

Hastings Prince Edward Public Health Board of Health Meeting

Information Items

Wednesday, October 4, 2023

Listing of Information Items Board of Health Meeting – October 4, 2023

1. [Simcoe Muskoka District Health Unit](#) – Letter to Sylvia Jones re Bill 103, Smoke-Free Ontario Amendment Act (vaping is not for kids), 2023 dated September 7, 2023
2. [Peterborough Public Health](#) – Letter to Sylvia Jones re Section 50 Agreements dated September 26, 2023
3. [Windsor-Essex County Health Unit](#) – Letter to Chrystia Freeland et al re Investing in a sustainable federal school food policy dated September 21, 2023
4. [Association of Local Public Health Agencies](#) – Notice of 2023 Fall Symposium for November 22 – 24, 2023
5. [Health Promotion Ontario – Infographic](#) – The Value of Local Health Promotion in Ontario, September 2023
6. [Health Promotion Ontario – White Paper](#) on the Value of Local Health Promotion in Ontario, September 2023
7. [Timiskaming Health Unit](#) – Letter to Sylvia Jones re Universal, no-cost coverage of all prescription contraceptive options for all Ontarians dated September 15, 2023

The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.

September 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Electronic cigarettes (e-cigarettes) are addicting youth to nicotine at an alarming rate. Between 2017-2019, vaping rates doubled among Ontario students in grades 7-12. In Simcoe Muskoka, 32% of students in grades 7-12 and 43% of high school students reported using an e-cigarette in the past year. This is particularly concerning when considering the highly addictive effects of nicotine in e-cigarettes is associated with an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Further, there are significant health risks associated with youth vaping as a result of the toxic and carcinogenic substances in devices including lung damage, changes to the brain, burns, dependence or addiction, difficulty learning, and increased anxiety and stress.

As chair of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health I am writing in support of Public Health Sudbury and Districts letter on June 28, 2023 regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103's focus on preventing youth uptake of vaping is important to decrease morbidity and mortality and keep Ontarians out of the healthcare system now and in the future. This includes prohibiting the promotion of vapour products, raising the minimum age for purchasing vapour products and requiring that specialty vape stores obtain store location approval from the Board of Health.

Such amendments proposed by Bill 103 align with the philosophy of previous positions of the Board of Health, which have been focused on reducing nicotine and tobacco use in our communities. This includes previous Board communications to the Province of Ontario and the Federal Government in support of the previous 2017 Tobacco Endgame for Canada (committing to a target of less than 5% tobacco use in Canada by 2035), supporting previous tobacco tax increases (2018) and a 2014 letter to the Director General, Health Products and Food Branch Inspectorate regarding the increased use and availability of electronic cigarettes.

In 2023, the Board of Health called on the Ontario government to establish a renewed smoking, vaping and nicotine strategy which was supported from the Association of Local Public Health Agencies and the linked [letter](#) was sent in August 2023 to the Ontario Minister of Health. Such communications to government have been supported by SMDHU's comprehensive approach to smoke-free programming via education, promotion and

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enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the [Not An Experiment](#) initiative.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for the youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. SMDHU would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:SR:sh

cc: France G  linas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario Boards of Health
Association of Local Public Health Agencies

September 26, 2023

The Honourable Sylvia Jones
Deputy Premier of Ontario
Minister of Health
sylvia.jones@ontario.ca

Re: Section 50 Agreements

Dear Minister Jones:

With the August 22, 2023 provincial announcement to refine and clarify the roles of local boards of health, and the opportunity to voluntarily merge local public health agencies, Peterborough Public Health (PPH) would like to request the system protect and maintain requirement for boards of health to foster and create meaningful relationships with Indigenous Peoples.

Meaningful engagement with Indigenous Peoples and their communities is essential to addressing health inequities. This is acknowledged in the 2018 Ontario Public Health Standards where the Health Equity Standard specifically requires all boards of health to build relationships with Indigenous communities, organizations and First Nations and ensure it is done in a culturally safe way.¹ More recently, arising from post-pandemic evidence, this has been further reinforced within reports from both the Ontario Chief Medical Officer² of Health and Canada's Chief Public Health Officer.³

Our local experience indicates that statutory requirements and provincial standards make a difference. PPH enjoys formal relationships with Hiawatha First Nation and Curve Lake First Nation, as a result of Section 50 agreements in place since 1995. Over the last ten years we have sought to strengthen our relationship with Indigenous Peoples through the establishment of an Indigenous Health Advisory Circle that welcomes participation by the broader Indigenous community to ensure we are attending to all interests and needs regardless of where people reside within the region.

Through these actions, PPH has experienced growth in trust and partnership, not only with the two First Nation communities but also with the urban Indigenous community. But there is more work to be done and we have acknowledged this work in our current Strategic Plan.⁴

Therefore, in view of the Ministry of Health's current goal to deliver more equitable health outcomes, PPH would like to recommend that the Ministry of Health:

1. Ensure continued opportunity for Section 50 agreements within the Health Promotion and Protection Act;
2. Seek to revise the HPPA to be inclusive of urban Indigenous peoples and their health needs under that Act so they have equal opportunities to help shape board of health decision-making; and
3. Ensure the review and revisions of the Ontario Public Health Standards maintains directives for engagement with Indigenous Peoples.

As we look towards a future where Indigenous Peoples experience greater health equity, we urge the Provincial Government to continue to support boards of health so that they are able to act as better allies with Indigenous communities and amplify their voices.

Miigwech,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
The Association of Local Public Health Agencies
Ontario Boards of Health

References

1. [Ontario Public Health Standards, 2021](#)
2. [Being Ready: 2022 Annual Report of the Chief Medical Officer of Health of the Legislature of Ontario, 2022](#)
3. [Principles for Engaging with First Nations, Inuit and Metis: Chief Public Health Officer Health Professional Forum, 2023](#)
4. [Strategic Plan 2022-2025: Peterborough Public Health](#)

September 21, 2023

The Honourable Chrystia Freeland, Deputy Prime Minister
Ministry of Finance
Email: chrystia.freeland@fin.gc.ca

The Honourable Jenna Sudds
Ministry of Families, Children and Social Development
Email: jenna.sudds@parl.gc.ca

The Honourable Lawrence MacAulay
Ministry of Agriculture and Agri-Food
Email: lawrence.macaulay@parl.gc.ca

The Honourable Jean-Yves Duclos
Ministry of Public Services and Procurement
Email: jean-yves.duclos@parl.gc.ca

Dear Honourable Federal Ministers Freeland, Sudds, MacAulay and Duclos:

Investing in a Sustainable Federal School Food Policy

I am writing on behalf of the Windsor-Essex County Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

The Government of Canada has an opportunity to advance the health and well-being of all Canadian children and lay the basis for long-term health by including an investment in school food access in the Budget 2024. We applaud the Government's commitments to healthy school food in the 2021 Liberal Party Platform and urge you to act on those commitments in the next budget cycle.

Recommended actions to fulfill commitments to healthy school food in the Budget 2024:

The current state of school food programs across Canada is a patchwork with limited resources. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. (Ref: 1,2)

The Windsor-Essex County Board of Health supports the following recommendations proposed by the Canadian Coalition for Healthy School Food:

1. Allocate \$1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with \$200 million per year to contribute to provinces, territories and First Nation, Métis, and Inuit partners to fund their school food programs.
2. Enter into immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis, and Inuit school meal programs.
3. Create a dedicated school food infrastructure fund to provide schools with facilities and equipment for food production and preparation, so they can reliably and efficiently serve nutritious food in adequate volumes.

In addition, school food programs should be designed to (*Ref: 3*):

- serve tasty, nourishing, culturally appropriate foods;
- ensure that ALL students in a school can access the program in a non-stigmatizing manner;
- be a cost-shared model, including federal support;
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students;
- support Canadian farmers and local food producers;
- provide conflict of interest safeguards that prevent programs from marketing to children;
- promote food literacy.

The benefits of funding a sustainable food school program in Canada

Through our work supporting the 93 OSNP-led school food programs in Windsor-Essex County, we have seen first-hand the importance of school food to our students' health and wellbeing, including their academic success and the development of lifelong eating habits. As rising costs of food stretch school food program budgets, and leave many families struggling to make ends meet, the importance of federal investments in student nutrition programming cannot be overstated.

Research has long found school meals to be one of the most successful drivers of improved health, education, and well-being in children of all ages. School food programs have also been shown to have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening sustainable food systems.

School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity (*Ref: 1,2*). School food programs can, however, play an important role in improving nutrition intake, supporting healthy growth and development, supporting academic success, attendance, and educational attainment, and improving mental health and well-being (*Ref: 4*).

The demand for comprehensive school food programs in Windsor and Essex County (WEC) and Ontario is high.

Based on the Canadian Health Survey of Children and Youth (CHSCY), **12.9%** of children aged 1 to 17 years old in WEC lived in food-insecure households in 2019 (5). Nationally, the cost of food purchased from Canadian stores rose 9.8% in 2022, the fastest rate since 1981 (+12.0%), after rising 2.2% in 2021 (Ref: 6). While many Canadians are feeling the effects of inflation and rising food costs, those living in food-insecure households are particularly vulnerable, as after paying for housing (i.e., rent or mortgage), many have little funds available for all other necessities including hydro, water, clothing and food.

Currently across Ontario, many school programs are unable to meet current demands, and as a result, these programs are left with the difficult decision of either limiting food provided or shutting down completely before the end of the school year. Many programs have been strained by limited increases to provincial funding since 2014, rising food costs, and increased demand. Locally, only \$0.65 per student per week is available through the OSNP food delivery model. This equates to 1.5 servings of fresh produce a week per student, which is far below minimum nutrition requirements for growth and development. Schools who have not previously had a school nutrition program are seeing a demand and there are no funds to support new programs. In addition, many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs, or for hands-on food literacy learning opportunities for students.

The Windsor-Essex County Board of Health stands alongside other Ontario Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food's vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners, and stakeholders (Ref: 7). Every investment in children and youth counts.

Sincerely,



Fabio Costante, Board of Health Chair

c:

- Ontario Boards of Health
- Local School Board Directors of Education
- Local MPPs, MPs
- Senator Dr. Sharon Burey

Sincerely,



Dr. Kenneth Blanchette, CEO

References

1. [Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children](#). Dec 9, 2022.
2. [Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity](#). Dec, 2020.
3. [Coalition for Healthy School Food. Guiding Principles](#). 2022.
4. [Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. \(2018\). The case for a Canadian national school food program.](#)
5. Public Health Ontario. (2023). [Food Insecurity among Children using the Canadian Health Survey of Children and Youth](#).
6. Statistics Canada. (2023). [Consumer Price Index: Annual review, 2022](#).
7. [Prime Minister Mandate Letters, 2021](#).

From: [allhealthunits](#) on behalf of [alPHA communications](#)
To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] 2023 alPHA Fall Symposium registration now open
Date: September 22, 2023 2:08:59 PM
Attachments: [image001.png](#)

Caution! This message was sent from outside HPEPH. DO NOT click links or open attachments unless you recognize the sender!

ATTENTION:

All Board of Health Members

All Medical Officers of Health and Associate Medical Officers of Health

All Senior Public Health Directors & Managers



Dear alPHA Members,

We are excited to announce that [registration is now open](#) for the 2023 Fall Symposium, Section Meetings, and Workshops that are taking place November 22-24, 2023!

Kicking off the event will be the workshops. The first workshop, *How to Use a Human Rights Based Framework in the Workplace*, will be held from 1 p.m. to 4 p.m. on November 22nd and the second workshop, *Importance of Risk Communication in A Changing World*, will take place from 1 p.m. to 4 p.m. on November 23rd. The workshops are being offered at no additional cost to attendees. You will also be signed-up automatically to attend when you register for the Fall Symposium.

We have a fantastic lineup of speakers for the Symposium that is taking place on November 24th including: Dr. Charles Gardner (President, alPHA), Dr. Kieran Moore (Chief Medical Officer of Health), Cynthia St. John (CEO, Southwestern Public Health), Maria Sánchez-Keane (Principal Consultant, Centre for Organizational Effectiveness), and Michael Sherar (President and CEO, Public Health Ontario). The preliminary program can be accessed by clicking [here](#). The Section meetings are also taking place that day and the draft agenda for the Boards of Health Section is available through [this link](#). The COMO Section meeting agenda will be released at a later date.

Registration is \$399.00+HST and the closing date to register is Wednesday, November 15, 2023. Please note, you must be an alPHa Member to participate in the Fall Symposium, Section Meetings and Workshops.

alPHa would also like to thank the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit for their generous event support.

We hope to see you November 22-24, 2023!

Take Care,

Loretta

Loretta Ryan, CAE, RPP

Executive Director

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The Value of *Local* Health Promotion in Ontario



Health Promotion Ontario recommends maintaining the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards to ensure an on-going investment in health promotion.

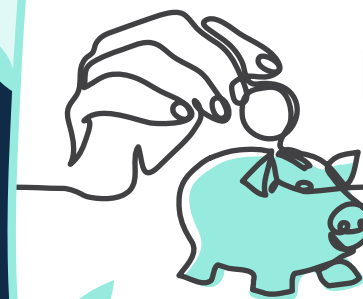
Health promotion is needed now more than ever

Ontario is currently facing competing crises, including a healthcare crisis, an opioid epidemic, and crises related to mental health, homelessness, and climate change.

Health promotion can help mitigate these crises by preventing diseases and injuries, reducing health inequities and promoting health so that people thrive.

~65-90% could be prevented
of CVD through the reduction
incidence of modifiable
risk factors (1)

We need a healthy population to face current and future crises, as outlined in the *Chief Medical Officer of Health's 2022 Annual Report* (2).



Health promotion is *cost effective*

Health promotion offers significant returns on investment in both the short- and long-term (3).



An ounce of prevention is worth a pound of cure. Health promotion interventions cost less than treating diseases and injuries.

4:1 return on
investment
from local public health
interventions (3)



Health promotion professionals (4)



Forge strong partnerships with diverse sectors to co-design effective programs



Provide leadership and support to committees and working groups



Provide high-quality evidence and expert review for policies and projects



Help mobilize populations and partners to achieve robust outcomes



References

1. Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention [Internet]. Toronto: Queen's Printer for Ontario; 2019. Available from: <https://www.ccohealth.ca/sites/CCOHealth/files/assets/BurdenCDReport.pdf>
2. Chief Medical Officer of Health of Ontario. Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics [Internet]. 2022. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/CMOH_Annual_Report_2023.pdf
3. Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: A systematic review. J Epidemiol Community Health. 2017;71(8):827–34.
4. Gardner C, Armstrong B, Rebellato S, Moloughney B, Fazli G, Harris R, et al. Planning for Health: Promising Practices for Healthy Built Environments in Ontario's Public Health Units [Internet]. 2019. Available from: https://www.simcoemuskokahealth.org/docs/default-source/TOPIC_Environment_PlanningForHealth/planning-for-health-promising-practices_19dec2019.pdf?sfvrsn=2

White Paper on
the Value of
Local **Health
Promotion**
in Ontario



Acknowledgements

Health Promotion Ontario would like to thank the following individuals for their valuable contributions to this paper.

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of Hygiene and Tropical Medicine

Alison Bradshaw, Public Health Promoter, KFL&A Public Health

We would also like to thank and acknowledge the many individuals who reviewed this paper. Your insights and comments were very much appreciated.





Health Promotion Ontario (HPO) is the united voice of professionals who practice health promotion across Ontario. HPO seeks to advance the critical importance of health promotion and its practice. Members of HPO work in a variety of settings across Ontario including public health units, community health centres, non-profit organizations, and NGOs. While the membership of HPO is broad, this paper focuses on those who work in health promotion in local public health units across Ontario.

Executive Summary

This White Paper demonstrates the value of a strong investment in local health promotion, delivered by Ontario public health units (PHUs), and how maintaining the breadth and scope of health promotion work outlined in the Ontario Public Health Standards can be an effective strategy in addressing Ontario's healthcare crisis. Not only does health promotion yield significant returns on investment, but it is also the most viable strategy for ensuring resilience and preparedness for future pandemics and emergencies.

- Ontario is currently facing competing crises, including a healthcare crisis, an opioid epidemic, and crises related to mental health, homelessness, and climate change.
- Health promotion, a core pillar of effective public health action (1), prevents disease, injury, and poor health outcomes by addressing the factors that shape health, healthy communities, and healthy populations. It is a cost-effective, evidence-driven strategy that helps to mitigate these and other crises.
- Health promotion offers returns on investment in both the short- and long-term through the prevention of disease, injury, and poor health outcomes (2–38). A recent systematic review of 52 studies found that local level health promotion interventions have a return on investment of 4:1, while larger-scale, upstream interventions at a national level yield even larger returns (2).
- Health promotion provides value to the healthcare system, as it reduces the burden of disease and injury for which people need treatment. As such, health promotion efforts help minimize hospital overcrowding and patient wait times, and end hallway healthcare in Ontario (39). It also improves the health of populations, reduces health inequities, and strengthens local readiness for future threats.
- The sustained pause in health promotion work due to COVID-19 (such as programming related to healthy eating, physical activity, oral health, mental health, and substance use) has and will continue to have a significant and measurable effect on the health of Ontarians in the years to come, including reduced quality and quantity of life and increased healthcare costs (40). This impact must be remediated, as any delays in addressing this work will magnify poor health outcomes and inequities.
- Health promotion is a multi-faceted approach that is used *locally* to support healthy behaviours and healthy communities through:
 - building healthy public policies,
 - creating supportive environments,
 - strengthening community action,
 - developing personal skills,
 - and reorienting health services (for a health system that not only treats illness but also enhances health).
- Local initiatives are developed with an understanding of the local population and context. Health promotion efforts also forge strong links with the social service system. Given that most of what determines people's health is outside of the healthcare system, these partnerships are critical to keeping people healthy. Furthermore, these bridges to sectors outside of health allow for the application of a health equity lens to best support the populations most at risk for poor health outcomes.



Background and Issue

Local public health plays a critical role within the healthcare system. Public health interventions are successful at preventing and mitigating poor health outcomes. However, prevention is often invisible, as people cannot see what did not take place, such as deaths due to second-hand smoke exposure. It is only when emergencies such as SARS and COVID-19 occur that the critical role of public health units (PHUs) in protecting the health of populations is made apparent. Notably, responses to such events are dominated by the disease prevention and health protection functions of public health; however, health promotion can be leveraged to enhance responses to emergencies and other crises, in addition to strengthening local resilience to future threats.

Concentrating public health investment in disease prevention and health protection initiatives at the expense of health promotion can worsen health inequities and increase the burden of disease and poor health on an already overloaded healthcare system, as demonstrated during the COVID-19 pandemic. Throughout the pandemic, poor health and health inequities worsened. This means that certain groups of people, defined either by their social, economic, or geographic circumstances experienced different health outcomes. In Ontario, the highest case counts of COVID-19 infections throughout the first three waves were reported in neighbourhoods with the highest material deprivation (41). Those living in these neighbourhoods were also 2.7 times more likely to be hospitalized or admitted to the ICU, and 2.9 times more likely to die from the disease (41). Additionally, Ontario's opioid-related deaths increased 79% between February 2020 and December 2020, more than doubling among people experiencing homelessness (42). Throughout the pandemic, food insecurity also increased, especially among low-income households and households with children (43). There was also a deterioration in physical activity levels and mental health, and an increase in sedentary behaviour (44–49). Such outcomes highlight the toll that the pandemic had on the health of Ontarians, above and beyond COVID-19 itself.



During COVID-19, many of the Ontario Public Health Standards (OPHS) with a focus on health promotion had a much lower completion rate by local PHUs compared to Standards that focus on infectious and communicable disease prevention and health protection (40). Emerging from the COVID-19 pandemic, this sustained pause in health promotion work has had both significant and measurable effects on the health of Ontarians, as programming related to areas such as healthy eating and physical activity, oral health, mental health, and substance use were deferred (40). Any further delays in addressing this work will magnify poor health outcomes and inequities, including reduced quality and quantity of life and increased healthcare costs (40). As the province is facing a healthcare crisis due to overcrowding and understaffing, the magnification of negative health outcomes due to paused health promotion work could further exacerbate the issues facing our healthcare system now and into the future. That is why health promotion is so critically important. It is proven to offer significant benefits and cost-savings for the government (2), with increased returns on investment and population health benefits for local community-based initiatives. Benefits only increase as health promotion work is scaled up (e.g., provincially, or nationally) (2).

It is also important to note that Ontario is not only facing a healthcare crisis, but multiple competing crises. The province must also address the ongoing opioid epidemic, and crises related to mental health, homelessness, and climate change. We know that local populations have better outcomes during crises when they start from a place of good health and favourable social conditions. This has been identified as one of the key pillars of public health preparedness highlighted in the most recent annual report from the Chief Medical Officer of Health (50).



As most of our health is determined by factors outside of the healthcare system, it is critical to work with other sectors such as education and social services. Health promotion personnel within public health are uniquely positioned to work with these partners to reduce health inequities, improve health outcomes, and build local resilience (50). Such work is instrumental in addressing the complex issues the province currently faces, while better supporting populations to respond and adapt to emergencies in the future.

Value of Health Promotion

Upstream versus Downstream Prevention

Opportunities for prevention range from upstream to downstream, where upstream approaches address the root causes of disease and mortality, while downstream approaches address early detection of disease and disease management. Health promotion is an upstream approach and aims to prevent people from acquiring a disease or significantly delaying its onset (e.g., preventing the development of type 2 diabetes by improving physical activity and healthy eating among children and adolescents) (51). This can result in fewer people developing a disease and therefore lower healthcare utilization, especially among traditionally high-cost healthcare users (52). Additionally, upstream prevention reduces vulnerabilities and increases the resilience of populations and individuals when they face emergencies and crises, creating multi-generational impacts through the reduction of experiences such as childhood trauma, and averting lifelong impacts through the prevention of risk-taking behaviours. Please see Box 1 for an illustrative example of downstream versus upstream prevention.

Box 1. Downstream to Upstream Prevention

Prevention Focus	Type of Prevention	Population Targeted	Health Impact	Healthcare System Impact
 Downstream	Tertiary	Individuals who have developed a disease	Prevents current diseases from worsening and/or decreases risk of future complications Type 2 Diabetes Example: insulin injections	Smallest impact Individuals still require healthcare services, but more intensive treatments may be avoided
	Secondary	Individuals at risk of developing a disease	Detects disease including before disease symptoms are noticeable Type 2 Diabetes Example: Glycated hemoglobin (A1C) blood test to diagnose prediabetes and diabetes	Larger impact Individuals still require healthcare services, but more intensive treatments may be avoided
 Upstream	Primary	Populations	Prevents diseases from developing or significantly delays disease onset Type 2 Diabetes Example: Developing healthy eating policies in childcare settings, schools, and recreation centres	Largest impact Significantly reduces the number of people who require treatment for the disease

Downstream, or more individual-level, prevention efforts typically receive more attention and therefore more funding than upstream, population-based interventions. Downstream interventions have been effective, to a point, at reducing the need for more expensive healthcare measures to manage disease in a stressed healthcare system; however, as they do not significantly reduce the amount of disease in populations, their overall effect on reducing healthcare costs and utilization is small. To reduce the burden of disease on the healthcare system and economy, minimize hospital overcrowding, and end hallway healthcare in Ontario, more robust upstream efforts are critical moving forward (39). For an example of the effectiveness of downstream and upstream initiatives, please refer to Box 2.

Box 2. Effectiveness of Downstream vs Upstream Prevention

Upstream Prevention

Primary Prevention

Reduction of modifiable risk factors (e.g., commercial tobacco, alcohol, physical inactivity, unhealthy eating)

- ~65-90% decrease in CVD incidence (39)
- ~90-94% decrease in first myocardial infarction (39)

Downstream Prevention

Secondary prevention

Statin prescriptions for people with dyslipidemia

- 15-20% decrease in CVD mortality (53)

Tertiary prevention

Congestive heart failure discharge programs

- 60% decrease in hospital readmissions (54)

Moving Beyond Prevention

Good health is good for people, for the economy, and for the healthcare system. In fact, health promotion is one of the most viable strategies that we have to sustain our healthcare system and will only become more important as our population continues to grow and age.

Effective health promotion practice attends to the factors that shape health, healthy behaviours, and healthy communities, and has been recognized for its value by international leaders such as the World Health Organization (WHO). Health promotion is a multi-faceted approach that prevents disease and injury and enhances health. It is a core function of public health (1) whose success lies in its use of multiple strategies at once, at multiple levels (55–57). Such approaches, as highlighted in the *Ottawa Charter for Health Promotion* (henceforth referred to as the *Ottawa Charter*), include (58):

- Build healthy public policies—across multiple levels of government.
- Create supportive environments—at individual, organizational, societal, and structural levels that are safe, stimulating, satisfying, and enjoyable.
- Strengthen community action—by empowering people to have ownership and control over their own health and wellbeing.
- Develop personal skills—to enable people to make healthy choices.
- Reorient health services—for a health system that not only treats illness but also enhances health.

Research confirms the importance of using multiple health promotion strategies together to achieve optimal health outcomes (5–7,14,20,28,29,32,55,59) and local experiences reinforce this. For example, drug strategies across Ontario PHUs are supporting a comprehensive response to the opioid epidemic, demonstrating health promotion in action as they work to prevent or delay the onset of high-risk substance use, reduce illness and injury, and enhance the health of people who use drugs.

This is achieved by supporting education of lower-risk substance use particularly among youth (build personal skills); working across sectors to reduce stigma in the community (create supportive environments) and in healthcare services people access (reorient health services); collaborating with community experts to help develop, implement, and evaluate the health promotion response (strengthen community action); and supporting the government's initiatives to increase access to Naloxone within local settings for overdose prevention (build healthy public policy).

As the government rolls out its Chronic Disease Prevention Strategy, it can also leverage the work already happening at local PHUs. For example, PHUs are using multiple health promotion strategies to help prevent the development of diabetes among their populations. Strategies include the promotion of new food guides (build personal skills), helping to develop school healthy eating policies (create supportive environments), promoting Exercise is Medicine among healthcare providers (reorient health services), and engaging with municipalities to support health promoting design (build healthy public policy).

The *Ottawa Charter* provides a foundation and framework for health promotion that has continued to evolve since 1986 in response to a growing understanding of the determinants of health, shifts in population demographics, and new and re-emerging health issues. Since the *Ottawa Charter's* development, nine additional Global Health Promotion conferences have helped health promotion strategies adapt to the challenges of our changing world. Such adaptations include supporting the health of women, improving health literacy, positioning health promotion within globalization and urbanization, promoting health within the UN Sustainable Development Goals, and addressing the link between environmental health and human health (60–62).

Impact of Health Promotion on the Healthcare System

Health promotion makes economic sense, with costs to implement interventions consistently less than the costs to treat and manage the conditions they help prevent—from diabetes, cancer, and oral diseases to mental illness, severe injury, and substance use disorder. In other words, health promotion not only saves money but prevents illness and injury while helping people and populations thrive.

Measuring the cost-effectiveness of health promotion work is challenging and should be done more regularly (16,21,22,31,63); however, it is evident that many health promotion initiatives have a significant return on investment at both local and larger scales (2–4). These interventions take place in a variety of settings such as community (5–8,11–13,64), schools (12,14–19), and clinical settings (6,7,20,21). While most interventions take place outside of the healthcare system, it is this system that benefits in terms of cost saving and reduced utilization—including acute, primary, and long-term care, and the mental healthcare system. These provincial level financial gains strongly justify a corresponding provincial level investment in health promotion.

Local level public health promotion interventions have a return on investment of four, where every dollar invested yields a return of four dollars, plus the original investment. Larger-scale, upstream interventions at a national level have yielded even larger returns (2).

Several studies have demonstrated cost-effectiveness across many areas of health, from changing behaviours such as healthy eating, physical activity, and substance use to outcomes such as preventing injuries and improving oral health. For examples of cost-effectiveness of health promotion interventions across health topics, please refer to Table 1.

Table 1. Cost-effectiveness of Health Promotion Initiatives

Health Topic	Cost-effectiveness
Active Transportation	Increasing active travel in urban England and Wales was projected to save the National Health Service £17 billion in 2010 prices through reductions in the prevalence of type 2 diabetes, dementia, ischaemic heart disease, cardiovascular disease, and cancer (23).
Healthy Eating	Changing or banning TV advertising for energy-dense, nutrient-poor food and beverages aimed at children and youth in the United States and Australia have shown to be either cost-savings or cost-effective, with savings calculated to be between \$264 and \$332 million in 2016 USD (24).
Injury Prevention	Recreation studies related to injury prevention programming for cycling and swimming have found costs for each head injury avoided to be between \$3109 to \$228 197 (USD); costs per hospitalization avoided to be \$3526 to \$872 794 (USD); and cost per life saved/death avoided to be \$3531 to \$103 518 154 (USD) (22).
Mental Health	There is strong evidence for return on investment of mental health promotion initiatives in children and adolescents (25,38). Preventing conduct disorders and depression through social and emotional learning programs and anti-bullying programs have the potential to save between £14.35 and £48.3 per every £1 expenditure in the medium (2-5 years) or long-term (6+ years) (38). Parenting programs, suicide awareness and prevention, and general health promotion in schools have also shown promising returns on investment (25).
Oral Health	Oral health promotion programs in children have been shown to be cost-effective. For example, a systematic review indicated that 97% of oral health promotion programs in children and youth were cost saving, with reductions in dental treatment expenses for parents and institutions. (26).
Physical Activity	Incorporation of movement and activity programming into American schools, after school and early years programs has demonstrated healthcare cost savings over 10 years between \$4 million to \$185 million (USD). One program was also determined to be cost saving in general, with projections to prevent >109 000 cases of childhood obesity in 2025, with a projected net cost of negative \$4.6 billion (USD) (19). Mass media campaigns to promote physical activity in Australia have also successfully averted 23 000 Disability Adjusted Life Years (DALYs) and saved \$430 million (AUD) (27).
Substance Use	Overdose Education and Naloxone Distribution programs have been shown to be cost-effective even under markedly conservative circumstances where the cost of naloxone rises and rates of opioid overdose decrease (9). In North Carolina, every dollar invested in Naloxone distribution saved approximately \$665 to \$2742 (USD) through the avoidance of 255 opioid overdose deaths between 2015-2016 (10).

Health promotion interventions have demonstrated cost-effectiveness across the lifespan, from childhood and adolescence (12,14–16,19,22,26,28–30), to adulthood (29,31) and older adulthood (5,32–34), and across all action areas of the *Ottawa Charter*. They also encompass both targeted and universal interventions, dependent on the desired health outcome (4,28,29,35). Targeted interventions benefit specific population groups such as people living with a disease (24), or people at increased risk of disease such as those with pre-diabetes (36) or those who use substances (37). Universal programs such as community water fluoridation can also improve population health while reducing health inequities among low-income populations (65).

Benefits from health promotion interventions are significant in terms of local health and capacity, diseases avoided, and reduced utilization and costs to the healthcare system. Due to their comprehensive nature and focus on multi-faceted approaches, they take time to achieve their outcomes. Timelines for returns on investment for health promotion initiatives can vary (12,28), from quick returns within five years (e.g., active transportation, heat wave plans, family support projects) to longer-term gains over five or more years (e.g., preschool programs, alcohol minimum price) (66). The health, social, and economic outcomes, however, are worth the longer time horizons, and are less costly than the alternative of treating health problems once they occur (66).

“Prevention is – on the whole – cost-effective, with a number of interventions providing quick returns that can be balanced by investments for longer-term benefits. The alternative of treating the consequences is likely to be unnecessarily costly and unsustainable over time, which risks reducing both quality of and access to care and increasing health inequalities, with a knock-on effect on the overall economy” (66).

Impact of Local Health Promotion Initiatives

In addition to making economic sense, health promotion also improves the health and quality of life of populations and increases local capacity. The health of a population is largely determined outside of the healthcare system; therefore, achieving improved population-level health outcomes and enhancing local strengths requires partnerships with sectors outside of this system. Health promoters are skilled at intersectoral work with social services, local governments, the education and private sectors, and community groups. This collaboration is a strength of health promotion in local PHUs and a significant factor contributing to the sustained effectiveness of this upstream approach.

Locally, PHUs across Ontario provide leadership and support to committees and working groups, provide high-quality evidence and expert review for policies and projects, engage in relationship building, and can mobilize populations and partners to achieve robust outcomes (67). Health promotion is also well-positioned at the local level to collaborate with Indigenous communities and other equity-deserving groups, based on the principles of trust and self-determination, to help support their health and well-being.

Health promotion initiatives should be tailored to the local population and context, using a health equity lens and local knowledge to support populations most at risk for poor health outcomes. Health promoters in local PHUs have the requisite understanding of and leadership on local issues, strong relationships across sectors, and ability to link sectors and tailor resources to fit local contexts, making them invaluable in effective health promotion work.

Examples of the local impact of health promotion

An environmental scan of health promotion initiatives was conducted by Health Promotion Ontario (HPO), collecting submissions from PHUs across the province. Additionally, recent Ontario case studies and those included in a 2011 seminal report from the Canadian Health Association for Sustainability and Equity (CHASE) were scanned to supplement PHU submissions. The supplemental material from CHASE describes the foundational built environment work that PHUs have and continue to engage in. These examples highlight not only the significant impact that health promotion has on local populations, but also the importance of PHUs in facilitating partnerships and incorporating health equity into planning and programming, which result in overall health system cost-savings.

Results have been synthesized below based on the action areas highlighted in the *Ottawa Charter* (58).

Build Healthy Public Policy

It is well known that policies within and beyond the health sector influence population health. Recent literature has shown that smoking prevention policies among youth are cost-effective, with great potential to decrease disease burden and increase quality of life (15). Policies related to healthy eating and access to healthy foods have also demonstrated improvements in dietary outcomes such as increased fruit and vegetable intake, purchase of healthier foods, and reductions in the consumption of low nutrient dense foods (68). PHUs engage in different avenues of healthy public policy work, across multiple health topics and levels of government, and often coordinate with diverse partners to ensure a Health in All Policies approach.





Box 3. Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health's Radon Testing Study

Radon is the leading cause of lung cancer among non-smokers in Canada, but there is low awareness of radon as a health risk. In 2018/2019, KFL&A Public Health conducted a radon testing study in the region to gain insight on radon levels locally, finding that over 21% of homes tested above Health Canada's radon guidelines of 200 Bq/M³. When using the WHO's guideline of 100 Bq/M³, the study found that 52% of eligible households exceeded these radon guidelines. KFL&A Public Health collectively brought together representatives from Health Canada and municipalities after results were known, to increase awareness of the health risks of radon and effective risk mitigation. Consequently, all municipalities in the KFL&A Region updated their building codes in 2019 to require soil and gas measures in new houses and additions to mitigate radon risk.

Municipal Planning Documents

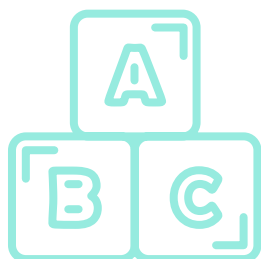
Consultation on municipal planning documents is one key focus of health promotion work locally. PHUs provide high-quality evidence and expert review to support planners' work on Official Plans, Cycling and Transportation Master Plans, climate and environmental-related plans, Recreation Master Plans, and Local Food Action Plans, to name only a few. Such work ensures local health and wellbeing are considered in these policies.

PHUs have been successful in working with planning staff in urban, rural, and remote settings to incorporate stronger language and policy statements in planning documents on local issues spanning various health topics, including but not limited to:

- ultraviolet radiation (UVR) and extreme heat through shade structures and tree maintenance (69,70) or heat mitigation measures based on the location of urban heat islands (70);
- physical activity, diabetes prevention, and active transportation through walkability, complete streets, and transit recommendations (69,71,72);
- injury prevention through traffic calming and pedestrian streetscape provisions (69,71,72);
- and climate change and environmental health through sustainable mobility, urban forestry, and adaptation strategies (69,71).

Cancer Prevention Policies

PHUs have developed successful policies to help reduce exposure to chemicals and radiation known to cause cancer, thereby mitigating risk of future disease occurrence. Grey Bruce Public Health (69), and Hamilton Public Health Services helped develop policies to promote tobacco and smoke-free outdoor recreation spaces (Grey Bruce Public Health), post-secondary institutions (Hamilton Public Health Services), and multi-unit housing (Hamilton Public Health Services in collaboration with the Central West TCAN). York Region Public Health and Kingston, Frontenac and Lennox & Addington Public Health were also instrumental in the development of policies related to UVR and radon mitigation. Such policies significantly mitigate the exposure of local populations to harmful second-hand and third-hand smoke, radon, and ultraviolet radiation. Box 3 provides a local example.



Box 4. Ottawa Public Health (OPH)'s *Healthy Eating and Active Living Guidelines*

The first five years of life are a critical time for growth and development, including healthy eating and active living (HEAL). Childcare centres were targeted by OPH as a key strategy to promote HEAL and prevent the continuation of increasing trends in childhood overweight and obesity. The development and implementation of the guidelines involved two project advisory groups consisting of childcare staff and supervisors, OPH, and the City of Ottawa Parks, Recreation and Cultural Services Department. Additionally, workshops and ongoing consultation with a Registered Dietitian, two training sessions for childcare staff, a Fundamental Movement Skills Training Certification, and resources for HEAL implementation were provided. The guidelines and associated initiatives led to a 50% increase in childcare sites offering 120 minutes/day of physical activity, a 20% decrease in sites allowing toddlers to spend >15 minutes sitting, and a just under 15% increase in the number of sites reporting no screen time among children. Healthy eating best practices also improved, at no additional costs to childcare centres.

Create Supportive Environments

Making the healthy choice the easy choice is a key health promotion approach that aims to influence the environments in which people are born, grow, work, live, play, and age and can have profound impacts on population health. Health promotion professionals in local PHUs are also uniquely situated within Ontario to act as leaders in this field, providing a conduit between the healthcare system and other settings to achieve optimal health outcomes.

PHUs consistently create supportive environments through local partnerships and initiatives (69). This has included working with local partners and the Ontario Ministry of Transportation to successfully provide cycling lanes along highway 6 of Manitoulin Island (Public Health Sudbury & Districts) (69); developing a designated bike route in Brighton through the Walkable and Bikeable Community Committee (Haliburton, Kawartha, Pine Ridge District Health Unit) (69); or addressing food security and access to healthy foods through community gardens, neighbourhood markets, partnerships with local farms (Region of Waterloo Public Health, Toronto Public Health, York Region Public Health) (69), or through collaborative work with schools (Toronto Public Health), childcare settings (Thunder Bay District Health Unit and Ottawa Public Health), and recreation centres (Thunder Bay District Health Unit). It is also important to note that several community-based food access initiatives were targeted to those from equity-deserving populations such as those living on low income or neighbourhoods with a large percentage of new immigrants (69).

Additionally, work done by Grey Bruce Public Health and KFL&A Public Health led to library lending programs in their respective communities for bicycle helmets and radon tests, contributing to injury prevention and radon exposure mitigation for lower income populations. An example of the impact of health promotion via supportive environments is provided in Box 4.



Box 5. Toronto Public Health (TPH)'s Investment in Youth Engagement (IYE) Initiative

In response to survey data indicating that approximately a fifth to a quarter of Toronto secondary students reported risky drinking, drug use, and having been bullied in the past 12 months, in addition to low rates of fruit and vegetable consumption and physical activity levels, TPH developed the IYE initiative. This youth-driven initiative was established by TPH to support local youth engagement and health promotion work and to create opportunities for youth to develop leadership skills to make healthy choices. Between 2016/2017 the IYE led to several positive outcomes, including improved physical activity, mental wellness, health knowledge, civic participation, knowledge about the community, confidence and trust in community leaders, interest in helping others, optimism about the future, self-efficacy, and reduced likeliness to use tobacco and alcohol compared to youth outside the IYE program.

Strengthen Community Action

Supporting and empowering people to have ownership over their health and wellbeing is a powerful action area, with far reaching implications for health. Interventions that are developed with local populations have been shown to decrease hospital admissions and mortality rates, reduce clinical symptoms related to chronic diseases, and improve quality of life and behavioural risk factors such as physical activity (73).

Halton Region Public Health, Region of Waterloo Public Health, and Niagara Region Public Health were involved in the Walk-On Program. These PHUs worked with community groups to help organize information sessions and workshops, resulting in reports that then assisted community partners, such as municipal decision-makers, to identify improvements in the local built environment that should be prioritized for planning, fundraising, and budgeting.

Additionally, Toronto Public Health leverages community action on healthy eating, including their Investment in Youth Engagement (IYE) Initiative and their Simple Steps to Leading Healthy Eating Programs (SSLHEP) and associated Leading Healthy Eating Program grants. All initiatives reported benefits to health and wellbeing, through increased healthy eating knowledge, behaviours, and cooking skills, and ultimately improved health and wellbeing outcomes for Toronto youth. For more detailed information on the IYE initiative and its subsequent successes locally, please refer to Box 5.

Develop Personal Skills

Health promotion involves providing information, education, and skill-building so that people can make healthy choices and have more control over their health and their environments. Personal skill development is often the first aspect of health promotion that is thought of, as such initiatives are more public facing and far reaching than other action areas (e.g., a communication campaign versus updates to policy documents).

Although this action area is critical to health promotion through increased knowledge and confidence to engage in behaviours conducive to good health, such initiatives are most effective when implemented alongside or in response to other action areas (55). For example, radon information sessions and campaigns were provided to the public in KFL&A in response to KFL&A Public Health's Radon Testing Study, and alongside initiatives to provide free radon tests to the public (creating supportive environments) and update building codes in the area to support radon mitigation in all future builds (building healthy public policy). This also demonstrates PHU's ability to connect with multiple partners for the provision of comprehensive service support to move forward with health initiatives at the local level.

Multiple PHUs have evaluated personal skill development initiatives, primarily because such programs are easier to evaluate than larger scale programs with longer time horizons and multiple influencing variables. Four evaluations highlighted the impacts of social media campaigns on knowledge, attitudes, and future use related to tobacco, tobacco and vaping, vaping and cannabis, and alcohol. Often, these campaigns involved regional collaboration through multiple Tobacco Control Area Network partners, and were targeted at either youth or young adults most at risk for substance use. A wide range of positive impacts were reported among local populations, including decreased susceptibility to experimentation, increased intentions to quit, and increased knowledge or awareness of substance use harms.

Three PHUs also examined the effect of educational workshops, in-services, or classes on personal skill development for healthy eating (Thunder Bay District Health Unit), pregnancy/parenting (Toronto Public Health), and youth mental health promotion (Ottawa Public Health), while Ottawa Public Health also reported on the success of an exercise program alongside information sessions and take-home resources on falls prevention among seniors. All programs produced positive results for their respective target audiences and health topics and across their respective settings. Such results included improvements in knowledge, confidence, skills, and intentions to continue health behaviours. For an example, please refer to Box 6.



Box 6. Thunder Bay District Health Unit (TBDHU)'s *Paint your Plate* Program

TBDHU's *Paint your Plate Program* was a pilot intervention developed to support healthy childcare nutrition environments in Thunder Bay and was made possible by the existing positive relationship between TBDHU and the pilot childcare centre. The program included *Rainbow Food Explorer* workshops for children and cooking workshops for parents, alongside elements conducive to creating supportive environments, including preschool educator training, nutrition sessions among childcare centre staff, and healthy menu planning with childcare centre cooks. The workshops were successful in improving children's willingness to try or explore new foods, and in increasing parents' likeliness at using workshop recipes at home for their families.

Reorient Health Services

Reorienting health services to focus on a collaborative, more upstream definition of health is needed to improve population health outcomes. Often, this involves working across and between sectors to promote health. Linking patients who have entered the primary care system with community and volunteer services through a process known as social prescribing has shown success in terms of mental and physical health in addition to empowering people to take action to improve their own health and wellbeing (74).

Toronto Public Health provides an excellent example of this cross-disciplinary work in the province, through their Check it Out Pilot Program, a child health screening program implemented in priority neighbourhoods in Toronto. Eight community partners developed an equity-based approach to child health screening, with representatives from the healthcare, education, child protection, immigration, and special needs sectors. Representatives provided families with children aged 0-4 years access to 12 health and development screens in one central location over one to three days. The program received positive feedback from parents and partners, had high attendance rates of approximately 80%, and resulted in referrals for 31-43% of screenings, with 55% of parents receiving follow-up on their referral.

The comprehensive nature and focus of health promotion initiatives on building healthy public policies, creating supportive environments, strengthening community action, developing personal skills, and re-orienting health services produces significant benefits in terms of local health and capacity, diseases avoided, and reduced utilization and costs to the healthcare system, in addition to significant returns on investment.

Local populations need tailored, local solutions that span sectors within and beyond healthcare, and health promotion professionals in local PHUs are qualified and uniquely positioned to provide such solutions.





Recommendation

HPO recommends strong investment in local health promotion delivered by Ontario PHUs by maintaining the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards to ensure that health promotion is prioritized on an ongoing basis to prepare for and respond to current and future crises.

Conclusion

The many strained and struggling pieces of today's healthcare world need solutions. While the healthcare system in Ontario excels at detecting, diagnosing, treating, and managing diseases and injuries, health promotion prevents diseases and injuries. Health promotion is a necessary strategy for a robust and sustainable healthcare system.

In addition to offering significant benefits to the healthcare system, health promotion also has far reaching impacts on society, more broadly. It is uniquely positioned to integrate the healthcare system with other sectors, such as the social service sector. By doing so, health promotion can address inequities that lead to poor health outcomes.

Health promotion is a cost-effective, well researched, and evidence-driven solution to the many competing crises facing Ontarians.

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September 15, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier, Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

Re: Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians

On September 6, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered the correspondence from Chatham-Kent Public Health regarding *Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians* and passed the following motion:

Motion 42R-2023):

BE IT RESOLVED THAT the Timiskaming Health Unit Board of Health recognizes the importance of access to contraception and menstrual products for all Ontarians; and

FURTHER THAT the Board encourages the Provincial government to cover the cost of all contraceptive options for all Ontario residents; and

FURTHER THAT the Premier of Ontario and Deputy Premier be so advised.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Stacy Wight, Board of Health Chair

Copy to:

John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay
Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health

April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

RE: Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health passed the following motion:

“That Administration prepare a letter of advocacy to the Provincial government encouraging them to cover the cost of birth control for all Ontario residents, and that this letter be copied to alPHa and any other appropriate partners.”

It is estimated that 30-40% of all pregnancies in Canada are unintended with those of lower socioeconomic status being one of the leading vulnerable groups impacted¹. Timely access to effective contraception directly influences the rate of unintended pregnancies. In Canada, cost is the leading barrier preventing individuals from gaining access to effective contraceptives^{2/3}. Cost should not be a barrier Ontarians face to obtain consistent and timely access to effective contraceptives.

OHIP+ has begun to address this issue in Ontario by providing no cost coverage for anyone under the age of 25 who is not covered by a private plan. This coverage needs to be expanded to all Ontarians without the restrictions put on those with private plans or those over the age of 24. Ontarians should have universal, no-cost, confidential access to effective contraceptives.

At the beginning of April, British Columbia started the journey of providing prescription contraceptive access equality for their province and we are advocating for Ontario in this journey.

.../2

Hon. Doug Ford
April 25, 2023

Page 2 of 2

Thank you for your attention to this important issue. We stand firmly in support of protecting and advancing sexual and reproductive health rights.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHA)
Ontario Public Health Units

1 Nethery E, Schummers L, Maginley S, Dunn S and Norman W. "Household income and contraceptive methods among female youth: a cross sectional study using the Canadian Community Health Survey (2009-2010 And 2013-2014)". CMAJ Open, vol. 7, no. 4, 2019 Retrieved from www.cmajopen.ca/content/7/4/E646

2 Hulme Jennifer, et al. "Barriers and Facilitators to Family Planning Access in Canada." Healthcare Policy, Politiques De Sante, vol 10, no.3, 2015, pp. 48-63., doi:10.12927/hcpol.2015.24169

3 Black, Amanda Y., et al. "The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives." Journal of Obstetrics and Gynaecology Canada, vol. 37, no. 12, 2015.pp. pp. 1086-1097., doi:10.1016/s1701-2163(16)30074-3.