-mail: [doug.ford@pc.ola.org](mailto:doug.ford@pc.ola.org)

Dear Premier Ford:

**Re: Support for Provincial Oral Health Programs for Low Income Adults and Seniors**

At its meeting held on February 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Sudbury & District Health Unit regarding the above noted matter.

Oral health is essential to overall health and quality of life at every stage of life and has been recognized as a basic human right. The Board echoes the recommendations outlined in their resolution (attached) and we fully support the provincial government's plan to invest in an oral health program for low-income seniors and urge that access be expanded to include low-income adults.

We look forward to receiving more information about how local public health agencies in Ontario can assist and support the implementation of a new oral health program for low-income seniors, with the potential to include low-income adults.

We appreciate your attention to this important public health issue.

Yours in health,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag  
Encl.

cc: The Hon. Christine Elliott, Minister of Health and Long-Term Care  
Dr. David Williams, Ontario Chief Medical Officer of Health  
Local MPPs  
Association of Local Public Health Agencies  
Ontario Boards of Health

**Ministry of Health  
and Long-Term Care**

Office of Chief Medical Officer of Health,  
Public Health  
393 University Avenue, 21<sup>st</sup> Floor  
Toronto ON M5G 2M2

Telephone: (416) 212-3831  
Facsimile: (416) 325-8412

**Ministère de la Santé  
et des Soins de longue durée**

Bureau du médecin hygiéniste en chef,  
santé publique  
393 avenue University, 21<sup>e</sup> étage  
Toronto ON M5G 2M2

Téléphone: (416) 212-3831  
Télécopieur: (416) 325-8412

March 6, 2019

**MEMORANDUM:**

**TO: Medical Officers of Health, Chief Executive Officers and Board Chairs**

Dear Colleagues,

By now I am expecting you will have seen and heard the recent announcement on the transformation of our health care system.

At a high level, the announcement focused on the Ministry's plan to improve the patient experience and enable better connected care by:

- Supporting the establishment of Ontario Health Teams across the province and in every community, and
- Integrating multiple existing provincial agencies into a single health agency – Ontario Health.

While the main focus of the government's plan is currently on improving patient experience and fostering better connected care, as always, there is a significant role for the public health sector to play within the larger system. I want to assure you that the public health sector, as always, is a valuable partner and key piece of the health care system.

I look forward to hearing your input and collaborating as a sector as we work to understand what these changes mean for us. As we wait to hear more from the government, it will require us to remain nimble and adapt while we continue our work to best serve our communities. These are early days and more information will follow in the weeks/months ahead. And, my commitment is to share what I know with you when I am able to share it.

I have included the following information, for your reference, with respect to this week's announcement.

- [News Release](#)
- [Backgrounder](#)
- [Minister's Remarks](#)
- [Connected Care Stakeholder Webinar](#)
- [Bill 74](#)

Sincerely,

*Original signed by*

Dr. David Williams

Chief Medical Officer of Health  
Office of Chief Medical Officer of Health, Public Health  
Ministry of Health and Long-Term Care

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

**alPHa Sections:**

Boards of Health  
 Section

Council of Ontario  
 Medical Officers of  
 Health (COMOH)

**Affiliate  
 Organizations:**

Association of Ontario  
 Public Health Business  
 Administrators

Association of  
 Public Health  
 Epidemiologists  
 in Ontario

Association of  
 Supervisors of Public  
 Health Inspectors of  
 Ontario

Health Promotion  
 Ontario

Ontario Association of  
 Public Health Dentistry

Ontario Association of  
 Public Health Nursing  
 Leaders

Ontario Dietitians in  
 Public Health

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

February 12, 2019

Dr. Rueben Devlin  
 Chair, Premier's Council on Improving Healthcare  
 and Ending Hallway Medicine  
 80 Grosvenor Street  
 Toronto, ON  
 M7A 1E9

Dear Dr. Devlin,

**Re: First Report of the Premier's Council on Improving Healthcare and Ending Hallway  
 Medicine: *Hallway Health Care: A System Under Strain***

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing regarding the release of *Hallway Health Care: A System Under Strain* and to highlight the key roles our members play in reaching the goals of improving healthcare and ending hallway medicine.

Ontario's public health leaders want the Government to know that public health is a key contributor to preventing the illnesses and injuries that turn healthy people into patients. Continuing to invest in and build on strong public health programs and services that protect health and prevent illness will strengthen our ability to keep people out of doctor's offices and hospital beds.

For more than 180 years, Ontarians have benefitted from a strong, locally-based public health system that puts their health and wellbeing at the core of its mission. alPHa's members are the medical officers of health, members of boards of health, public health dentists, inspectors, epidemiologists, nutritionists, nurses, and health promoters who are responsible for the programs and services that prevent disease and promote health in every community in Ontario. In short, we are on the front line of keeping people well.

Boards of health throughout Ontario collaborate with a wide array of community partners (local medical/health care communities, municipalities, school boards, etc.) to deliver programs and services aimed at chronic and communicable disease prevention, food and water safety, healthy growth and development, substance use prevention and healthy environments. Each board tailors the requirements to meet local needs to ensure that everyone in the community is well served.

In addition to making a critical contribution to alleviating pressures on our hospitals and doctors' offices by keeping people from becoming patients in the first place, public health's emphasis on health and wellbeing delivers an excellent return-on-investment by supporting individuals' ability to optimize their own health to ensure that they can contribute to healthy families, vibrant communities and a strong economy.

I am pleased to attach our pre-budget submission to the Minister of Finance, which expands on the above points to make the case for strengthening the Ontario public health system's capacity to protect and promote the health of the entire province. We hope that you will take this into careful consideration as you and your Council colleagues develop the specific recommendations promised in the initial report.

I would be pleased to meet with you as well as to participate in further consultations with the Premier's Council as its work towards simplifying system navigation, reducing wait times, improving capacity and better coordination continues. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,  
alPHa President

**COPY:** Hon. Christine Elliott, Minister of Health and Long-Term Care  
Helen Angus, Deputy Minister, Health and Long-Term Care  
Dr. David Williams, Chief Medical Officer of Health  
Trudy Sachowski, Chair, alPHa Boards of Health Section  
Dr. Chris Mackie, Chair, Council of Ontario Medical Officers of Health

**Encl.**

About alPHa: The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. Membership in alPHa is open to all public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration. The Association works with governments, including local government, and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Further information on alPHa can be found at: [www.alphaweb.org](http://www.alphaweb.org)

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

**alPHa Sections:**

Boards of Health  
 Section

Council of Ontario  
 Medical Officers of  
 Health (COMOH)

**Affiliate  
 Organizations:**

Association of Ontario  
 Public Health Business  
 Administrators

Association of  
 Public Health  
 Epidemiologists  
 in Ontario

Association of  
 Supervisors of Public  
 Health Inspectors of  
 Ontario

Health Promotion  
 Ontario

Ontario Association of  
 Public Health Dentistry

Ontario Association of  
 Public Health Nursing  
 Leaders

Ontario Dietitians in  
 Public Health

February 15, 2019

ALL ONTARIO SENATORS  
 The Senate of Canada  
 Ottawa, Ontario, Canada K1A 0A4  
 VIA E-MAIL

Honourable Ontario Senators,

**Re: Bill S-228, Child Health Protection Act**

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to express our full support for Bill S-228, which, if passed into law, would prohibit certain food and beverage marketing directed at children.

alPHa has long advocated for a regulatory approach to limiting marketing to children, having recognized that industry's voluntary and self-regulating regime is extraordinarily weak and, in many cases, demonstrably dishonest.

In 2008, alPHa passed Resolution A08-13, which calls for a ban on commercial advertising of food and beverages to children under the age of 13. The following year, alPHa passed a similar Resolution (A09-1) which extends this call to banning commercial marketing of any kind to children. The first is based on the extensive evidence that marketing food and beverages to children has a significant negative impact on their food and beverage choices, as foods and beverages marketed to children are predominantly unhealthy and unhealthy food and beverage choices are contributing to obesity and its associated chronic diseases. The second is based on the evidence that direct marketing to children is by definition manipulative. I am pleased to attach both for your reference.

Indeed, we were very pleased to see that one of the key recommendations of the 2016 Canadian Senate Report, *[Obesity in Canada: Whole-of-Society Approach for a Healthier Canada](#)* was for the federal government to "immediately conduct a thorough assessment of the prohibition on advertising food to children in Quebec; and design and implement a prohibition on the advertising of foods and beverages to children based on that assessment".

We were of course also delighted with the subsequent introduction of Bill S-228, which provides a ready-made legislative model for what such intervention could look like across Canada, and that it has reached the stage where it is on the verge of being passed into law.

The time is right to implement an enforceable legislative framework that protects child health by protecting them from predatory marketing practices. The pioneering Quebec system has been in place for over 35 years and the evidence for restricting marketing to kids to protect their health has never been more clear. Moreover, public opinion polls have shown that more than 80% of Canadians approve of government intervention to limit advertising of unhealthy food and beverages to children.

Unhealthy eating patterns are a major risk factor for a number of chronic conditions, including heart disease, cancer, and diabetes. These constitute a measurable burden on our health care system and considerable societal and economic costs. We know that such patterns are established early in life and that creating environments that support healthy eating must be a top public health priority. This must include placing stronger limits on the aggressive marketing of unhealthy food and beverages to our children.

We believe that passing Bill S-228 is a necessary and important step in improving the health of future generations of Canadians and we urge you to vote in its favour.

Sincerely,



Dr. Robert Kyle,  
President

**Copy:** Rt. Hon Justin Trudeau, Prime Minister of Canada  
Hon. Ginette Petitpas Taylor, Minister of Health  
Dr. Theresa Tam, Chief Public Health Officer of Canada  
Dr. David Williams, Chief Medical Officer of Health (Ontario)

**Encl.**

**About *alpha*:** The Association of Local Public Health Agencies (alpha) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

**alPHa RESOLUTION A09-1**

**TITLE:** Ban on Advertising to Children Under 13 Years of Age

**SPONSOR:** alPHa Board of Directors

**WHEREAS** the Association of Local Public Health Agencies has resolved to call upon the Governments of Ontario and Canada to ban all commercial advertising of food and beverages targeted to children under 13 years of age; and

**WHEREAS** this position was adopted based on evidence presented about the harms of marketing to children in general

**THEREFORE BE IT RESOLVED THAT** the Association of Local Public Health Agencies also support the broader goal of the Ontario Public Health Association and other organizations that are advocating for a ban on all commercial advertising targeted to children under 13 years of age.

**ACTION FROM CONFERENCE:**

Moved: V. Sterling (Toronto)

Seconded: J. Butt (Leeds-Grenville Lanark)

**Resolution CARRIED AS AMENDED**



## **ALPHA RESOLUTION A08-13**

**TITLE: Ban on Commercial Advertising of Food and Beverages to Children Under 13 Years of Age**

**SPONSOR: Toronto Board of Health**

WHEREAS children today are exposed to a greater intensity and frequency of marketing than any previous generation; and

WHEREAS there is strong evidence that younger children lack the cognitive abilities to understand marketing messages; and

WHEREAS there is strong evidence that food advertising has a direct influence on what children choose to eat and indirectly exerts pressure on parents to choose those things; and

WHEREAS the dominant focus of commercial advertising to children is for products that undermine parents' and public health professionals' efforts to promote healthy diets and physical activity; and

WHEREAS recent industry initiatives promising to change advertising to children have proven to be ineffective; and

WHEREAS the Quebec ban on commercial advertising to children provides a wealth of experience in implementing a national framework; and

WHEREAS the Supreme Court of Canada ruled in 1989 that the Quebec ad ban is a reasonable limit on the right to free speech and that "...advertising directed at young children is per se manipulative"; and

WHEREAS almost 90% of television watched by Canadian children is on Canadian-based stations which would be subject to Canadian laws; and

WHEREAS the Toronto Board of Health, the Centre for Science in the Public Interest and the Elementary Teachers' Federation of Ontario have called for a ban on all commercial advertising targeted to children;

**NOW THEREFORE BE IT RESOLVED THAT** the Association of Local Public Health Agencies call for a ban on all commercial advertising of food and beverages targeted to children under 13 years of age by the Government of Ontario and the Government of Canada;

**AND FURTHER THAT** the Association of Local Public Health Agencies partner with the Ontario Public Health Association, Toronto Public Health and other interested stakeholders to develop and implement an effective province-wide advocacy plan.

**ACTION FROM CONFERENCE:**

Moved: R. Pellizzari (Peterborough)

Seconded: V. Sterling (Toronto)

**Resolution CARRIED AS AMENDED**

**From:** info@alphaweb.org [mailto:info@alphaweb.org]  
**Sent:** Tuesday, February 19, 2019 3:13 PM  
**To:** Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>  
**Subject:** alPHa Information Break - February 19, 2019



February 19, 2019

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

### **2019 Winter Symposium**

Today is the last day to register online for the Winter Symposium that will be held this Thursday, February 21 at the Chestnut Conference Centre in Toronto. Be sure to sign up for this informative event. Plenary highlights include morning presentations on the connection between mental health and public health, and health unit risk management. In the afternoon, Section meetings for COMOH and board of health members will take place. These will be followed by an evening reception and special guest lecture by Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine. The reception and lecture, co-hosted by alPHa and the Dalla Lana School of Public Health, will be held at the nearby School.

[Register here for the 2019 Winter Symposium](#)

[Learn more about the Symposium here](#)

---

### **alPHa Responses & Communications**

On February 12, alPHa responded to the first report of the Premier's Council on Improving Health Care and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain*. alPHa's letter underscored public health's role in health protection and illness prevention, activities that can help the government achieve its health mandate. The letter also included alPHa's pre-budget submission to government.

[Download alPHa's response to the Hallway Health Care report](#)

[Read the Hallway Health Care report here](#)

The Association also wrote to the Minister of Finance in response to provincial consultations on alcohol choice and convenience. alPHa's correspondence of January 31 outlined public health concerns regarding the negative health

and societal impacts of increased availability of alcohol in the province. It also asks the government to develop a comprehensive provincial alcohol strategy.

[Read alPHA's letter on proposed changes to the sale of alcohol](#)

On January 30, alPHA president Dr. Robert Kyle presented the Association's pre-budget submission and public health resource paper to several Progressive Conservative MPPs in Whitby, Ontario. Dr. Kyle spoke before Durham Region MPPs Lorne Coe, Lindsey Park and Doug Downey, parliamentary assistant to the finance minister. The opportunity to present was part of the government's 2019 budget consultations.

[Read alPHA's pre-budget submission here](#)

[Read alPHA's public health resource paper here](#)

---

### **Website Features: Correspondences & Consultations**

To stay up to date on alPHA's submissions on various public health issues, visit our Correspondences web page for the latest letters and written responses.

[Go to alPHA's Correspondences page](#)

alPHA keeps a list of current government consultations on its website. Check the link below often as updates are made regularly.

[View a list of current consultations on alPHA's website](#)

---

### **Government News Round Up**

[Premier's Council on Improving Health Care and Ending Hallway Medicine releases first report](#) - 2019/01/31

[Financial Accountability Office of Ontario releases report on Ontarians' personal income](#) - 2019/01/31

---

### **Upcoming Events - Mark your calendars!**

**February 21, 2019** - Winter Symposium & Section Meetings, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. [Register here!](#) Note: There are no accommodations at the Chestnut Conference Centre so attendees will need to book their own guestrooms (see our [flyer](#) for suggestions).

**March 27, 28 & 29, 2019** - [TOPHC 2019](#), Beanfield Centre, Toronto, Ontario. [Registration now open](#). Early bird deadline ends February 19.

**June 9, 10 & 11, 2019** - Annual General Meeting & Conference, Kingston, Ontario. Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario. [View the Notice of AGM and calls](#).

## **Update to Board of Health Members March 1, 2019**

### **2019 alPHa Winter Symposium**

Thank you to all those who attended our recently concluded 2019 Winter Symposium in Toronto. More than a hundred members from 34 health units convened on February 21 to hear discussion panels on the connection between public health and mental health, and managing risk, and participate in an orientation session for new board of health members and a business meeting for medical/associate medical officers of health. A highlight was an evening reception and special guest lecture co-hosted by the Dalla Lana School of Public Health at the University of Toronto. Guest speaker Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine, presented the government's vision for excellence in health care. Full proceedings of the Symposium plenary sessions will be available to the membership shortly. In the meantime, alPHa sincerely thanks the presenters, conference planning committee members, and the Dalla Lana School of Public Health for their participation, assistance with and support of this event.

[View alPHa's photos from the Winter Symposium on Twitter here](#)

### **BOH Orientation**

At the recent orientation session for new and returning board of health members, alPHa's Executive Director and Past President gave an overview of the association, its role and organizational structure, and the current public health system. alPHa legal counsel James LeNoury reviewed board of health liabilities, including general liabilities of board members and the responsibilities of boards of health under the *Health Protection and Promotion Act*. Click the links below to see the slide decks (login and password required).

[View the orientation slide deck by alPHa](#)

[View the board of health liability presentation by J. LeNoury](#)

[Download the 2018 Orientation Manual for BOH Members](#)

[Download the Governance Toolkit for Ontario BOHs](#)

### **Health System Restructuring**

On February 26, the Ontario government announced plans to introduce legislation that would, if passed, support the establishment of local Ontario Health Teams that connect health care providers and services around patients and families, and integrate multiple existing provincial agencies into a single health agency – Ontario Health. Existing agencies slated for integration include the 14 Local Health Integration Networks, Cancer Care Ontario, Health Quality Ontario and eHealth Ontario, among others. On February 27, first reading was passed on Bill 74, *The People's Health Care Act*, which would enable the proposed amendments to take place. Although public health was not mentioned in the announcement, alPHa will continue to monitor developments as they arise.

[Read Bill 74, The People's Health Care Act here](#)

[Read Ontario's announcement on health care reform here](#)

[Read the Association of Municipalities of Ontario's briefing on the announcement](#)

## alPHA Responses & Communications

On February 12, alPHA responded to the first report of the Premier's Council on Improving Health Care and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain*. alPHA's letter underscored public health's role in health protection and illness prevention, activities that can help the government achieve its health mandate. The letter also included alPHA's pre-budget submission to government.

[Download alPHA's response to the Hallway Health Care report](#)

[Read the Hallway Health Care report here](#)

The Association also wrote to the Minister of Finance in response to provincial consultations on alcohol choice and convenience. alPHA's correspondence of January 31 outlined public health concerns regarding the negative health and societal impacts of increased availability of alcohol in the province. It also asks the government to develop a comprehensive provincial alcohol strategy.

[Read alPHA's letter on proposed changes to the sale of alcohol](#)

On January 30, alPHA's President presented the Association's pre-budget submission and public health resource paper to several Progressive Conservative MPPs in Whitby, Ontario. He spoke before Durham Region MPPs Lorne Coe, Lindsey Park and Doug Downey, parliamentary assistant to the finance minister. The opportunity to present was part of the government's 2019 budget consultations. alPHA's submission focused on public health's contributions in keeping people healthy and underscored their tremendous value. In support of the submission, alPHA also drafted a 2-page resource document. The communiqué is being used to start a conversation with MPPs about the importance of local public health and to demonstrate public health's strong return on investment.

[Read alPHA's pre-budget submission here](#)

[Read alPHA's public health resource paper here](#)

## alPHA Correspondence

Check out our online library that houses the latest [letters and correspondences](#) sent by alPHA to government and other stakeholders on public health issues of the day. Scroll down and click the documents to view alPHA's letters of concern, responses to public consultations, and other materials, including responses from government.

## Upcoming Events and Meetings for All Board of Health Members

**June 9-11, 2019:** Minding Public Health, [alPHA 2019 Annual General Meeting & Conference](#), Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario. [Book your accommodations](#) now as space is limited. See a [save the date flyer](#). Program and registration details coming soon.

**June 11, 2019** (during alPHA Annual Conference): alPHA Boards of Health Section Meeting

*This update was brought to you by the Boards of Health Section Executive Committee of the alPHA Board of Directors. alPHA provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHA is entitled to attend alPHA events and sit on the Association's various committees. Learn more about us at [www.alphaweb.org](http://www.alphaweb.org)*

## MINDING PUBLIC HEALTH

2019 alPHA Annual Conference

June 9 – 11, Four Points by Sheraton, 285 King St., Kingston ON

### DRAFT PROGRAM-AT-A-GLANCE \*

*\*all events held at conference hotel unless otherwise indicated*

*updated 2019-03-04*

Sunday, June 9, 2019		
2:00 – 4:00	<b>Guided Walking Tour of Downtown Kingston</b>  Meeting place: Lobby of Four Points hotel (to be confirmed)  Tour Guides: <ul style="list-style-type: none"> <li>• Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit</li> <li>• Susan Cumming, RPP, Adjunct Lecturer, Queen's University and Past President, Ontario Professional Planners Institute</li> </ul>	
2:00 – 5:30	<b>Registration</b>	
4:00 – 6:00	<b>alPHA Board of Directors Meeting</b>  Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston	Offsite – see description
	<i>Trolley buses depart hotel 5:30 pm to health unit; depart health unit 7:00 pm to hotel.</i>  <i>Special thanks to trolley sponsors Shoalts and Zaback Architects Ltd., designers of KFL&amp;A Public Health's new office.</i>	
6:00 – 7:00	<b>Opening Reception</b> Greetings by Mark Gerretsen, MP, Kingston and The Islands (to be confirmed)  Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston  <i>Special thanks to KFL&amp;A Public Health for sponsoring the reception.</i>	Offsite – see description
Monday, June 10, 2019		
7:00 – 8:00	<b>Continental Breakfast &amp; Registration</b>	
8:00 – 10:00	<b>Annual General Meeting and Resolutions Session</b>	

	AGM and Resolutions Chair: Robert Kyle, alPHa President (to be confirmed)	
10:00 – 10:30	<b>Fitness Break</b>	
10:30 – 10:35	<b>Welcoming Remarks</b> by Bryan Paterson, Mayor of Kingston (to be confirmed)	
10:35 – 11:45	<b>Opening Plenary Session</b> <ul style="list-style-type: none"> <li>• Dr. Theresa Tam, Canada Chief Public Health Officer (confirmed)</li> <li>• Hon. Christine Elliott, Minister of Health &amp; Long-Term Care (to be confirmed)</li> </ul>	
11:45 – 1:30	<b>Distinguished Service Awards Luncheon</b>	
1:30 – 3:00	<b>Plenary Session: Panel on Mental Health &amp; Public Health – Part I (Downstream Focus)</b> Much of public health's work centers on upstream approaches to keep the population healthy. In times of crisis and emergencies, however, public health finds it must employ downstream interventions and strategies to save lives. This session will examine how public health and community partners can best work together to address mental health issues from a downstream perspective using the current opioid epidemic as an example.  Moderator: Nadia Zurba, Senior Manager, Ontario Harm Reduction Distribution Program (confirmed) Panelists: <ul style="list-style-type: none"> <li>• Antje McNeely, Chief of Police, Kingston Police (confirmed)</li> <li>• Monika Turner, Director of Policy, Association of Municipalities of Ontario (confirmed)</li> <li>• TBD</li> </ul>	
3:00 to 3:30	<b>Break</b>	
3:30 to 5:00	<b>Plenary Session: Panel on Mental Health &amp; Public Health – Part II (Upstream Focus)</b> Amidst the growing mental health crisis, there is increasing recognition that getting at the root causes of mental illness and preventing them in the first place will mitigate their negative health impacts at personal and societal levels. This session will focus on the upstream approach that public health and education partners are taking to address the mental health crisis both individually and collectively.  Moderator: TBD Panelists:	

	<ul style="list-style-type: none"> <li>• Dr. Andrea Feller, Associate Medical Officer of Health, Niagara Region Public Health (confirmed)</li> <li>• TBD</li> <li>• TBD</li> </ul>	
5:30 to 7:00	<b>Reception</b> (sponsored by Lone Star Texas Grill) <i>Refreshments provided; cash bar.</i>  Location: Lone Star Texas Grill, 251 Ontario St., Kingston (a 5-minute walk from the Four Points hotel)	Offsite – see description
7:00 onward	Delegates on their own for dinner	
<b>Tuesday, June 11, 2019</b>		
7:30 – 8:30	<b>Continental Breakfast</b>	
8:30 – 9:00	<b>Plenary Session: Lyme Disease Update</b>  Speaker: Dr. Kieran Moore, Medical Officer of Health, KFL&A Public Health (confirmed)	
9:00 – 12:00	<b>Concurrent Section Meetings</b> (Boards of Health Section, COMOH)	
12:00	<b>Conference Ends</b>  Delegates on their own for lunch	
12:30 – 1:30	<b>Inaugural alpha Board of Directors Meeting</b>	



## PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

<b>TITLE:</b>	<b>Guarding Minds @ Work Update</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Brittany Cadence, Manager, Communications &amp; IT Services and Chair, Guarding Minds @ Work Steering Committee</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Dr. Rosana Salvaterra, Medical Officer of Health</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, *Guarding Minds @ Work Update*, for information.

### **FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

### **DECISION HISTORY**

At its June 10, 2015 meeting, the Board of Health formally adopted the National Standard on Psychological Health and Safety for the organization and endorsed the creation of the Guarding Minds at Work Steering Committee to oversee the implementation of the standard for Peterborough Public Health. Earlier status updates were provided to the Board of Health on November 9, 2016 and January 13, 2018.

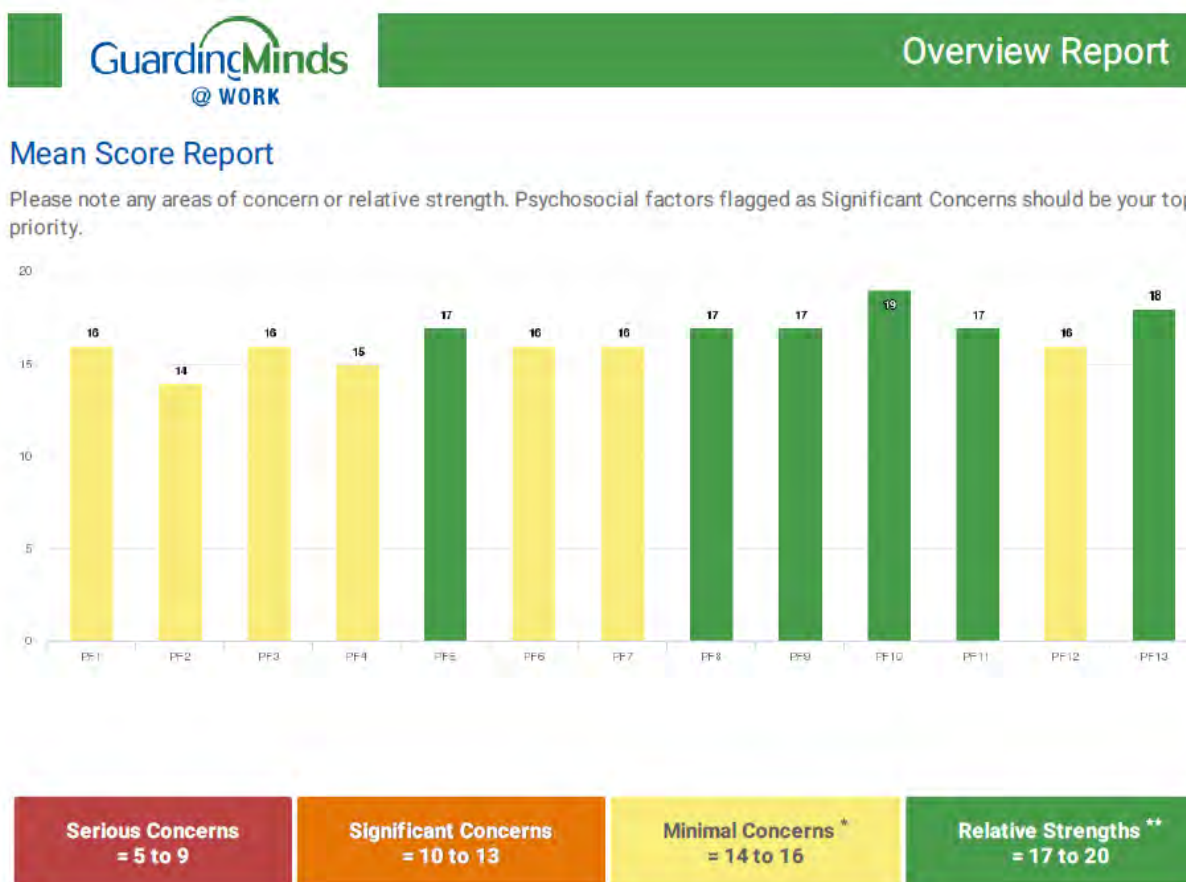
### **BACKGROUND**

Psychological health and safety is about safeguarding the psychological health of employees. A psychologically healthy and safe workplace is one that promotes employees' psychological well-being and actively works to prevent harm to employee psychological health due to negligent, reckless or intentional acts.

[Guarding Minds @ Work](#) (GM@W) is an evidence-based, guided process developed by Canadian mental health experts to support the implementation of the National Standard on Psychological Health & Safety in the Workplace. According to GM@W, **psychological health** comprises our ability to think, feel and behave in a manner that enables us to perform effectively in our work environments, our personal lives, and in society at large. **Psychological safety** is different - it deals with the risk of injury to psychological well-being that an employee might experience. Improving the psychological safety of a work setting involves taking precautions to avert injury or danger to employee psychological health. It is important to note that psychological health problems occur on a *spectrum*, from mild psychological difficulties on

one end to severe psychological disorders on the other. The most common psychological health problems in the workplace are anxiety and depression. These conditions account for a large proportion of the negative impacts on employees and employers.

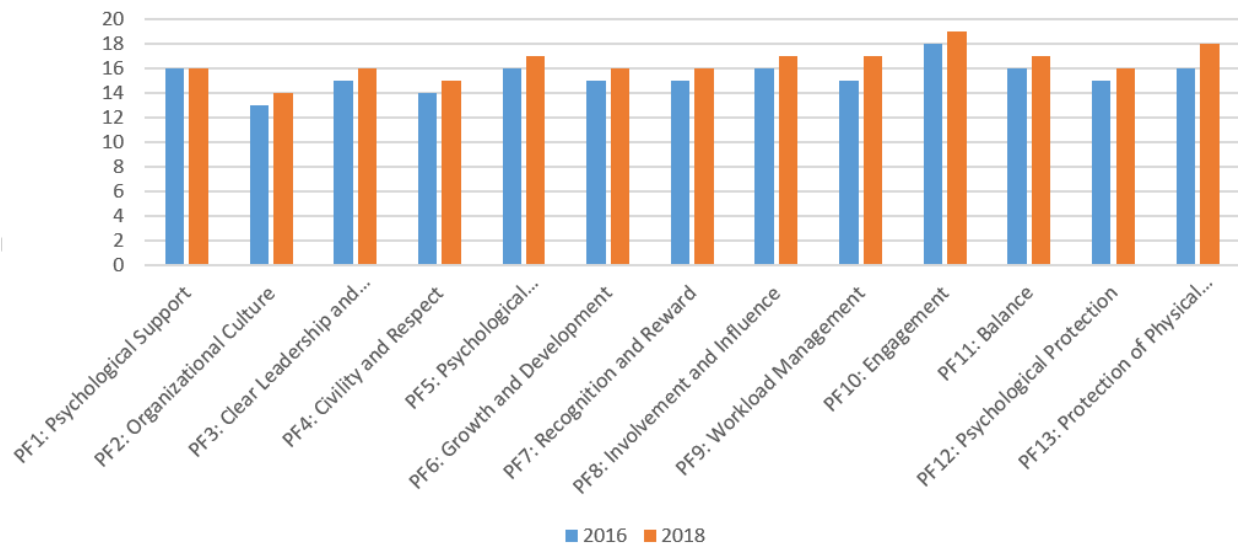
In June 2018 the GM@W Committee rolled out the same survey used for the first time in 2016 to gauge PPH staff perceptions of workplace health according to 13 psychosocial factors. A total of 98 staff completed the survey, representing an 85% response rate. Overall in comparison to 2016 results, each indicator improved and one remained the same. According to the GM@W rating system, all indicators ranked either as a “minimal concern” or a “relative strength”.



*Results of 2018 Guarding Minds @ Work Survey at PPH*

Engagement (PF10) and Protection of Physical Safety (PF13) rated as the two highest indicators, and Organizational Culture (PF2) and Civility & Respect (PF4) rated as the two lowest. These results of the top and lowest ranking psychosocial factors are the same as in 2016, however all improved. A breakdown comparing 2016 and 2018 results is provided below:

## Comparison of Workplace Factors from 2016 to 2018



In addition to conducting this survey, the GM@W Committee focused on activities that helped staff develop conflict management skills, a priority identified by staff following the 2016 survey. In May 2018, the management team received a presentation on “The Psychologically Safe Way to Resolve Conflict” as a teach-back from Brittany Cadence (chair of the GM@W Committee) who attended this workshop. The GM@W Committee also organized a one-day workshop on productive conflict on June 6, 2018 entitled “Fight the Good Fight” featuring psychologist and business strategist Liane Davey. A total of 25 staff from across the organization participated, and completed a pre-workshop survey on their use of conflict management skills. A post-survey was conducted again in October 2018 of these staff to gauge their progress. The Committee was also successful in garnering Executive’s support for a “train the trainer” workshop in conflict resolution. This session will take place in March 2019 with a goal to create a conflict resolution team within the organization who can deliver training to their teams and new staff and students. Team building is now a sustainable feature of PPH, and each quarter the management team continues to check in with each other to review activities and to support each other in this effort. Other 2018 improvements resulting from staff input into GM@W work included better customer service systems to reduce stress and frustration experienced by frontline staff. This work entailed hiring a dedicated phone reception administrative assistant, lowering the third floor counter, creating a new mail room, and installing more signs and a lobby TV at Jackson Square to guide visitors to PPH meeting rooms. To improve internal communications, highlights of each management meeting are shared with all staff immediately following, and are typically viewed 200+ times on average. The GM@W Committee also developed a critical incident policy to support staff should an unexpected traumatic event occur, involving a personal or professional threat, which evokes extreme stress, fear or injury.

Next steps for the Committee in 2019 include hosting the conflict management “train the trainer” session in March and measuring the impact of this work on PPH organizational culture.

The Committee is also identifying gaps in systems and practices at PPH using the Audit Tool developed as part of the National Standard on Psychological Health and Safety in the Workplace.

### **STRATEGIC DIRECTION**

This work achieved to date and future plans to create a safe and supportive workplace helps PPH serve as a role model in implementing the new National Standard on Psychological Health and Safety, as well as fulfill objectives as set out in the Strategic Plan under the *Quality and Performance* strategic direction.

## **PETERBOROUGH PUBLIC HEALTH**

### **BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Public health responses to the federal consultation on the regulation of edible cannabis, extracts and tinctures</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Sarah Cullingham, Health Promoter</b>
<b>APPROVED BY:</b>	<b>Donna Churipuy, Director of Public Health Programs Dr. Rosana Salvaterra, Medical Officer of Health</b>

#### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, *Public health responses to the federal consultation on the regulation of edible cannabis, extracts and tinctures*, for information.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

#### **DECISION HISTORY**

At its January 13, 2016 meeting, the Board of Health received correspondence from Sudbury and District Health Unit regarding cannabis regulation and control for information, and further resolved to use a public health framework on psychoactive substances and their regulation as defined by the Centre for Addiction and Mental Health.

The Board of Health has also received updates on cannabis legalization in June 2017, September 2017, January 2018, and October 2018.

#### **BACKGROUND**

The federal *Cannabis Act* (the Act) came into force on October 17, 2018 legalizing and strictly regulating the use, possession, and cultivation of cannabis for legal age adults in Canada. The Act authorizes the legal sale of edible cannabis products and cannabis concentrates one year following coming into force (October 17, 2019) or sooner, by Order. On December 20, 2018 Health Canada opened a consultation on proposed regulations for edible cannabis, extracts and topicals with a closing date of February 20, 2019. The regulations are required to address the public health and safety risks of these new classes of cannabis, and must be brought into force no later than October 17, 2019.

Peterborough Public Health (PPH) has been involved in preparing submissions to the consultation through two provincial networks – Ontario Dietitians in Public Health and the

Ontario Public Health Unit Collaborative on Cannabis (the Ontario Public Health Unit Collaborative on Cannabis submission notes PPH as a contributor). This report summarizes the rationale behind, and highlights from, these joint submissions for information.

## **RATIONALE**

The proposed regulations put forth by Health Canada for consultation cover three new classes of cannabis:

- Edible cannabis: products containing cannabis that are intended to be consumed in the same manner as food (i.e. eaten or drunk);
- Cannabis extracts: products that are produced using extraction processing methods or by synthesizing phytocannabinoids; and
- Cannabis topicals: products that include cannabis as an ingredient and that are intended to be used on external body surfaces (i.e. skin, hair, and nails)

These new classes of cannabis pose specific public health risks because of their possible appeal to young or novice users, and risk of accidental and overconsumption (Barrus, 2016; Orenstein & Glantz, 2018). Given the possible public health risks and links to diet and nutrition, staff from PPH participated in drafting submissions to the consultation process based on the best available evidence and lessons learned from various states in the United States which have experience in regulating these products.

Together the submissions voice support for the following proposed regulations:

- Limit of 10mg THC per discrete unit and package of cannabis edibles
- Prohibitions on added alcohol in edibles
- Limits on caffeine in edible products (from ingredients with naturally occurring caffeine)
- Requirements for cannabis edibles to be shelf stable
- Child-resistant, plain packaging, and standard labelling requirements
- Prohibitions on health and dietary claims and formats appealing to children
- Requirements to produce cannabis edibles in separate buildings from conventional food

The submissions make recommendations for additional or strengthened regulations in the following areas:

- Increased restrictions for maximum tetrahydrocannabinol (THC) content of extracts and topicals
- Mandatory warning labels for cannabis edibles with doses in excess of 5mg THC per discrete unit
- Further restrictions on the use of flavoring agents that may be appealing to youth
- Additional warnings (e.g. delayed onset, do not combine with other drugs) and labelling (e.g. 'keep out of reach of children) for cannabis edibles
- Consistency between cannabis-specific Nutrition Fact Tables and existing requirements specified in the Canadian Food and Drug Act

- Additional restrictions on advertising on television, radio, social media, internet, and other media sources
- Enhanced public education efforts
- Ban on the sampling and ingesting of edible cannabis products in retail storefronts or specialty consumption cafes or lounges

The full details of submitted comments, along with supporting evidence, can be found in the appended submissions.

### **STRATEGIC DIRECTION**

This report applies to the following strategic direction(s):

- Determinants of Health and Health Equity
- Capacity and Infrastructure

### **REFERENCES:**

Barrus, D.G., K.L. Capogrossi, S.C. Cates, C.K. Gourdet, N.C. Peiper, S.P. Novak, T.W. Lefever, J.L. Wiley. (2016). Tasty THC: Promises and Challenges of Cannabis Edibles. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260817/>  
Remove section if not applicable.

Orenstein, D. G., & Glantz, S. A. (2018). Regulating Cannabis Manufacturing: Applying Public Health Best Practices from Tobacco Control. *Journal of psychoactive drugs*, 50(1): 19–32. doi: 10.1080/02791072.2017.1422816

### **APPENDICES**

[Appendix A – ODPH Cannabis Consultation 2019](#)

[Appendix B – OPHU COC Cannabis Consult Submission](#)

February 20, 2019

Strategic Policy Directorate  
Cannabis Legalization and Regulation Branch  
Address Locator: 0302B  
Health Canada  
Ottawa, ON K1A 0K9

By Email: [cannabis@canada.ca](mailto:cannabis@canada.ca)

The Ontario Dietitians in Public Health (ODPH) is pleased to provide consultation to Health Canada on the proposed regulations amending the *Cannabis Regulations* (New Classes of Cannabis) and the Proposed Order amending Schedules 3 and 4 to the *Cannabis Act*. ODPH is the independent and official voice of Registered Dietitians (RDs) working in Ontario's public health system. ODPH members apply evidence-informed nutrition information to enable healthy eating at every stage of life; advocate for and provide support to create food policies and healthier eating environments; as well as implement and evaluate nutrition education and skill building programs. As members of the College of Dietitians of Ontario, ODPH's Registered Dietitians are credible food and nutrition experts, and are uniquely educated to promote healthy eating at the population-level.

Our members contributing to the content of this letter have reviewed the [Infographic](#) of proposed regulations for new cannabis products; the [Backgrounder Consultation](#) on the strict regulation of additional cannabis products; and the [Proposed regulations and amendments](#) to the Act. To this end, please review our responses to the consultation questions on the proposed regulations of edible cannabis, cannabis extracts, and cannabis topicals.

**1. What do you think about the proposed THC limits for the new classes of cannabis products?**

The dose limit for edible cannabis proposed (i.e., limited to 10mg THC per discrete unit and per package) is reasonable and aligns with edible cannabis products currently available for sale in the United States. However, **if the dose exceeds 5 mg THC per serving of edible cannabis, we strongly recommend there is a requirement to include a warning label advising first time or novice users that the dosage found within one serving of product may be in excess of their individual tolerance.** Furthermore, **we recommend that Health Canada clearly define what is meant by a "small amount" in the Consumer Information advice to "Start Low and Go Slow".** Therefore, **we strongly recommend the consumer information be edited to include a**



**recommendation for the initial dosage amounts for edible cannabis consumption (e.g., 2-5 mg THC maximum) and clearly instruct consumers the amount recommended could mean they begin consuming with only a partial serving to account for not knowing what their tolerance to the product will be, initially.**

In terms of the potential variability for the doses of THC in edible cannabis, **we recommend the variability should be no more than +/- 10%, applicable for edible cannabis and cannabis extracts, regardless of the dosage amount in one serving.** This is in alignment with the current acceptable dosage for medicinal ingredients in Canada's Food and Drug Regulations (C.01.062 (1)) which is not less than 90% or more than 110% of the amount of the medicinal ingredient shown on the label.

**2. Do you think the proposed new rules addressing the types of ingredients and additives that could be used in edible cannabis, cannabis extracts, and cannabis topicals appropriately address public health and safety risks while enabling sufficient product diversity?**

We agree that only food and food additives in accordance to Canada's Food and Drug Regulations can be added to edible cannabis products. We also agree with the restrictions prohibiting the addition of temporarily marketed foods and vitamins/minerals to an edible cannabis product. **We recommend Health Canada provides warning labels for other ingredients that may enhance the absorption of THC from edibles in some way.** It will be very important for consumers to be better equipped to estimate when they are safe to operate any machinery, for example. **We recommend Health Canada invest in food research opportunities to ensure there are safeguards not only to mitigate risks of accidental overconsumption of a product class primarily intended for ingestion, but also to mitigate risks of any potential ingredient interactions.**

We strongly support that the use of ingredients containing only naturally occurring caffeine would be permitted in edible cannabis provided the total amount of caffeine in a package does not exceed 30 mg.

We strongly support that nicotine should be prohibited as an additive or flavouring agent for edibles, extracts, and topicals to reduce the harms of co-use of cannabis and nicotine.

With respect to extracts, **it is imperative that Health Canada clearly defines what is meant by "appealing to youth."** We recommend that **all considerations included in vaping and tobacco regulations be included in edible cannabis requirements** with respect to ensuring these products and their flavourings are not considered "appealing to youth." **We recommend they not contain any flavouring that might make the product more appealing to youth, for example, if the product is a fruit-, dessert- or candy-type product.**

3. **Do you think that the proposed rules for other classes of cannabis will accommodate a variety of oil-based products for various intended uses, even though cannabis oil would no longer be a distinct class of cannabis?**

We feel the proposed rules will accommodate a variety of oil-based products.

4. **What do you think about the proposed six-month transition period for cannabis oil? Is a six-month transition period sufficient?**

We feel the proposed six-month transition period for cannabis oil is sufficient.

5. **What do you think about the proposed new rules for the packaging and labelling of the new classes of cannabis products?**

We agree that all edible cannabis products need to be shelf-stable (i.e., do not require refrigeration or freezing) and **the use of meat products, poultry products, and fish as ingredients, even if dried, would be prohibited.**

We agree the regulation for packaging and labelling should maintain core plain packaging to all cannabis products; include the standardized cannabis symbol, health warning messages, and THC and CBD content; and have child-resistant packaging to reduce the risk of accidental consumption and overconsumption.

To this end, **we strongly recommend there be succinct guidance to ensure mandatory warnings on all edible cannabis product as well as messaging that clearly warns consumers that the effects of the THC dose will be delayed for at least one hour (and in some cases much longer). Furthermore, we strongly recommend a warning message for the consumer NOT to take additional doses during that one-hour timeframe. Finally, we strongly recommend all labels must have a “keep out of reach of children” label clearly displayed on the packaging** in an effort “to protect the health of young persons by restricting their access to cannabis and to protect young persons and others from inducements to use cannabis” and highlight the risk of the potential for child poisoning.

6. **With respect to edible cannabis, what do you think about the requirement for all products to be labelled with a cannabis-specific nutrition facts table?**

We recommend mandatory information for edible cannabis to include a list of ingredients, common name of product, indication of source of allergen, gluten, or sulphites that have been added, durable life date only on ALL products that deteriorate in 90 days or less, and a cannabis-specific nutrition facts table. There should be NO nutrient and/or health claims on these labels.

We agree that it should be prohibited to represent edible cannabis as being suitable for people with specific physical or physiological conditions (e.g., part of a low-calorie diets, for weight loss).

With respect to the cannabis-specific Nutrition Facts Table (NFT), **we strongly recommend the font size, font type, leading, and spacing of the NFT be completely consistent with the existing labelling requirements specified in the Canadian Food and Drug Act for pre-packaged foods (i.e., as per changes to the NFT specified in 2016).** Edible cannabis is a type of food and as such, the NFT should be a standardized label on all edible cannabis foods. It will be confusing to the consumer if there are different types of labels for different food products. This product information of active ingredients and warnings must be easy to locate on each package, and follow a unified, consistent format that Canadian consumers are familiar with and can understand.

With respect to packaging, we agree that the immediate container of the cannabis extracts must be designed in such a way that the extract cannot easily be poured or consumed directly from the container in which it is packaged to reduce the risk of accidental consumption. Packaging for edible cannabis products must be “food-grade”. Samples of edible cannabis should NOT be allowed under this regulation.

**7. What do you think about the proposal for the labelling of small containers and the option to display certain information on a peel-back or accordion panel?**

In our opinion, **it is imperative that the cannabis health warning messages, standardized cannabis symbol, and information pertaining to THC and CBD content of the product, and list of ingredients (to show the presence of potential allergens) must always be mandatory on the exterior display surface of the label, regardless of the size of the container.** Additional information such as the packaging date, recommended product storage, and the NFT could be displayed on a peel-back or accordion-style panel, should the immediate container be too small. **The durable life of the product must be displayed on all packaging. Finally, there should be no branding of the product, as this is perceived as advertising and promotion of cannabis.**

**8. What do you think about the proposal that the standardized cannabis symbol would be required on vaping devices, vaping cartridges, and wrappers?**

The only comment we have is that the **standardized cannabis symbol should be visible on all products that contain cannabis even if the amount in the product is below 10 mcg/gram.**

**9. Do you think that the proposed new good production practices, such as the requirement to have a Preventive Control Plan, appropriately address the risks associated with the**

**production of cannabis, including the risk of product contamination and cross-contamination?**

We agree with the proposed new good production practices as mentioned. **We recommend that every processing building must have a hand-washing sink. Additionally, processing plants should have unannounced “spot checks” within their region to ensure compliance rather than completing an inspection only in response to a complaint.**

**10. What do you think about the requirement that the production of edible cannabis could not occur in a building where conventional food is produced?**

We agree that the production of edible cannabis should NOT occur in a building where conventional food is produced to provide greater allergen control and reduce potential cross-contamination with other foods.

Furthermore, **we recommend that edible cannabis should not be produced by a company that produces conventional food products** (e.g., Nabisco) because advertisements of their existing products may also be associated with edible cannabis. This could be perceived as promoting and advertising to children, by association.

**11. What do you think about the overall regulatory proposal?**

No comment.

**12. Are there any additional comments you would like to share on the proposed regulations for the new classes of cannabis?**

**We strongly recommend Health Canada to include strict regulations related to advertising on television, radio, social media, the internet, and other media sources.**

**We strongly recommend Health Canada implement and evaluate a public education and awareness strategy; tools to measure cannabis consumption patterns at baseline and evaluation to survey and monitor consumption patterns; and research funding to support the growth of evidence in this novel area of study.**

**13. Are there any additional comments you would like to share regarding the legalization and strict regulation of cannabis in Canada? For example, are there measures the Government could take to support individuals to be in compliance with the public possession limits for cannabis (i.e. 30 grams of dried cannabis "or equivalent")? Do you have views on how to**

**minimize environmental concerns associated with packaging, while maintaining key aspects, such as child resistant packaging, that help to prevent accidental consumption?**

No comment.

Thank you for the opportunity to provide our input on the proposed regulations of the new classes of cannabis. We look forward to the summary from Health Canada following this comprehensive review of the regulations.

Sincerely,

Ellen Lakusiak, RD  
Co-Chair, ODPH

Cc:  
The Ontario Public Health Collaboration on Cannabis  
Dietitians of Canada

***Cannabis Regulations (New Classes of Cannabis) and the Proposed Order amending  
Schedule 3 and 4 to the Cannabis Act***

**Ontario Public Health Collaboration on Cannabis (OPHCOC)**

The Ontario Public Health Collaboration on Cannabis is a group of professionals from 35 health units who have joined together to promote a comprehensive public health approach to cannabis legalization.

**This paper was developed by a sub-group of the OPHCOC and endorsed by the following  
Public Health Units:**

Durham Region Health Department, Eastern Ontario Health Unit, Grey Bruce Health Unit, Haldimand-Norfolk Health Unit, Hastings Prince Edward Public Health, Huron County Health Unit, Lambton Public Health, Middlesex London Health Unit, Niagara Region, Northwestern Health Unit, Perth District Health Unit, Peterborough Public Health, Public Health Sudbury & Districts', Southwestern Public Health, Thunder Bay District Health Unit, Wellington-Dufferin-Guelph Public Health, Windsor-Essex County Health Unit, York Region Public Health

Submission Date: February 20, 2019

## **Consultation questions on the proposed regulations for edible cannabis, cannabis extracts, and cannabis topicals**

### **1. What do you think about the proposed THC limits for the new classes of cannabis products?**

Canada's Lower-Risk Cannabis Use Guidelines recommend limiting the amount of THC-content in cannabis products to help mitigate the risks of both acute and chronic problems associated with cannabis use. High THC content in cannabis is linked to mental health problems and dependence (Fischer, et al. 2017). Recognizing that there are risks associated with high potency products, we agree that limiting the amount of THC-content in new classes of cannabis products is critical. The Canadian Task Force on Cannabis Legalization and Regulation acknowledged that there is insufficient evidence to identify a "safe" potency limit. As such, future changes to legislation may be warranted as further research and evidence becomes apparent on what is best for the public's health and safety.

The proposed limit for edible cannabis products (i.e. 10 mg THC per discrete unit and per package) is reasonable and aligns with edible cannabis products currently available for sale in Colorado and Washington (State of Colorado, 2018; Orenstein & Glantz, 2018). We are in support of Health Canada's proposed total package size limit of 10mg THC for cannabis edibles as it is a more conservative limit than Colorado places at 100mg per package, or Alaska at 50 mg per package (State of Colorado, 2018; State of Alaska, 2018); however, to further prevent potential overconsumption and encourage Canadians to consume cannabis responsibly by design, we recommend a mandatory requirement that multiple lower potency options (e.g. under 5mg THC) are made available on the market. This would allow novice users to select a lower potency option and follow Canada's Lower Risk Cannabis Use Guidelines. Other jurisdictions such as Alaska and Oregon have individual serving size, discrete unit and package size starting at 5mg THC (State of Alaska, 2018; Oregon Liquor Control Commission, 2016). If the serving size exceeds 5mg THC per serving of edible cannabis, we recommend that there should be a requirement to include a warning on the label, to advise first time/novice users that the THC quantity contained in one serving may be in excess of their individual tolerance.

The rationale for the 1000 mg limit of THC for cannabis extracts and cannabis topicals was not made apparent in the background document. To prevent overconsumption and reduce the risk to children and others who unintentionally ingest these products, Canada should place greater restriction on the maximum total THC allowed in a container of cannabis extracts or topicals than the currently proposed 1000mg. While California limits non-edible cannabis products such as topicals and concentrates to 1000mg THC per package, Washington State has restricted capsules, tablets, tinctures, transdermal patches, and suppositories to a maximum of 500 mg THC per package (Orenstein & Glantz, 2018). In Colorado, the total amount of THC allowed in a container with multiple servings as a tincture, capsule, or other ingestible product is 100mg (State of Colorado Department of Revenue, 2018). Similarly, Oregon has set a maximum container or package size of 100mg THC for capsules (Oregon Liquor Control Commission, 2016), and

Alaska has set a maximum package content for THC of 50mg for cannabis products which are to be eaten or swallowed (State of Alaska, 2018). Setting a maximum container size of 50-100mg THC for extracts and topicals would offer a significant improvement for consumer safety as compared to the proposed 1000mg THC per multi-serve container.

In terms of the potential variability for the doses of THC in edible cannabis, we recommend the variability should be no more than +/- 10%, applicable for edible cannabis and cannabis extracts, regardless of the dosage amount in one serving. This is in alignment with the current acceptable dosage for medicinal ingredients in Canada's Food and Drug Regulations (C.01.062 (1)) which is not less than 90% or more than 110% of the amount of the medicinal ingredient shown on the label.

**2. Do you think the proposed new rules addressing the types of ingredients and additives that could be used in edible cannabis, cannabis extracts, and cannabis topicals appropriately address public health and safety risks while enabling sufficient product diversity?**

**Cannabis Edibles (Solid and Beverage)**

Consumption of edible cannabis products has become a popular route of administration in states that have legalized cannabis. From a health perspective, eating or drinking cannabis products may be preferred to smoking cannabis given that ingestion has, to-date, not been associated with the same negative health impacts on lung function or cancer risk. However, cannabis-infused edibles pose their own set of risks, including unintended consumption, inconsistency in potency and effect, and delayed onset of intoxication (Barrus, 2016). Studies from California further suggest that cannabis-infused edibles may be particularly popular among young users (Orenstein & Glantz, 2018), a group who has been shown to be especially vulnerable to the social and psychological harms associated with cannabis use (Fischer et al., 2011). In this context, and given the limited scope of evidence currently available, it is important that a precautionary approach be taken to the regulation of these products.

We support Health Canada's proposal to prohibit added alcohol in cannabis edibles and believe that it is crucial for this restriction to remain in place. We also support the proposed prohibition on added vitamin and minerals for these products to ensure consistent public health messaging regarding the risks and harms of cannabis products. This will also limit opportunities for conflating the health benefits of vitamins and minerals with the consumption of cannabis edibles.

In order to strengthen these regulations we would recommend that both nicotine and caffeine be prohibited as additives to cannabis edibles, allowing for a restricted amount of caffeine if it is naturally occurring in some ingredients such as chocolate and tea. The current proposed limit of 30mg of naturally occurring caffeine per serving is conservative and in line with a public health approach. The recommendations to prohibit nicotine as an additive in all forms of manufactured cannabis products, and prohibiting caffeine as an additive, are in line with those put forward by Orenstein and Glantz. in their summary review of cannabis regulation in California (2018).



In order to further protect youth from accessing and/or unintentionally ingesting edible cannabis products, and as it will be the provincial and territorial responsibility for distribution and retail sale of cannabis, we recommend that Health Canada advocate for provinces to restrict the sale of edibles to federally or provincially licenced and regulated premises (in Ontario this would be the Ontario Cannabis Store and future AGCO licensed retail stores), and not in local retail food premises including restaurants and convenience stores.

Additionally, we recommend Health Canada consider restricting the daily values (DV) of fat, sugar, and salt contained in a single cannabis edible package to under 5%. This is in line with the World Health Organization (2015), the Heart and Stroke Foundation (n.d.), and Diabetes Canada (2016), all of which recommend restricting total free sugar intake to less than 10% of an individual's daily calories, and ideally less than 5%. It is further in line with the Dietitians of Canada's interpretation of under 5% DV as 'a little' of the nutrient (unlockfood.ca, 2019).

### **Cannabis Extracts (Ingested, Inhaled, Concentrated THC)**

Research has shown that flavoured tobacco products are more appealing to young people (Carpenter et al., 2005) and that e-cigarette use is often initiated through flavoured products (Ambrose et al. 2015). Observations from the current cannabis product market demonstrate that cannabis extracts and concentrates may resemble food (Abda-Santos, 2013) or market a food-like flavour (Goncus, 2016) which may pose a risk for unintentional ingestion (Orenstein & Glantz, 2018).

We support Health Canada's proposal to prohibit the use of sugars, colours, or sweeteners, as well as nicotine or caffeine in cannabis extract products.

With respect to extracts, it is imperative that Health Canada clearly defines what is meant by "appealing to youth." We recommend that all considerations included in vaping and tobacco regulations be included in extract cannabis requirements with respect to ensuring these products and their flavourings are not considered "appealing to youth." We recommend they not contain any flavouring that might make the product more appealing to youth, for example, if the product is a fruit-, dessert- or candy-type product.

Given the possible appeal and risk of unintentional ingestion we would further recommend a prohibition on adding characterizing flavours (e.g. menthol) to these products. This recommendation is in line with those put forward by Orenstein and Glantz (2018) in their summary review of cannabis regulations in California.

### **3. Do you think that proposed rules for other classes of cannabis will accommodate a variety of oil-based products for various intended uses, even though cannabis oil would no longer be a distinct class of cannabis?**

Based on the definition and intent for use, the proposed new class of cannabis, 'cannabis extracts', sufficiently captures and accommodates a variety of oil-based products for various intended uses.

In addition, based on public health best practices from tobacco control, we recommend that cannabis regulations also incorporate a comprehensive ban on flavours and addictive additives and place strict limits on the potency of all cannabis extracts and topicals (Orenstein & Glantz, 2018), just as potency regulations were proposed for cannabis edible food, beverage and ingestible extracts.

Further we commend the federal government for its proposed regulation to include:

- Plain, child-resistant packaging
- No cosmetic, health or dietary claims; and must not be appealing to kids
- Caffeine limits (naturally occurring, under a threshold) and restrictions; no added vitamins, minerals or alcohol in edible cannabis and ingested cannabis extract; and no nicotine, sugars, colours or sweeteners in cannabis extract

**4. What do you think about the proposed six-month transition period for cannabis oil? Is a six-month transition period sufficient?**

We feel the proposed six-month transition period for cannabis oil is sufficient. A stop should be put on the manufacture of new stock and labels for the ‘cannabis oil’ class on October 17, 2019, a notice of this stop approximately one to two months prior.

**5. What do you think about the proposed new rules for the packing and labelling of the new classes of cannabis products?**

Packaging is an important marketing element. Companies use packaging to advertise their products and target them to specific demographic groups (Moodie, C. et al, 2012). Research suggests that plain packs of tobacco are viewed as less attractive than branded packs and are perceived as lower quality products, and even influences the perception of taste (Hammond D, 2014; World Health Organization, 2014; Moodie, C. et al, 2012).

With a few additions, the proposed regulations for packaging and labelling could be strengthened.

- We recommend all classes of cannabis include a message from Canada’s Lower-Risk Cannabis Use Guidelines in addition to Health Canada’s cannabis health warning messages currently proposed.
- We recommend the mandatory addition of a warning on all dried cannabis, edibles, extracts and concentrates stating, “do not combine with alcohol or other drugs”. Given the increased risk of harms when cannabis and alcohol are combined, it is critical the public is aware of this message.
- We would like to see the federal government commit to updating health labelling for cannabis products as new and effective practices are discovered. Regularly updating the content and style will help ensure health warnings are noticeable, memorable and engaging (Government of Canada, 2018); labels could be reviewed for relevancy every three to five years for example.

- We recommend that mandatory information such as health warnings, THC and CBD content, and the cannabis symbol be on the immediate packaging (the actual product) as well as packaging that may be exterior to the immediate packaging. For example, this standard of practice is used in tobacco where cigarette cartons abide by the mandatory health warning label regulations.
- We recommend the current approach of tobacco labeling be adopted in the cannabis regulations; that health warnings cover at least 75% of the two largest sides of the package or primary display areas (Government of Canada, 2018). This does not have to be limited to just the health warning, but could include all mandatory information in the style, size and format which is outlined in the proposed regulations.
- We recommend including standard packaging to the regulations to curb the marketing potential of products to certain demographics. We recommend product packaging be standardized to consist of rectangular or square shape cardboard with all sides meeting at 90° angles, while prohibiting specialty packaging that would target specific demographics (World Health Organization, 2016). This would limit specialty targeting as well as limit environmentally unfriendly packaging. This recommendation applies to immediate packaging when possible as well as external packaging to the immediate container when the product is packaged within another box, for example, a tube of cream may be packaged inside a box for display purposes.
- We recommend prohibiting packaging which directly targets a specific demographic, including youth but not limited to youth, for example mothers and seniors.
- We recommend that packaging include information on the expected effects, how long that effect may last for, and safe disposal. For example, edibles should have an additional warning that states the delayed onset of psychoactive response, the estimated amount of time before effect may be felt, how long the effect is expected to last, and how to safely dispose of the product. This would help to reduce the risk of over consumption and accidental consumption.

**6. With respect to edible cannabis, what do you think about the requirements for all products to be labelled with cannabis-specific nutrition facts table?**

We recommend mandatory information for edible cannabis to include a list of ingredients, common name of product, indication of source of allergen, gluten, or sulphites that have been added, durable life date only on ALL products that deteriorate in 90 days or less, and a cannabis-specific nutrition facts table. There should be NO nutrient and/or health claims on these labels.

We also recommend the inclusion of the % Daily Value footnote, to improve ease to consumers when interpreting food labels. According to the newly published Canada's Dietary Guidelines, food labels help make the healthy choice the easier choice. The increased ability to interpret a % Daily Value, especially when it comes to ingredients that should be limited, is a necessary component of all food labels, including cannabis edible products. It is further recommended that mandatory front-of-package food labels for foods high in saturated fat, sugars, and/or sodium also be a requirement for all cannabis edible products. This is to ensure that Canadians can be quickly informed when making a purchasing decision.

With respect to the cannabis-specific Nutrition Facts Table (NFT), we are in agreement with the requirement of a cannabis-specific nutrition facts table (NFT) for all cannabis edible products, as Oregon continues to require. We strongly recommend the font size, font type, leading, and spacing of the NFT be completely consistent with the existing labelling requirements specified in the Canadian Food and Drug Act for pre-packaged foods (i.e., as per changes to the NFT specified in 2016). Edible cannabis is a type of food and as such, the NFT should be a standardized label on all edible cannabis foods. It will be confusing to the consumer if there are different types of labels for different food products. This product information of active ingredients and warnings must be easy to locate on each package, and follow a unified, consistent format that Canadian consumers are familiar with and can understand. It is also recommended that both caffeine content as well as THC content be displayed as part of the core list of declarations such that the consumer can make an informed decision with ease.

We are also in support of the proposal to prohibit any health claims to the consumer for all products (i.e. increases appetite, helps you sleep, increases energy) and nutrient claims (i.e. high fibre, low fat, low calorie, good source of calcium) which may entice the consumer and affect their decision-making.

**7. What do you think about the proposal for the labelling of small containers and the option to display certain information on a peel-back or accordion panel?**

We support the proposal of labeling small containers with the option for extended panels. This proposed regulation should be strengthened with the addition of the mandatory information (THC and CBD content, cannabis symbol and health warning) on the extended panel as well as the container itself. This would increase visibility of the messaging, while the consumer is reviewing other product information.

**8. What do you think about the proposal that the standardized cannabis symbol would be required on vaping devices, vaping cartridges, and wrappers?**

We support the proposal of the standardized cannabis symbol on all vaping devices, products, accessories, packaging and wrappings. The proposed regulation should be strengthened to include health warnings, and THC and CBD concentration on all vaping devices, products, accessories, packaging and wrappings. We also recommend that the standardized cannabis symbol should be visible on all products that contain cannabis even if the amount in the product is below 10 mg of THC.

**9. Do you think the proposed new good production practices, such as the requirement to have a Preventive Control Plan, appropriately address the risks associated with the production of cannabis, including the risk of product contamination and cross-contamination?**

The proposed new regulations appear to be consistent with standard food production safety measures.

The proposed amendment that the Quality Assurance Person (QAP) be required to proactively conduct an investigation any time they suspect that cannabis or an ingredient may present a risk

to human health or does not meet requirements will help enforce good production practices and prevent risk to human health.

The requirement that the production of edible cannabis be done in a building separate from conventional food products is an important requirement to prevent cross-contamination. As prevention of cross-contamination and assurance of consistent and appropriate potency is imperative, it is strongly recommended that edible cannabis products only be produced at federally or provincially licenced and regulated premises, and not in local retail food premises including restaurants.

Since the legal production of many of these new classes of cannabis products is brand new to both the licenced processing facilities and whomever is deemed to enforce Health Canada's national compliance and enforcement approach, we recommend additional inspections, mandatory and standardized preventative education, and progressive measures for non-compliance, over and above the regular enforcement process, be implemented for the first six months that the regulations come into effect in an effort to proactively mitigate risk. We also recommend that the enforcement agency that is responsible for ensuring compliance with the regulations have sufficient staff, from the onset, to support the licenced processors before and after implementation.

We request clarity as it pertains to protocols in the event of a recall. After the two-year record retention period presented in Section 88.94(3), and following the one-year retention of sample after last batch sold outlined in Section 92(2), there is a concern that affected recalled products may no longer have a means of tracking.

We believe the regulations would be strengthened by including robust testing of THC distribution throughout products. Colorado, found that following legalization there were concerns regarding consistency of products. This included testing for accurate THC levels as claimed on the package, as well as evenly distributed THC throughout the product. Consistent products will help prevent accidental overconsumption. Depending on the edible cannabis product and the manufactures practices, THC can be infused in the product in various ways, which can lead to inconsistency of THC throughout the product.

**10. What do you think about the requirement that the production of edible cannabis could not occur in a building where conventional food is produced?**

The proposed requirements for the separation of buildings producing edible cannabis and conventional food appear to be aligned with Health Canada's aim to reduce the risk of unintentional consumption. While production of edible cannabis in separate buildings from conventional food production may be effective in reducing the risk of cross-contamination and unintentional consumption, we recommend the following measures to further mitigate these risks:

- Completely separate cannabis-only sites (conventional food would not be permitted to be produced or packaged on or shipped from these sites), and
- Shipping procedures for edible cannabis that are completely separate from conventional foods.

Additionally, we feel the regulations should specify that all edible cannabis products can only be sold in its original package and not outside of its approved packaging in places where they are sold. We also recommend that cannabis is prohibited to be sold along-side non-cannabis food products and other substances, such as alcohol and tobacco products. This will help decrease the accidental sale or purchasing of cannabis products. The harms associated with cannabis greatly increase when used with other substances. It is our belief that prohibiting the sale of multiple substances together in one location will put the consumer at decreased risk of harms associated with co-use.

**11. What do you think about the overall regulatory proposal?**

No comment.

**12. Are there any additional comments you would like to share on proposed regulations for the new classes of cannabis?**

**Reducing product appeal to young persons**

Under the *Cannabis Act*, “it is prohibited to sell cannabis or a cannabis accessory that has an appearance, shape or other sensory attribute or a function that there are reasonable grounds to believe could be appealing to young persons,” (Government of Canada, 2018). We support the proposed regulations for edibles, extracts, and topicals which state that products cannot be appealing to young persons. We strongly recommend Health Canada to include strict regulations related to advertising on television, radio, social media, the internet, and other media sources.

The Federal Government should provide explicit definitions in the regulations for manufacturers which clearly identify prohibited elements of products which may be appealing to youth. Prohibitions should follow the *Task Force on Cannabis Legalization and Regulation’s recommendation* to “prohibit any product deemed to be appealing to children, including products that resemble or mimic familiar food items” (2016). For example, as of April 2019, Washington State will be explicitly prohibiting certain cannabis edible products, including hard candies, tarts, fruit chews, colourful chocolates, jellies, cotton candy, and other products that are especially appealing to young children. Cookies cannot contain any sprinkles or frosting and mints must not be coloured anything other than white. These recommendations are based in part on the research identified by Washington State Liquor and Cannabis Control Board (2018). In order to prevent unintentional ingestion of cannabis by children and adults alike, the Federal Government should also consider a ban on such products, as well as other confection and snack foods such as soft candies, brownies, chocolate bars, muffins, cakes and cookies. Alternatively, prohibiting characteristics of these edible products so that they are not appealing to children and youth, as Washington State has done, would be a positive step.

In addition, the Federal Government needs to consider key factors that influence children’s food choices. There is research to support that certain factors can influence children’s decisions to consume food and beverages. These factors include:

- **Colour** - children prefer foods that are red, orange, yellow or green.

- **Shapes** - children are more attracted to novel shapes such as animals, stars, etc., over plain shapes such as circles or squares. Colorado has banned edibles in the shape of fruit, animals or humans.
  - **Odours** – children are more attracted to sweet, fruity and candy-like odours.
- (University of Washington School of Law, 2016; (Colorado General Assembly, 2016).

To make the regulations easy to follow for manufacturers, it is recommended that Health Canada provide a list of examples to cannabis edible manufacturers with regards to prohibitions on the appearance, shape, or other attribute or function that could be appealing to young persons.

### **13. Are there any additional comments you would like to share regarding the legalization and strict regulation of cannabis in Canada?**

#### **Public Education**

The Federal Government should continue to educate Canadians and enhance awareness of the health risks associated with cannabis, especially among priority populations such as pregnant and breastfeeding women, young adults aged 18-25, and individuals at risk of or living with a substance use disorder or mental illness. In addition to proper and safe storage of edible products, Canadians should be informed of the unique risks associated with the delayed onset of effects of edibles, extracts, and topicals which may cause overconsumption. Individuals need to be warned that the use of such products may cause stronger and longer-lasting effects than comparable doses of smoked cannabis (Barrus et al., 2017).

As well, public education initiatives should focus on key cannabis legislation, *and Canada's Lower-Risk Cannabis Use Guidelines*. In a focus group study in Colorado and Washington State, participants suggested that education in a variety of formats, such as web and video-based education, would be useful in informing consumers about the possible risks of edibles (Kosa, Giombi, Rains, & Cates, 2017).

#### **Places of Use**

To reduce public health risks of consumption of edibles, the Federal Government should consider a ban on the sampling and ingesting of cannabis edible products in a retail storefront or in specialty consumption cafes or lounges. This will encourage individuals to use these products in the home, reducing the risk of impaired driving, public intoxication, and the co-use of cannabis edibles in public with other substances such as alcohol.

#### **Retail Spaces**

As it will be the provincial and territorial responsibility for distribution and retail sale of cannabis, we recommend that Health Canada advocate for provinces to restrict the sale of edibles to federally or provincially licenced and regulated premises (in Ontario this would be the Ontario Cannabis Store and future AGCO licensed retail stores), and not in local retail food premises including restaurants and convenience stores. Furthermore, it is recommended that theses be standalone, specialty stores, and not co-located in a premise with other substances or non-cannabis products, nor sold alongside any other product or substance (i.e. edible products,

extracts and topicals that do NOT contain cannabis, alcohol, tobacco, etc). Having a restriction on selling cannabis alongside other products will reduce the risk of co-use of alcohol and cannabis for instance, as well as reduce the risk of consumers in unintentionally purchasing or consuming products that contain cannabis. Maintaining that cannabis products be sold only in standalone specialty stores will also make it easier to restrict access and exposure to minors.

### **Cannabis Production and Manufacturing Facilities**

Discussion should occur with the Ministry of Labour for current health and safety practices of the growing, manufacturing and producing of cannabis products to assess and mitigate any risk to the health and safety of the worker. For example, UV exposure and indoor air quality issues should have to follow standard workplace health and safety regulations.

### **Research and Evaluation**

We emphasize the need for investing in baseline surveillance systems and research, and the importance of a comprehensive policy monitoring and evaluation framework. Ensure mechanisms to share data across sectors and levels of government are established, and appropriate indicators are chosen to monitor the impacts on communities.

Thank you for the opportunity to provide our input on the proposed regulations of the new classes of cannabis. We look forward to the summary from Health Canada following this comprehensive review of the regulations.

Sincerely,

Elena Hasheminejad, RN  
Co-Chair of OPHCOC, representing the OPHCOC sub-group on this consultation  
[Elena.hasheminejad@york.ca](mailto:Elena.hasheminejad@york.ca)

Nicole Stone  
Co-Chair of OPHCOC, representing the OPHCOC sub-group on this consultation  
[nicole.stone@hnhss.ca](mailto:nicole.stone@hnhss.ca)



## References

- Abad-Santos, A. 2013. The amateur's guide to dabs. *The Atlantic*. Retrieved from <https://www.theatlantic.com/national/archive/2013/05/amateurs-guide-dabs/315221/>
- Ambrose, B. K., H. R. Day, B. Rostron, K. P. Conway, N. Borek, A. Hyland, and A. C. Villanti. (2015). Flavored tobacco product use among US youth aged 12–17 years, 2013–2014. *JAMA* 314 (17):1871–3.
- Barrus, D.G., K.L. Capogrossi, S.C. Cates, C.K. Gourdet, N.C. Peiper, S.P. Novak, T.W. Lefever, J.L. Wiley. (2016). Tasty THC: Promises and Challenges of Cannabis Edibles. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260817/>
- California Department of Public Health. (2018). California universal symbol. Retrieved from <https://www.cdph.ca.gov/Programs/CEH/DFDCS/MCSB/PublishingImages/UniversalSymbol.pdf>
- Canadian Centre on Substance Abuse. (2015). Cannabis Regulation: *Lessons Learned in Colorado and Washington State*. Retrieved from: <http://www.ccdus.ca/Resource%20Library/CCSA-Cannabis-Regulation-Lessons-Learned-Report-2015-en.pdf#search=all%28cannabis%29>
- Canadian Public Health Association. A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis. [document on internet]. Toronto: November 2017. [cited 2019 Jan 30]. Available from: <https://www.cpha.ca/public-health-approach-legalization-regulation-and-restriction-access-cannabis>
- Carpenter, C. M., G. F. Wayne, J. L. Pauly, H. K. Koh, and G.N. Connolly. (2005). New cigarette brands with flavors that appeal to youth: Tobacco marketing strategies. *Health Aff (Millwood)* 24 (6):1601–10.
- Colorado General Assembly. (2016). HB16-1436: Concerning a prohibition on edible marijuana products that are shapes in a manner to entice a child. Retrieved from [https://leg.colorado.gov/sites/default/files/2016a\\_1436\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2016a_1436_signed.pdf)
- Diabetes Canada. (2016). Diabetes Canada's position on sugars. Retrieved from <https://www.diabetes.ca/about-cda/public-policy-position-statements/sugars>
- Fischer, B., Russel, A., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J., & Room, R. (2017). Lower-risk cannabis use guidelines: a comprehensive update of evidence and recommendations. *American Journal of Public Health*, 107(8).

Goncus, B. (2016). Review: Pineapple dream concentrate tropical wax. Retrieved from: <http://www.dopemagazine.com/review-pineapple-dream-concentrate/>  
Government of Canada. New Health Labelling for Tobacco Packaging. [document on the internet]. October 2018. [cited 2019 Jan 30]. Available from: <https://www.canada.ca/en/health-canada/programs/consultation-tobacco-labelling/document.html#a2.3>

Government of Canada. (2018). Cannabis Act. Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/section-31.html?wbdisable=true>

Hammond D. Standardized packaging of tobacco products: Evidence review. [document on internet]. Prepared on behalf of the Irish Department of Health; March 2014 [cited 2019 Jan 30]. Available from: <https://www.drugsandalcohol.ie/22106/1/Standardized-Packaging-of-Tobacco-Products-Evidence-Review.pdf>

Heart and Stroke Foundation. (n.d.). Reduce sugar. Retrieved from <https://www.heartandstroke.ca/get-healthy/healthy-eating/reduce-sugar>

Moodie, C., Stead, M., Bauld, L., McNeill, A., Angus, K., Hinds, K., et al. Plain tobacco

National Environmental Health Association. (n.d.). Food Safety Guidance for Cannabis-Infused Products. Retrieved from <https://www.neha.org/sites/default/files/eh-topics/food-safety/Food-Safety-Guidance-Cannabis-Infused-Products.pdf>

Oregon Liquor Control Commission. (2016). Medical & recreational marijuana packaging and labeling guide 2.0. Retrieved from [https://www.oregon.gov/olcc/marijuana/Documents/Packaging\\_Labeling/PackagingandLabelingGuide\\_V2.pdf](https://www.oregon.gov/olcc/marijuana/Documents/Packaging_Labeling/PackagingandLabelingGuide_V2.pdf)

Orenstein, D. G., & Glantz, S. A. (2018). Regulating Cannabis Manufacturing: Applying Public Health Best Practices from Tobacco Control. *Journal of psychoactive drugs*, 50(1): 19–32. doi: 10.1080/02791072.2017.1422816  
Packaging: a systematic review. [document on internet]. Scotland, UK: University of Sterling; 2012 [cited 2019 Jan 30]. Available from: <https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3327>

State of Alaska. (2018). 3 AAC 306 regulations for the marijuana control board. Retrieved from <https://www.commerce.alaska.gov/web/Portals/9/pub/MCB/StatutesAndRegulations/3AAC306.pdf>

State of Colorado Department of Revenue. (2018). Retail marijuana rules. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/Amalgamated%20Retail%20Marijuana%20Rules%2001012018.pdf>

Task Force on Cannabis Legalization and Regulation. (2016). A framework for the legalization and regulation of cannabis in Canada: The final report of the task force on cannabis legalization

and regulations. Retrieved from <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/task-force-marijuana-groupe-etude/framework-cadre/alt/framework-cadre-eng.pdf>

University of Washington School of Law: Cannabis Law & Policy Project. (2016). Concerning cannabis-infused edibles: Factors that attract children to foods. Retrieved from <https://lcb.wa.gov/publications/Marijuana/Concerning-MJ-Infused-Edibles-Factors-That-Attract-Children.pdf>

Unlockfood.ca. (2019). Decoding the Nutrition Label. Retrieved from <http://www.unlockfood.ca/en/Articles/Nutrition-Labeling/Decoding-the-Nutrition-Label.aspx>

Washington State Liquor and Control Board. (2018) Marijuana infused candy. Retrieved from [https://lcb.wa.gov/sites/default/files/publications/Marijuana/infused\\_products/Marijuana-Infused-Edible-Presentation-10-3-2018.pdf](https://lcb.wa.gov/sites/default/files/publications/Marijuana/infused_products/Marijuana-Infused-Edible-Presentation-10-3-2018.pdf)

World Health Organization. (2015). Guideline: Sugars intake for adults and children. Retrieved from [http://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028\\_eng.pdf;jsessionid=389CC2CB5D692EB828FDB211EE9CC859?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028_eng.pdf;jsessionid=389CC2CB5D692EB828FDB211EE9CC859?sequence=1)

World Health Organization. Evidence brief plain packaging of tobacco products: measures to decrease smoking initiation and increase cessation. [document on internet]. 2014 [cited 2019 Jan 30]. Available from: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/268796/Plain-packaging-of-tobacco-products,-Evidence-Brief-Eng.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/268796/Plain-packaging-of-tobacco-products,-Evidence-Brief-Eng.pdf?ua=1)

World Health Organization. Plain packaging of tobacco products: evidence, design, implementation. [document on internet]. 2016. [cited 2019 Jan 30]. Available from: [https://apps.who.int/iris/bitstream/handle/10665/207478/9789241565226\\_eng.pdf;jsessionid=1A4DBF4011A463D0DB53F2D371A9A4D3?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/207478/9789241565226_eng.pdf;jsessionid=1A4DBF4011A463D0DB53F2D371A9A4D3?sequence=1)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Stewardship Committee Minutes</b>
<b>DATE:</b>	<b>March 13, 2019</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Cathy Praamsma, Stewardship Chair</b>

The Stewardship Committee met last on March 6, 2019. At that meeting, the Committee requested that the following items come forward to the Board of Health at its next meeting:

**PROPOSED RECOMMENDATION**

*That the Board of Health for Peterborough Public Health receive the Stewardship Committee minutes for the meeting held on February 5, 2019, for information.*

**ATTACHMENT**

[Attachment A –Stewardship Committee Meeting Minutes, February 5, 2019](#)

**Board of Health for the  
Peterborough Public Health  
MINUTES  
Stewardship Committee Meeting  
Tuesday, February 5, 2019 – 5:00 p.m.  
Mississauga Lake Room, 185 King Street, Peterborough**

**Present:** Councillor Henry Clarke  
Mayor Andy Mitchell  
Ms. Catherine Praamsma, Chair  
Mr. Andy Sharpe

**Regrets:** Councillor Kathryn Wilson

**Guest:** Deputy Mayor Matthew Graham

**Staff:** Ms. Dale Bolton, Manager, Finance and Property  
Ms. Natalie Garnett, Recorder  
Dr. Rosana Salvaterra, Medical Officer of Health  
Larry Stinson, Director of Operations

---

**1. Call to Order**

Ms. Praamsma called the Stewardship Committee meeting to order at 5:00 p.m.

**2. Confirmation of the Agenda**

MOTION:

*That the agenda be approved as circulated.*

Moved: Councillor Clarke

Seconded: Mr. Sharpe

Motion carried. (M-2019-008-SC)

**3. Declaration of Pecuniary Interest**

**4. Consent Items to be Considered Separately**

**5. Delegations and Presentations**

## **6. Confirmation of the Minutes of the Previous Meeting**

### **6.1 January 12, 2019**

#### **MOTION:**

*That the minutes of the Meeting of January 12, 2019 be approved as circulated and provided to the Board of Health at its next meeting for information.*

Moved: Councillor Clarke

Seconded: Mayor Mitchell

Motion carried. (M-2019-009-SC)

## **7. Business Arising from the Minutes**

### **7.1 Terms of Reference Revision**

#### **MOTION:**

*That the Stewardship Committee recommend that the Board of Health for Peterborough Public Health approve revisions to 2-354, Stewardship Committee Terms of Reference.*

Moved: Mr. Sharpe

Seconded: Mayor Mitchell

Motion carried. (M-2019-010-SC)

### **7.2 2019 Meeting Dates**

#### **MOTION:**

*That the Stewardship Committee approve the following meeting dates for 2019 (all meetings to be held at Peterborough Public Health, 5:00 – 6:30 p.m.):*

- *March 6*
- *June 5*
- *August 14*
- *October 2*

Moved: Mr. Sharpe

Seconded: Councillor Clarke

Motion carried. (M-2019-011-SC)

### **7.3 Report: Three Pronged Strategy Status**

Larry Stinson, Director of Operations, reviewed the approach being taken to obtain sustained Public Health funding, and the Committee discussed the matter.

**MOTION:**

*That the Stewardship Committee:*

- *Receive the staff report, Three Prong Strategy Status, for information; and,*
- *Provide it to the Board of Health at its next meeting for information.*

Moved: Mr. Sharpe

Seconded: Councillor Clarke

Motion carried. (M-2019-012-SC)

**8. Staff Reports**

**8.1 Q4 2018 Financial Report**

**MOTION:**

*That the Stewardship Committee for the Board of Health for Peterborough Public Health receive the staff report, "Q4 2018 Financial Report", for information and provide it to the Board of Health at its next meeting.*

Moved: Councillor Clarke

Seconded: Mr. Sharpe

Motion carried. (M-2019-013-SC)

**9. Consent Items**

**10. New Business**

**11. In Camera to Discuss Confidential Matters**

**12. Motions for Open Session**

**13. Date, Time and Place of Next Meeting**

The next meeting will be held March 6, 2019 at Peterborough Public Health, 185 King Street.

**14. Adjournment**

**MOTION:**

*That the meeting be adjourned.*

Moved: Councillor Clarke

Seconded: Mayor Mitchell

Motion carried. (M-2019-014-SC)

The meeting was adjourned at 5:59 p.m.

---

Chairperson

---

Medical Officer of Health