ADDENDUM: October 19, 2017, Sudbury & District Board of Health Meeting

Sudbury & District Health Unit, Boardroom

ADDENDUM: October 19, 2017, Sudbury & District Board of Health Meeting

Sudbury & District Health Unit
Service de santé publique

ADDENDUM – SEVENTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
OCTOBER 19, 2017

7.0 ADDENDUM

DECLARATION OF CONFLICT OF INTEREST

i) Board of Health Membership

- Letter from Espanola Clerk to the Board Chair Re: resignation of Stewart Meikleham received October 13, 2017
- Report Excerpt from Lacloche Foothills Municipal Association dated October 16, 2017, regarding appointment of Thoma Miedema to the Board of Health
- Thank you letter to Stewart Meikleham from the Board Chair dated October 17, 2017
- Thank you letter to Richard Lemieux from the Board Chair dated October 17, 2017

ii) Expert Panel Report

- Association of Local Public Health Agencies (alPHa) Board's Submission dated October 17, 2017

iii) Canadian Medical Association Journal (CMAJ) Article

- Reviving a national prevention agenda is key to sustainability of health care in Canada, *CMAJ* 2017, Volume 189, Issue 40

iv) Reducing Smoking Rates

- Media Technical Briefing dated October 18, 2017, and attached Executive Steering Committee Report Recommendations, Smoke-Free Ontario Modernization

v) HIV Funding

- Letter from the Minister to the Sudbury & District Board of Health Chair dated October 16, 2017

The Corporation of the Town of Espanola
100 Tudhope Street • Suite 2, Espanola, Ontario P5E 1S6
Telephone: (705) 869-1540 • Facsimile: (705) 869-0083
Website: www.espanola.ca

October 4, 2017

René Lapierre, Chair
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON
P3E 3B6

Dear Mr. Lapierre,

Please be advised that during the Regular Meeting of Council of September 26, 2017, Councillor Meikleham submitted his resignation from Council, effective immediately.

Please proceed with filling this vacancy on the Sudbury & District Health Unit Board.

If you have any questions or concerns, please contact the undersigned at proque@espanola.ca.

Sincerely,

Paula Roque.

Paula Roque
Clerk

cc. Baldwin, Nairn-Hyman, Sables-Spanish Rivers

LACLOCHE FOOTHILLS MUNICIPAL ASSOCIATION

AGENDA / *MEETING REPORT*

Town of Espanola — **OCTOBER 16, 2017**
Main Level Boardroom — **9:00 a.m.**

PRESENT: *Chair, Mayor Les Gamble, Sables-Spanish Rivers*
Mayor Laurier Falldien, Nairn & Hyman
Mayor Vern Gorham, Baldwin
Mayor Ron Piche, Espanola
Staff: Kim Sloss, Cynthia Townsend

6. Sudbury & District Health Unit

At the beginning of this term of Council an appointment to the Health Unit Board was made on behalf of our Lacloche Foothills municipalities. Stewart Miekelham was nominated from the Town of Espanola. This nomination was upheld, but a request had been made at that time by the Township of Sables-Spanish Rivers that if he could not carry out this position for the term that Councillor Thoma Miedema be appointed. The Township of Sables-Spanish Rivers has passed the following resolution for the other municipal councils to support.

"WHEREAS the position of the Sudbury & District Health Unit Board that represents the Lacloche Foothills municipalities has become vacant;
AND WHEREAS Council had requested at the time of the appointment in 2015 that Thoma Miedema be appointed should the current representative not be able to carry out this position for this term;
BE IT RESOLVED THAT we request that Thoma Miedema be appointed to the Sudbury & District Health Unit Board for the remainder of this term."

All members were in agreement.

Sudbury & District

Health Unit

Service de santé publique

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1.866.522.9200

www.sdhu.com

October 17, 2017

Via Email

Mr. Stewart Meikleham
485 Clear Lake Drive
Espanola, ON P5W 1N6

Dear Mr. Meikleham:

On behalf of the Sudbury & District Board of Health, I would like to extend my gratitude for your service as member of the Sudbury & District Board of Health from February 2015 to September 2017.

Your contributions towards our common goal of a healthier Sudbury and districts is commendable.

On behalf of the entire Board, I would like to take this opportunity to thank you for your contributions and to wish you well for the future.

Yours sincerely,

René Lapierre, Chair
Sudbury & District Board of Health

c.c.: Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer

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1.866.522.9200

www.sdhu.com

October 17, 2017

Councillor Richard Lemieux
2 King Street East
Box 70
St. Charles, ON P0M 2W0

Dear Councillor Lemieux:

On behalf of the Sudbury & District Health Unit Board of Health, I would like to extend my gratitude for your service as member of the Sudbury & District Board of Health from January 2016 to October 2017.

Your contributions towards our common goal of a healthier Sudbury and districts is commendable.

On behalf of the entire Board, I would like to take this opportunity to thank you for your contributions and to wish you well for the future.

Yours sincerely,

René Lapierre, Chair
Sudbury & District Board of Health

c.c.: Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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October 17, 2017

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

Dear Minister Hoskins:

On July 20, 2017, you released the report of the Expert Panel (EP) on Public Health, Public Health within an Integrated Health System. This report fulfills part of the proposal introduced in your Patients First discussion paper [2015] "to appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and local public health units, and how to further improve public health capacity and delivery" [p20]. We thank you, and the EP members, for the completion of this effort and for making the recommendations public for consultation in a timely manner.

The Association of Local Public Health Agencies (alPHa) is the non-profit organization that provides support to the 36 local public health agencies (boards of health and public health units) in Ontario to promote a strong, effective and efficient public health system in the province. alPHa brings together the senior leadership of local public health (LPH), including board of health members, medical and associate medical officers of health, and senior managers in each of the public health disciplines – nursing, inspection, nutrition, dentistry, health promotion, epidemiology and business administration.

As such, alPHa is the collective voice of the organizations and professional leadership that are subject to the EP recommendations. It is with this lens that we have reviewed the recommendations of the EP and have surveyed our member boards of health for input. While alPHa will provide comment from a system level perspective, we expect that the Association's sections, affiliates and member boards of health will provide feedback from their own perspectives.

Our members have been consistent and clear that the mandates of LPH and healthcare are and should remain separate and distinct. Irrespective of the influence of local circumstances, we are collectively concerned that the attempt to align these mandates to the degree recommended by the EP will be to the detriment of our ability to promote and protect health at the community level. We are not starting with a blank slate in Ontario. The LPH system has many strengths that we believe would be eroded by the EP proposals. We urge that the following overarching concerns be carefully considered as part of any analysis for potential implementation.

1. **System disruption.** The magnitude of the changes recommended is significant and careful feasibility studies need to be conducted to ensure that the benefits to the effectiveness of the LPH system outweigh the costs. The EP proposes an 'end state' for LPH that will require major disruption of every facet of the system, from governance to program delivery. With so many details yet to be mapped out and given the complexity of on-the-ground implementation, we cannot support the proposed changes. We are not convinced that the EP recommendations are the only or best way forward.

2. **Fit with the work of LPH.** Local public health distinguishes itself from the healthcare system (i.e., hospitals, home care, family physicians, medical specialists, etc.) in that LPH focuses on the primary prevention of illness and injury and the promotion of public policies that impact the health of the general population. A population health approach seeks to improve the health of the entire population and reduce health inequities among certain groups in the population. This helps individuals, groups, and communities to have a fair chance to reach their full health potential. This also prevents disadvantage by social, economic, or environmental conditions.

   The work of LPH is largely focused upstream, using a population health approach as articulated in the Ontario Public Health Standards. Upstream work includes working with healthcare and non-healthcare sectors to advocate, design, implement and evaluate policies and programs that prevent diseases and their risk factors and promote and protect health, before people become patients in the first place. Bringing the LPH population health lens to healthcare service planning and delivery will certainly have a positive impact on the health system, but, healthcare is a relatively minor factor in what makes populations healthy or unhealthy. Addressing the social determinants of health through a collaborative upstream approach yields a much greater return on investment and widespread gains in the health outcomes of Ontario's population. Health, rather than healthcare, is our mandate and it is difficult for us to see the benefit to the aims of LPH of closer alignment with the healthcare system to the degree recommended by the EP. Realigning the boundaries of public health units with those of LHINs places stronger emphasis on the relationship with healthcare than existing relationships that promote health and fall within municipal boundaries such as housing, employment, planning and school boards. We cannot support the goal of better integration with the healthcare system if it comes at the expense of the structures that support upstream work that is most effectively done in collaboration at the local level with sectors outside of healthcare.

3. **Meeting local needs.** Again, using a population health approach, much of the work of LPH is accomplished through partnerships with local governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that instill and habituate healthy behaviours. Local public health has a strong vision for the health of all Ontarians that encompasses providing the best opportunities for health considering the broad spectrum of what is known to cause the best conditions for health, i.e., the social determinants of health. From that perspective, alPHa has already expressed support, with caveats regarding LPH capacity, for the proposal in Patients First that recommends better integration of population health within the health system. We do

see value in formalizing working linkages between LHINs and LPH, as we believe that they will help to build on existing successful collaborations in addition to ensuring that population and public health priorities inform health planning, funding and delivery. We already know that a rigid or one-size-fits-all approach will not equitably meet the needs of Ontarians in all parts of the province and will not permit the public health system to leverage the diversity of systems, organizations and services in different parts of the province. This is one of the strengths of our system, and we recommend the identification and focused examination of areas of the province where needs are not being met through current structures, so that tailored strategies can be developed to enhance capacity.

4. **Local public health capacity.** LPH capacity for most public health units has been steadily eroding over years of no increases in Ministry-approved budgets. The implementation of the new Standards for Public Health Programs and Services, new Accountability Framework, and new requirements under the *Patients First Act, 2016* are expected to stretch LPH capacity even further, and we believe that it will not withstand the large-scale system disruption proposed by the EP. We note that, while more is being asked of LPH, the budgeted amount for the Population and Public Health Division that provides LPH with most of its funding decreased by .42 percent from the previous year in the 2017-18 budget that gave an overall increase of 3.62 percent to the Ministry of Health and Long-Term Care (MOHLTC).

Given the concerns that we have expressed about the massive systemic change proposed by the EP aimed at fostering LPH-LHIN collaboration, we would like to propose that the work of the Public Health Work Stream that was established to define the formal relationship between LHIN Chief Executive Officers (CEOs) and LPH Medical Officers of Health (MOH) under the *Patients First Act, 2016* be allowed to further develop as an alternative solution.

While the EP focused on a 'ideal' end state with little consideration of implementation challenges [implementation was not within the EP's mandate], the work of the Public Health Work Stream resulted in proposed frameworks for LPH and LHIN engagement that were developed considering the current structure and organization of both LPH and LHINs. The mandate of the Work Stream was to define the parameters for engagement and the set of actions required of LHIN CEOs and LPH MOHs to support local health planning and service delivery decision-making, including definition of specific processes and structures to be established. Upon completion of this work, the Population and Public Health Division surveyed MOHs regarding the recommendations presented in the *Report Back from the Public Health Work Stream*. At present, we are awaiting the publication of the survey results and an open and transparent discussion of the results with government representatives.

We suggest that the desired outcomes for a strong public health sector in an integrated health system stated in the EP Report may better be achieved through focusing on the frameworks proposed by the Work Stream as well as the results of research, such as the locally driven collaborative project, *Patients First – Public Health Units and LHINs working together for population health*.

In closing, we recommend that the initiatives underway including the new Standards for Public Health Programs and Services, new Accountability Framework, and findings of the Public Health Work Stream and other provincial and national actions in progress be implemented and evaluated before the EP recommendations are given further consideration.

We look forward to further consultation and transparent discussion of the way forward. alPHa will continue to provide comment as the work underway evolves and becomes public.

Yours truly,

Carmen McGregor,
President

Copy: Dr. Bob Bell, Deputy Minister
Sharon Lee Smith, Associate Deputy Minister
Roselle Martino, Assistant Deputy Minister,
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Pat Vanini, Executive Director, AMO
Ulli S. Watkiss, City Clerk, City of Toronto
Giuliana Carbone, Deputy City Manager, City of Toronto
Boards of Health (Chair, Medical Officer of Health and CEO)

COMMENTARY

Reviving a national prevention agenda is key to sustainability of health care in Canada

Robert Strang MD MHSC, Perry Kendall MBBS MHSC, Andre Corriveau MD; on behalf of the provincial/territorial chief medical officers of health with the exception of Quebec*

■ Cite as: *CMAJ* 2017 October 10;189:E1250-1. doi: 10.1503/cmaj.170694

Recent health funding agreements between the Canadian federal, provincial and territorial governments have centred on overall funding, with additional targeted funding for home care, mental health and addictions. However, if objectives related to fiscal sustainability, quality health care and improved population health are to be achieved, a greater focus on preventive and public health measures will be required.

A healthier population directly and indirectly contributes to broad economic sustainability. Despite historical improvements in population health through improved nutrition, provision of safe drinking water and sewage removal, childhood vaccines and access to medical care, much of our disease burden today remains rooted in socioeconomic and environmental factors. Gains in health have not been shared equally. Many indigenous communities, people with mental health conditions and poorer people continue to have persistently higher rates of morbidity and death. Climate change[1] and increasingly inequitable societies[2] are the biggest threats to our collective health. How can we address these problems?

In 2010, "Creating a Healthier Canada: Making Prevention a Priority. A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living"[3] highlighted how a strong focus on prevention is a critical hallmark of a quality health care system. As we progress beyond renegotiation of the 2004 Health Accord, we implore health ministers to reaffirm commitment to the principles outlined in the declaration, as well as to a whole-of-government approach to safe, vibrant and sustainable communities. Health ministers should also show strong support for policies and programs that are not related to health care but that will have direct effects on the health of Canadians: poverty reduction, affordable housing, community infrastructure investment (such as mass transit and water/sewage systems) and climate change initiatives.

Analytic and collaborative capacity must continue to be built at local, provincial and national levels to advance comprehensive prevention initiatives. Ensuring that population health status and health inequities at all levels can be effectively monitored is key, particularly for First Nations, Inuit and Metis communities. We also need to build public health surveillance and emergency response capabilities at the regional, provincial and federal levels as part of climate change adaptation and efforts to address global infectious disease threats.

Addressing these infectious disease threats and ensuring protection for all Canadians requires a strengthened collective commitment to a national immunization strategy, with a focus on ensuring secure vaccine supplies, addressing vaccine hesitancy and having a comprehensive understanding of vaccination coverage rates for all Canadian communities through the development of vaccine registries.

Addressing today's epidemics of noncommunicable diseases can, in part, be achieved through legislation, policies and programs that make the healthier choice the easier and more affordable choice. These initiatives need to be supplemented by appropriately scaled investments in health literacy, clinical prevention and chronic disease management, with a continued focus on the federal, provincial and territorial framework for action to promote healthy weights.[4] The Healthy Eating Strategy announced by Health Canada in 2016 contained commitments to strengthen regulations on sodium and trans fats, improve labelling of food and limit marketing of unhealthy foods and beverages to children. It provides an opportunity for provincial

KEY POINTS

- If national objectives related to fiscal sustainability, quality health care and improved population health are to be achieved, a greater focus on preventive and public health measures will be required.
- A strong focus on prevention is a critical hallmark of a quality health care system.
- Addressing high rates of chronic disease and cancer, and the disproportionate effects on certain subpopulations, will require addressing their underlying socioeconomic causes.
- Return on investment is likely to be greatest from policy initiatives outside the health care system.
- A healthier population directly and indirectly contributes to broad economic sustainability.

and territorial governments to coordinate their own initiatives in food policy, creating a synergy that could achieve great impact. Furthermore, we must not lose our focus on tobacco control, and a collective commitment to reducing rates of tobacco use from the current national rate of 15% to 5% by 2035 would be a good first step. However, to fully address our high rates of chronic disease and cancer, and the disproportionate effects on certain subpopulations, we will need to address the underlying socioeconomic causes.

Substance use and addiction create substantial health, social and justice issues in all our communities. Legalization of cannabis must be done with regulations and policies that prioritize the protection of public health and safety. Our approach to alcohol should be viewed through that same lens. Addressing both illegal and prescription problematic substance use must be done using a harm reduction approach that acknowledges addiction as a health and social, rather than a criminal, issue.

The Mental Health Commission of Canada[5] noted that Canada has a tremendous burden of mental health problems with unmet service needs. Investment in and monitoring of the elements of the Positive Mental Health Survellance Indicator Framework now under development by the Pan-Canadian Public Health Network (http://infobase.phac-aspc.gc.ca/positive-mental-health/) would be a good start toward improving the mental health of Canadians.

Advancing this vision of a population health agenda necessitates a shift to a focus on health in its broadest sense rather than just on health care. Increasing investments in health care within the context of tight resource constraints arguably has a negative impact on population health by preventing investments in areas such as education, social supports and housing. Cost savings from preventive measures[6] would allow for re-investment in innovative care models, new diagnostic and treatment approaches, building public health capacity and investments outside the health care system within existing resources. The return on investment in these areas is likely to be greatest from policy initiatives outside the health care system.[6]

Over the last decade, considerable progress was made in building the foundations for this change. The 2004 Health Accord included a commitment to develop a Pan-Canadian Healthy Living Strategy[7] that prioritized healthy living, obesity reduction, injury prevention, mental health promotion and reduction of health inequities. Since 2005, the Pan-Canadian Public Health Network has coordinated federal, provincial and territorial health sector work on prevention and health protection initiatives. It can be argued that this network is the most successful ongoing formal mechanism for collaboration on health at the federal, provincial and territorial levels. Its efforts should be strengthened and expanded going forward.

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Competing interests: None declared.

This article has been peer reviewed.

Affiliations: Chief Medical Officer of Health (Strang), Nova Scotia; Provincial Health Officer (Kendall), British Columbia; Chief Public Health Officer (Corriveau), Northwest Territories

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Contributors: All of the authors contributed to the development and design of the article, participated in drafting the manuscript and revising it for important intellectual content, gave final approval of the version to be published and agreed to be accountable for all aspects of the work.

Correspondence to: Robert Strang, robert.strang@novascotia.ca

Please note: Media teleconference being held at 3pm today

Groundbreaking Tobacco Control Report for Ontario Briefed today at Queens Park

Queens Park (Toronto); October 18th, 2017 -- Today, A Technical Briefing was held at Queen's Park by the authors of a report commissioned by Health Minister Eric Hoskins called the Modernization of the Ministry's Smoke-Free Ontario Strategy. The report is available to download from the Ministry's website: www.health.gov.on.ca/en/common/ministry/publications/reports/sfo_modernization_esc_2017/sfo_modernization_esc_report.pdf

The briefing was held by Committee members to discuss their findings and recommendations, which require comprehensive action across 10 ministries including the Premier's Office. **The attached summary document connects each recommendation with the appropriate Ontario government ministry.**

For media not able to attend the briefing and wanting to ask questions, a teleconference media briefing by the authors will be held today at 3pm. Call-in number is 1-866-327-5544 code: 2285241# Please RSVP.

Committee members' statements included:

"The costs to our healthcare system and to the provincial economy are staggering, and unsustainable. Unless we act boldly, over the next two decades at least 260,000 Ontarians – over a quarter of a million people – will die of smoking-related illnesses.

Faced with this crisis, our Committee has produced a robust report that if fully implemented, will all but end tobacco use in Ontario over the next 10-20 years. Our target is aggressive: less than 5% tobacco use by 2035. Health Canada has adopted this target for its new federal tobacco control strategy. To reach the less-than-5% target by 2035, Ontario would have to steadily reduce the proportion of Ontarians who smoke from 17% in 2017, to 11% by 2023, and to 8% by 2028.

We look forward to full implementation of our recommendations by the government."

- Dr. Andrew Pipe

"This report represents, for the first time, a blueprint to largely end the tobacco epidemic in Ontario. It is robust and full of bold measures. And public support for more action is clear:

- 66% of Ontarians agree that the number of retail tobacco outlets should be decreased;
- 51% support the notion that tobacco not be sold at all or should only be sold in government-owned stores;
- 53% agree that the sale of cigarettes should stop as soon as possible or be phased out over 5 to 10 years; and
- Over 80% of Canadian smokers support raising the legal age for purchasing tobacco to 21.

The report is broken down into a number of sections, led by a focus on the tobacco industry. We target the industry's practice of reducing prices on some categories of cigarettes to make them more attractive to lower-income smokers. We call for substantial tax increases to at least double the price of cigarettes, and we note that in Australia, cigarettes are now $30 per pack The additional revenue should be invested in tobacco control, including supporting smokers to quit. Note also that cigarettes in Ontario are very cheap – 50 cents for a cigarettes – or roughly a quarter of the cost of a cup of coffee. And, each cigarettes takes 10 minutes of life.

We also focus on the need to reduce the availability of tobacco through putting a gradually decreasing quota on the amount of tobacco made available for sale. The number of sales outlets, currently at about 10,000, or a little over 22 sales outlets for every municipality in Ontario, must be reduced.

We call for an annual levy on tobacco companies to defray the health, social and environmental costs of their products not covered by tobacco excise taxes. Currently, excise taxes charged on tobacco products cover only about an eighth of what smoking costs society – $8.76 billion a year.

We also call for significantly enhanced enforcement efforts to combat unregulated tobacco. Note the success of Quebec's ACCESS TABAC efforts which have decreased contraband even while taxes have increased.

We need to dramatically increase cessation services in Ontario:

- Currently, about two million Ontarians smoke (17% of the population). Each year,about 45,000 quit successfully.

- To reach the target of 5% tobacco use by 2035, more than 80,000 Ontarians who smoke would have to quit each year for 17 years. That is 220 people successfully quitting each and every day – almost twice as many as quit now.

We must continue and increase our efforts to prevent younger people from starting to smoke. In Ontario, 30,000 citizens start smoking every year – a number equivalent to a town the size of Orillia. That is 82 new smokers each and every day.

We also make a number of recommendations concerning protecting Ontarians from the effects of second-hand tobacco smoke – and, soon, from second-hand cannabis smoke, which contains roughly the same toxins as tobacco smoke.

While our report does not address the cannabis issue in detail, two trends are clear: about 30% of tobacco smokers smoke cannabis, whereas only about 5-10% of non-tobacco smokers smoke cannabis. Also, 30% of cannabis users in Ontario roll their joints with a mixture of cannabis and tobacco, predisposing non-tobacco smokers to nicotine addiction. Both the provincial tobacco and cannabis control strategies must take this important information into account."

- Dr. Robert Schwartz

Interviews are available with the report authors **Dr. Andrew Pipe**, Co-chair of the Minister's Committee & former Director of the Ottawa Heart Institute at the University of Ottawa, and **Robert Schwartz,** Director of the Ontario Tobacco Research Unit at the University of Toronto, as well as Committee member **Michael Perley,** Director of the Ontario Campaign for Action on Tobacco.

-30-

To RSVP for teleconference briefing or for any other media info, please contact:

Daniel Paquette
dpPR@rogers.com; Office: 416-413-7714; On-site cell: 416 559-2694

SMOKE-FREE ONTARIO MODERNIZATION
Executive Steering Committee Report Recommendations

RECOMMENDATION	RESPONSIBLE MINISTRY
Challenge and Contain the Tobacco Industry	
1. Use tax and other pricing policies to increase the cost of tobacco products by: • immediately raising provincial taxes on all tobacco products to at least the highest level of all other provinces and territories and investing the increased revenue in tobacco control, and then continue to regularly increase taxes to at least double the price of tobacco products; • preventing the industry from circumventing tax-related price increases by reducing the price differential between different types and brands of cigarettes and prohibiting volume discounts; • banning all industry incentives offered to retailers; and • eliminating any provincial tax deductions or fiscal advantages available to tobacco companies**.**	**Ministry of Finance** Minister: Hon. Charles Sousa Riding: Mississauga South
2. Reduce the availability of tobacco in retail settings by: • using provincial legislation and local bylaws, zoning and licensing fees to reduce the number and density of retail tobacco vendors; and • expanding the ban on cigarette displays to include all smoking, tobacco-related and vaping paraphernalia.	**Ministry of Municipal Affairs** Minister: Hon. Bill Mauro Riding: Thunder Bay–Atikokan **Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's
3. Reduce the supply of tobacco products in Ontario by**:** • reducing the amount of tobacco released to the market for sale; and • enhancing enforcement efforts to combat unregulated tobacco.	**Ministry of Finance** Minister: Hon. Charles Sousa Riding: Mississauga South
4. Make industry practices more transparent by: • prohibiting its involvement in any activities that could influence health policy; • ensuring all government-industry contacts are documented and made public; and • requiring the industry to disclose information on its practices.	**Office of the Premier** Hon. Kathleen Wynne Riding: Don Valley West
5. Regulate new inhaled substances and delivery devices by: • evaluating and regulating the marketing and use of all inhaled drug delivery devices and ultimately phase out the sale of all combustible delivery devices • restricting the sale of e-cigarettes and vaping products to people who smoke	**Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's

RECOMMENDATION	RESPONSIBLE MINISTRY
Challenge and Contain the Tobacco Industry	
6. Eliminate all tobacco production in Ontario by: • establishing a mandatory timeline (5 to 10 years) to phase out tobacco production on non-Indigenous lands • working with tobacco producers to develop crop replacements	**Ministry of Agriculture, Food and Rural Affairs** Minister: Hon. Jeff Leal Riding: Peterborough
Motivate and Support More Ontarians who Smoke to Quit and Stay Quit	
1. Create environments that encourage and support quitting by: • making quitting the easy and obvious choice; • expanding smoke-free policies; • building on existing partnerships and proven strategies; and • promoting cessation services through sustained mass media-based and social media-based public education over the life of the strategy.	**Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's
2. Implement a highly visible **network of high quality, person-centred cessation services** by: • coordinating health care, community and population-based services and providing systematic referrals to ensure seamless nonjudgmental services, supports and follow up for Ontarians who want to quit; • expanding the cessation services available and ensuring people are aware of services; • embedding best practice smoking cessation services in all health care settings; • shifting to an opt-out approach to smoking cessation; • maintaining and enhancing robust clinical standards; • ensuring health care providers have the core knowledge, skills and competencies to provide evidence-based cessation services; and • exploring the potential of non-combustible nicotine delivery systems to reduce harm for people who are unable or unwilling to quit smoking.	**Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's
3. Ensure **equitable access to smoking cessation services** by: • providing cost-free cessation pharmacotherapies in accordance with clinical standards and individual needs; • targeting smoking cessation services to those with high rates of smoking; and • making more effective use of behavioural technologies (e.g., text messaging, online and phone counseling) to reach more people who smoke.	**Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's **Treasury Board** President: Hon. Liz Sandals Riding: Guelph

RECOMMENDATION	RESPONSIBLE MINISTRY
Keep More Ontarians from Starting to Smoke	
1. Implement **comprehensive policies to prevent youth and young adults from starting to smoke** by: • raising the minimum age to buy tobacco products to 21; • intensifying tobacco prevention policies and education in elementary, secondary and post-secondary schools, with particular emphasis on trade schools; • implementing prevention interventions (policies and programs) in a variety of youth-centred settings • reducing youth exposure to on-screen smoking by requiring movies that contains tobacco imagery to be assigned an adult rating (18A), requiring movie theatres to show strong anti-tobacco ads before movies that contain smoking or tobacco use, and making media productions that include smoking ineligible for public subsidies; and • making all Ontario post-secondary campuses smoke-free, tobacco-free and free of tobacco industry influence.	**Ministry of Education** Minister: Hon. Mitzie Hunter Riding: Scarborough-Guildwood **Ministry of Children and Youth Services** Minister: Hon. Michael Coteau Riding: Don Valley East **Ministry of Government and Consumer Services** Minister: Hon. Tracy MacCharles Riding: Pickering-Scarborough East **Ministry of Advanced Education and Skills Development** Minister: Hon. Deborah Matthews Riding: London North Centre
2. Implement **comprehensive policies to prevent youth and young adults from starting to smoke** by: • raising the minimum age to buy tobacco products to 21; • intensifying tobacco prevention policies and education in elementary, secondary and post-secondary schools, with particular emphasis on trade schools; • implementing prevention interventions (policies and programs) in a variety of youth-centred settings • reducing youth exposure to on-screen smoking by requiring movies that contains tobacco imagery to be assigned an adult rating (18A), requiring movie theatres to show strong anti-tobacco ads before movies that contain smoking or tobacco use, and making media productions that include smoking ineligible for public subsidies; and • making all Ontario post-secondary campuses smoke-free, tobacco-free and free of tobacco industry influence.	**Ministry of Education** Minister: Hon. Mitzie Hunter Riding: Scarborough-Guildwood **Ministry of Children and Youth Services** Minister: Hon. Michael Coteau Riding: Don Valley East **Ministry of Government and Consumer Services** Minister: Hon. Tracy MacCharles Riding: Pickering-Scarborough East **Ministry of Advanced Education and Skills Development** Minister: Hon. Deborah Matthews Riding: London North Centre
Expand Policies that Prevent Exposure to all Secondhand Smoke and Harmful Aerosol from Vaped Products	
1. Continue to **reduce exposure to all secondhand smoke at home** by: • raising awareness through a public engagement campaign about the importance of smoke-free homes • increasing the number of smoke-free multi-unit housing buildings in Ontario; • including an optional smoke-free housing clause in the new standard lease; and • amending the Ministry of Housing Residential Tenancies Act to allow landlords to evict a tenant who violates a no-smoking provision in a lease.	**Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's

RECOMMENDATION	RESPONSIBLE MINISTRY
Expand Policies that Prevent Exposure to all Secondhand Smoke and Harmful Aerosol from Vaped Products	
2. Amend the Smoke-Free Ontario Act to: • prohibit smoking of shisha and cannabis and vaping in all indoor and outdoor places where tobacco is banned; and • prohibit smoking of tobacco, shisha and cannabis within a 9 metre buffer zone around public buildings and in outdoor workplaces. • prohibit smoking in outdoor workplaces	**Ministry of Health and Long-Term Care** Minister: Hon. Eric Hoskins Riding: St. Paul's
Create a Strong Enabling System to Execute the Strategy	
1. Establish a system that provides the leadership, coordination, accountability, knowledge, research and engagement to execute the strategy by: • creating a mass media/social marketing campaign that will engage the public, build public support for strategy initiatives and support/promote the network of cessation services; • establishing a learning system that creates and uses the latest research knowledge, surveillance information, ongoing monitoring and evaluation data and practice-based knowledge to routinely inform policy and practice; • providing technical assistance and education to enhance the capacity of all those involved in the Smoke-Free Ontario strategy; and • identifying the most effective mechanism(s) to lead and coordinate the strategy and ensure accountability, including regular reporting to the public on the progress being made.	**Office of the Premier** Hon. Kathleen Wynne Riding: Don Valley West
2. Work with Indigenous partners to develop strategies specific to First Nations, Métis, and Inuit communities by: • Establishing mechanisms to engage First Nations, Métis and Inuit communities to have further dialogue on the report's recommendations; • Ensuring that no part of this strategy impinges on the use of tobacco by Indigenous people and communities when used for traditional or ceremonial purposes • Supporting development, implementation and further expansion of Indigenous-specific approaches within an integrated health promotion/chronic disease risk factor approach, in a sustainable way.	**Ministry of Indigenous Relations and Reconciliation** Minister: Hon. David Zimmer Riding: Willowdale

Ministry of Health and Long-Term Care

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Ontario

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Mr. René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Sudbury and District Health Unit up to $900 in base funding for the 2017-18 funding year to support meeting the increasing costs associated with delivery of HIV related programs and services.

The Assistant Deputy Minister of the Negotiations and Accountability Management Division will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to curbing the spread of HIV in Ontario.

Yours sincerely,

Dr. Eric Hoskins
Minister

c: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Sudbury and District Health Unit