MINUTES
Board of Health Section General Meeting
Thursday, February 1, 2007 • 1:00 – 4:00 PM
Alsace Room, Novotel Toronto Centre
45 The Esplanade, Downtown Toronto

PRESENT:

<table>
<thead>
<tr>
<th>Algoema:</th>
<th>Lila Cyr</th>
<th>Oxford</th>
<th>Stephen Molnar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brant:</td>
<td>Helen Mulligan</td>
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<td></td>
</tr>
<tr>
<td>Durham Region</td>
<td>April Cullen, Bonnie Littley, Colleen Jordan, Larry O'Connor</td>
<td>Peterborough, Keith Knott, Madeleine Pearson, David Watton</td>
<td></td>
</tr>
<tr>
<td>Eastern Ontario</td>
<td>Gary Barton, Mary Johnson, Bob Kilger, Marcel Leduc, Guy Leger, Jim McDonell</td>
<td>Porcupine, Bill Gvozdanovic, Joseph Matko, Maurice Tanguay</td>
<td></td>
</tr>
<tr>
<td>Grey Bruce</td>
<td>Wally Reif</td>
<td></td>
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<tr>
<td>Haliburton, Kawartha, Pine Ridge</td>
<td>Peter Delanty, Chris Herrington, Marg Odawa</td>
<td>Simcoe Muskoka, Karen Burgess, Dennis Roughley</td>
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<tr>
<td>Hastings &amp; Prince Edward</td>
<td>Bev Campbell, Ron Hamilton</td>
<td>Sudbury, Phyllis Kinoshameg</td>
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<tr>
<td>Leeds, Grenville</td>
<td>Jack Butt</td>
<td>Thunder Bay, Connie Bryson, Maria Harding</td>
<td></td>
</tr>
<tr>
<td>Middlesex-London</td>
<td>Patricia Coderre, Al Edmondson, Tom McLaughlin, Doreen McLinchev, Mark Studenny</td>
<td>Timiskaming, Brian Hughes</td>
<td></td>
</tr>
<tr>
<td>Niagara Region</td>
<td>Barbara Greenwood, Bruce Timms</td>
<td>Toronto, Valerie Sterling</td>
<td></td>
</tr>
<tr>
<td>North Bay Parry Sound</td>
<td>Mac Bain</td>
<td>Wellington-Dufferin Guelph, Dianne Lindsey, Amanda Rayburn</td>
<td></td>
</tr>
</tbody>
</table>

Chair:
Vance Blackmore, Board of Health, Middlesex-London Health Unit

alPHA Staff:
Linda Stewart, Executive Director
Susan Lee, Manager, Administrative & Association Services

Guest Presenters:
George Pasut, Acting Chief Medical Officer of Health, Ministry of Health & Long-Term Care
Marg Rappolt, Deputy Minister, Ministry of Health Promotion
Adrienne Scott, Director - Strategic Policy Branch, Ministry of Environment
Ian Smith, Director - Drinking Water Program Management Branch, Ministry of Environment
Michael Perley, Executive Director, Ontario Coalition for Action on Tobacco
Pat Vanini, Executive Director, Association of Municipalities of Ontario
1.0 CALL TO ORDER
The meeting was called to order at 1:05 PM by the Chair. The agenda was approved on a motion by V. Sterling (Toronto) which was seconded by H. Mulligan (Brant) and carried.

2.0 APPROVAL OF MINUTES
The minutes of the previous meeting held February 2, 2006 were approved on a motion by L. Cyr (Algoma) which was seconded by M. Leduc (Eastern Ontario) and carried.

NEW BUSINESS

3.1 Ministry Update
Following introductions, Dr. George Pasut, Acting Chief Medical Officer of Health (CMOH), provided an update on Ministry of Health and Long-Term Care (MOHLTC) activities. He passed on best wishes and thanks from Dr. Sheela Basrur, who stepped down from her CMOH responsibilities in December 2006 due to health reasons. He will be in his new role until June 12, 2007 and is presently sharing leadership with Ruth Hawkins, Acting Assistant Deputy Minister (ADM). Ms. Hawkins is overseeing the public health administrative portfolio.

Following are some major points of Dr. Pasut's update:
• recruitment for a permanent CMOH is underway
• in March, all boards of health will have an opportunity to review the proposed draft Standards (which will replace the current Mandatory Health Programs and Services Guidelines)
• process for the Provincial-Municipal Fiscal and Service Delivery Review, which will review shared funding programs and services, has just begun and is expected to make recommendations by 2008; it is unknown as to whether and how public health will be discussed (refer to http://www.mah.gov.on.ca/userfiles/HTML/nts_1_27601_1.html for more information)

Questions to Dr. Pasut included accreditation, proposed amalgamation (Capacity Review Committee Final Report), pandemic influenza planning and smoking in casinos.

Following the CMOH's presentation, Marg Rappolt, Deputy Minister, Ministry of Health Promotion (MHP), was introduced and provided an overview of this relatively new (since June 2005) ministry. She also spoke to its core business (i.e. funding partner for transfer payment agencies), recent accomplishments (e.g. Smoke-Free Ontario and the reduction in youth smoking rates, Healthy Eating Active Living strategy), and ongoing commitment with public health partners. She indicated that the MHP centred around chronic disease prevention and physical activity. She concluded by welcoming input from boards of health as the health system continues to evolve.

Members expressed concern over the following to the Deputy Minister (DM):
• perceived dual standard in the Smoke-Free Ontario Act that allows smoking shelters in casinos and long-term care facilities; issues include lack of protection for casino workers (DM replied that since food/drink is not allowed in separate smoking shelters, workers' health is not an issue); the DM added that the province is committed to working with health units to apply the law and will support public health inspectors in anticipation of the May 31, 2008 deadline
• lack of pesticides bylaw consistency across Ontario (DM replied that the Public Health Division is establishing a new Environmental Health branch to assess these kinds of concerns and is monitoring bylaws as they grow in number)
Both Dr. Pasut and Ms. Rappolt were thanked for their time and efforts in presenting to the Board of Health Section.

3.2 **Ontario Clean Water Act**

Adrienne Scott and Ian Smith of the Ministry of Environment (MOE) presented on the Ontario Clean Water Act. The MOE is currently working on the regulatory framework to support this legislation.

The Clean Water Act outlines a role for boards of health in protecting the municipal sources of drinking water systems. Municipalities and boards of health may provide advice and counsel to the province through representation on the Source Protection Authority Board, the Source Protection Committee and, if established, the Source Protection Committee working groups. Once the Act is in effect, municipalities have the lead role in regulating significant drinking water threats. In moving forward, the Ministry of Environment plans to hold consultations in 2007 on draft regulatory components and looks forward to feedback from boards of health.

Concerns were expressed by Section members regarding the vast geographic reach of Source Protection Areas and the logistics involved for health units in delivering the Clean Water Act. These concerns were noted by MOE representatives.

3.3 **Tobacco Issues**

Michael Perley of the Ontario Campaign for Action on Tobacco provided an update on the contraband tobacco issue. A summary handout providing background on the issue was distributed (see attached). He stressed that illegal tobacco products were a broad spectrum problem that was not simply limited to cigarettes manufactured and/or sold on native reserves. The problem involves large tobacco companies, products made in reserves finding their way to the mainstream marketplace, and convenience retailers selling cigarettes under the counter, for example. There is, surprisingly, no research on this issue. It should be noted that the recent reports of decreased consumption of cigarettes is skewed by the fact that these reports based on legally manufactured tobacco products. It is estimated 25% of the tobacco market is illegal. One consequence of this has been easier access to tobacco for youth.

M. Perley encouraged board of health members to do the following, among others, to discourage the rise of contraband tobacco products:

- lobby federal health minister Tony Clement and federal finance minister Jim Flaherty to levy more hefty fines
- debate local issues in communities, particularly the impact on children and youth
- garner media attention on the topic
- invite public to tell stories at town hall meetings

Section members were informed about the list of recommendations for action to government in a handout on illegal tobacco.

Before concluding, M. Perley offered to speak to boards of health and Councils in person on the issue. At the request of Section members, he agreed to draft a resolution for use by boards of health.

**ACTION:** - M. Perley to provide alPHa with a variety of resolutions for municipalities to distribute to boards of health on advocacy against contraband tobacco
4.0 BUSINESS ARISING / STANDING ITEMS

4.1 BOH Section Representation

Members were informed that there is a vacancy for a Board of Health Section seat on the current (2006-2007) alPHa Board of Directors. The vacancy had been created with the decision by Porcupine board of health member G. Hebert to not run again in the municipal elections this past November. The floor was opened for nominations for a representative to complete G. Hebert's term until June 2006. The following nominations took place:

Candidate: Marg Godawa (Haliburton, Kawartha Pine Ridge - HKPR)
Nominated by: P. Delanty (HKPR)
Seconded by: C. Herrington (HKPR)

Candidate: Maurice Tanguay (Porcupine)
Nominated by: J. Matko (Porcupine)
Seconded by: B. Gvozdanovic (Porcupine)

Candidate: Mary Johnson (Eastern Ontario)
Nominated by: B. Kilger (Eastern Ontario)
Seconded by: G. Leger (Eastern Ontario)

Motion: That the nominations for a Board of Health representative to fill the vacant Board of Health seat on the 2006-2007 alPHa Board of Directors be closed.

Moved by: L. Cyr (Algoma)
Seconded by: M. Leduc (Eastern Ontario)

Motion carried.

Each candidate was asked if they would let their name stand in the election process and replied in the affirmative. Volunteers were asked to assist with counting ballots.

Motion: That the Board of Health Section approve Larry O'Connor (Durham) and Valerie Sterling (Toronto) to act as scrutineers in the election of a board of health representative to the present alPHa Board of Directors.

Moved by: M. Harding (Thunder Bay)
Seconded by: H. Mulligan (Brant)

Motion carried.

The votes were counted with the most going to Mary Johnson (Eastern Ontario), who was congratulated.

Motion: That the ballots be destroyed.
Moved by: P. Delanty (HKPR)
Seconded by: B. Greenwood (Niagara)

Motion carried.

The ballots were destroyed following the motion.

4.2 alPHa Updates

No report due to time constraints.
4.3.1 Provincial Municipal Fiscal and Service Delivery Review

Pat Vanini, Executive Director, Association of Municipalities of Ontario (AMO), presented her association's views on the Ontario government's Provincial-Municipal Fiscal and Service Delivery Review. Of great interest to AMO is the fiscal review and how programs and services are paid out of provincial ministries. AMO has consistently voiced opposition to the 1996 downloading of programs and services from the province to municipalities. AMO believes the present property tax system is unsustainable because not enough funding goes to municipalities for taking on such added responsibilities. Another problem arising from downloading is the lack of say municipalities have on how these downloaded programs are to be delivered in their communities. AMO believes a long-term exit strategy from the present property tax system is needed.

The Fiscal and Service Delivery Review will end in the spring of 2008 and much work still needs to be done. It was noted that other organizations (besides AMO) were allowed to provide input into the Review process and boards of health were advised to provide succinct feedback.

4.3.2 Food Premises Regulation

Last summer, the Ministry of Health and Long-Term Care amended the Food Premises Regulation (FPR), which has had an impact on public health's role in addressing food safety concerns at farmers' markets and special events. L. Stewart reported that the Minister himself had been critical of operational inconsistencies among health units in light of the new FPR. Recognizing a lack of a common approach, the Association of Supervisors of Public Health Inspectors has produced guidelines for health units when addressing food safety at farmers' markets and special events – Common Approaches for Farmers' Markets and Special Events: A Guide for Public Health Units. aPHa has endorsed this document. The document will be sent to all health units for their endorsement as well as a letter to health minister Smitherman recognizing aPHa's support.

5.0 REPORTS / INFORMATION ITEMS

5.1 aPHa Board of Directors Strategic Planning

V. Blackmore reported on the aPHa Board's strategic planning session held January 31. He noted that a recent survey of members to assess aPHa services was used to inform the process.

5.2 Ontario Council on Community Health Accreditation

As the Section's representative on the OCCHA board of directors, H. Mulligan outlined the accreditation body's purpose, initiatives, and Advisory Group, among other items. She reported on latest accreditation activities and indicated that some non-accredited health units have expressed interest in accreditation (see attached.) For further information, visit http://www.occha.org

5.3 aPHa Advocacy Committee Update

L. Stewart reported hat a number of resolutions have been closed since their operative clauses have been fulfilled.

6.0 NEXT MEETING

At 2007 aPHa Annual Conference, June 10-12, Windsor, ON.
7.0 ADJOURNMENT

The meeting adjourned at 4:22 PM on a motion by J. Matko, which was seconded by B. Timms and carried.
WARNING SIGNS
ABOUT CIGARETTE SMUGGLING
AND ACTIONS GOVERNMENTS
CAN TAKE TO EXTINGUISH THIS
PROBLEM

December 2006

Physicians for a Smoke-Free Canada
1226 A Wellington Street • Ottawa • Ontario • K1Y 3A1
Tel: 233-4878 • Fax: 233-7797 • www.smoke-free.ca
email: ccviard@smoke-free.ca
September 2006
Quebec issues a revised budget forecast.
Projected tobacco revenues are lowered by $75 million.

In September 2006, the Quebec government issued an update on its economic and financial situation, and informed bond markets and other financial observers that Quebec's projected revenues would fall from the $852 million forecast in the 2006 budget to $777 million.

The government attributed this reduction in its projection to two factors: “the implementation of new provisions of the Tobacco Act, introduced last May, on sales of tobacco products. It may also reflect the rise in smuggling of these products.” The smoke-free legislation which came into effect in Quebec on May 31st, 2006 can be expected to have a profound and lasting impact on the number of Quebecers who smoke, and of the amount of cigarettes that remaining smokers consume, but that impact would be much less than the one-tenth reduced forecast.

A more likely explanation is that Quebecers are continuing to turn to illegal sources of cigarettes.

A comparison of the amount of cigarettes Quebecers say they smoke and the number of cigarettes shipped into Quebec by legal manufacturers shows an increasing discrepancy between the two.

- the amount of cigarettes Quebecers say they smoke has increased 16% between 2004 and 2005
- the number of legal cigarette shipments into Quebec decreased 9% in the same period.

![Annual change in reported cigarette use - smoker surveys and shipments - Quebec](image-url)
July 2006

Health Canada surveys report that 17% of Canadian smokers had bought cigarettes from a native reserve within the past 6 months.

Cigarettes sold on native reserves for use by eligible first nations people are exempt from federal taxes and provincial taxes in some provinces, and are thus considerably cheaper than cigarettes sold in convenience stores or other outlets. Although, under Canadian law, it is only legal for tax-exempt cigarettes to be sold to Canadians with tax-exempt status (either diplomatic or first nations), the smoke-shacks on aboriginal reserves close to Canadian communities do not require purchasers to demonstrate eligibility under Canadian law for tax-free purchases. By travelling to first nations communities, Canadian smokers can purchase cigarettes at cheaper prices.

Cigarettes sold on aboriginal reserves include brands which are manufactured on reserves and on which no taxes have been paid as well as brands which are imported into the reserves without taxes being paid at source.

The Canadian Tobacco Use Monitoring Survey asked Canadian smokers not living on reserves whether they purchased cigarettes on reserves over the past 6 months. Almost one in five Canadians reported that they had done so (17%). The rates were highest in Nova Scotia (26%) and Saskatchewan (23%). (The data for Newfoundland and British Columbia were not reportable).

Because Ontario and Quebec are the most populous provinces, most of those who report that they purchased on reserves live in Ontario (46%) and Quebec (28%).

<table>
<thead>
<tr>
<th>Percentage of smokers in each province who have bought cigarettes on a native reserve in the past 6 months, CTUMS 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL*</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>

Some provincial governments have found ways to allow first nations governments to collect tobacco taxes and then have these monies returned to the band council. This approach respects tax rights of first nations, protects aboriginal and non-aboriginal communities from health consequences of cheaper cigarettes and increases funding to aboriginal governments.
October 2006: Imperial Tobacco reports that its survey of illegal cigarettes found that those who purchased illegal cigarettes smoked more than other Canadians.

Cigarettes are considered to be highly price elastic: that is to say, smokers will respond to higher cigarette prices by smoking fewer cigarettes or by quitting.

It is because of this price-sensitivity that illegal cigarettes are a major concern for public health strategies. Illegal cigarettes (that cost less) undermine other tobacco control strategies and result in more Canadians smoking, and also in Canadian smokers using more cigarettes each day.

Imperial Tobacco Canada Ltd. commissioned a survey of cigarette purchasing patterns in Canada and found that those who were in possession of price-reduced cigarettes (almost all of which were purchased on reserve) smoked, on average, 80% more cigarettes per day than those who didn't. The report does not support a conclusion that it is because of the availability of cheaper cigarettes that these individuals are smoking more because some self-selection of heavy smokers among those who find ways to purchase illegal cigarettes can be expected. This finding provides a strong health rationale to find effective ways to reduce smuggling.

The Results

Almost one out of every four cigarettes smoked in Ontario and Quebec is illegal.

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of Cigarettes</th>
<th>% of Smokes Found with Illicit Products</th>
<th>% of Past 7 Day Volume (Illicit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>11.4%</td>
<td>16.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>1.1%</td>
<td>22.2%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Quebec</td>
<td>16.2%</td>
<td>10.7%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Ontario</td>
<td>18.7%</td>
<td>31.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Alberta</td>
<td>21.5%</td>
<td>2.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>British Columbia</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
Recommendations to governments:

Federal actions:

1. revoke the federal tobacco manufacturer licence if the manufacturer is operating illegally, including if the manufacturer does not comply with provincial legislation.

2. prohibit the supply of raw materials (e.g. cigarette filters, cigarette paper, packaging, potentially electricity, in addition to raw leaf tobacco) to unlicensed tobacco manufacturers.

3. increase the minimum bond for all tobacco manufacturers to at least $2 million (compared to current minimum of $5000). Bonds would be forfeitable if a manufacturer is non-compliant with the law.

4. have a better package marking system, including a full tracking and tracing system.

5. ensure that provincial tobacco tax is collected on native produced product on which federal tax is collected.

6. combine the current federal GST and excise tax with a single (higher) excise tax rate. (In 2006, when the general GST rate was reduced, the excise tax on cigarettes was increased by a similar amount.)

7. persuade the American Government to shut down the 10 or so illegal tobacco manufacturing facilities on the New York state side of Akwesasne reserve - the current situation represents an enormous border security situation for the US that is not being addressed, in addition to being a primary source of contraband for Canada.

8. monitor use of contraband tobacco and make results public.

9. initiate government-to-government negotiations with first nations governments to control smuggling and invite first nations governments to implement the effective tobacco control measures included in the Framework Convention on Tobacco Control.

Provincial actions:

1. revoke manufacturer licences if a manufacturer is operating illegally.

2. prohibit the supply of raw materials (e.g. cigarette filters, cigarette paper, packaging, potentially electricity, in addition to raw leaf tobacco) to unlicensed tobacco manufacturers.

3. establish a refund/rebate system for products intended for tax-exempt sale on a reserve where this does not already exist.

4. establish a minimum bond of $2 million for each tobacco manufacturer licence. Bonds would be forfeitable if a manufacturer is non-compliant with the law.

5. establish a distinct package marking for products intended for tax-exempt sale on reserve where such a system does not currently exist.
## Data on cigarette consumption and tobacco taxation, 2001 – 2005

### Current Smokers (Canadian Tobacco Use Monitoring Survey, CTUMS)

<table>
<thead>
<tr>
<th>Province</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>1,324,884</td>
<td>1,373,224</td>
<td>1,420,564</td>
<td>1,474,064</td>
<td>1,525,082</td>
</tr>
<tr>
<td>Alberta</td>
<td>604,649</td>
<td>616,699</td>
<td>620,460</td>
<td>515,370</td>
<td>534,675</td>
</tr>
<tr>
<td>British Columbia</td>
<td>557,300</td>
<td>556,840</td>
<td>564,134</td>
<td>530,829</td>
<td>516,766</td>
</tr>
<tr>
<td>Manitoba</td>
<td>233,140</td>
<td>190,333</td>
<td>189,975</td>
<td>189,333</td>
<td>207,083</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>153,588</td>
<td>129,856</td>
<td>150,453</td>
<td>150,542</td>
<td>134,871</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>113,080</td>
<td>106,039</td>
<td>101,197</td>
<td>95,186</td>
<td>88,569</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>190,159</td>
<td>194,826</td>
<td>170,951</td>
<td>157,264</td>
<td>162,858</td>
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<tr>
<td>Ontario</td>
<td>1,378,227</td>
<td>1,311,472</td>
<td>1,332,375</td>
<td>1,371,234</td>
<td>1,668,588</td>
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<tr>
<td>PEI</td>
<td>28,396</td>
<td>25,892</td>
<td>24,342</td>
<td>24,415</td>
<td>22,241</td>
</tr>
<tr>
<td>Quebec</td>
<td>1,452,020</td>
<td>1,569,231</td>
<td>1,507,286</td>
<td>1,373,482</td>
<td>1,380,998</td>
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<tr>
<td>Saskatchewan</td>
<td>200,271</td>
<td>166,536</td>
<td>188,132</td>
<td>171,184</td>
<td>172,842</td>
</tr>
</tbody>
</table>

### Reported cigarettes smoked by daily smokers calculated from CTUMS

<table>
<thead>
<tr>
<th>Province</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>2,330,886</td>
<td>2,170,548</td>
<td>2,140,840</td>
<td>2,165,523</td>
<td>2,337,083</td>
</tr>
<tr>
<td>Alberta</td>
<td>2,301,251</td>
<td>2,170,548</td>
<td>2,140,840</td>
<td>2,165,523</td>
<td>2,337,083</td>
</tr>
<tr>
<td>British Columbia</td>
<td>2,414,055</td>
<td>2,553,288</td>
<td>2,486,979</td>
<td>2,171,368</td>
<td>2,116,523</td>
</tr>
<tr>
<td>Manitoba</td>
<td>1,015,002</td>
<td>878,153</td>
<td>861,650</td>
<td>820,196</td>
<td>806,427</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>858,201</td>
<td>673,118</td>
<td>766,877</td>
<td>771,196</td>
<td>683,216</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>579,803</td>
<td>538,875</td>
<td>484,999</td>
<td>402,067</td>
<td>403,006</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>1,003,625</td>
<td>1,052,876</td>
<td>823,236</td>
<td>653,033</td>
<td>751,944</td>
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<tr>
<td>Ontario</td>
<td>9,922,978</td>
<td>9,604,557</td>
<td>9,192,129</td>
<td>8,249,300</td>
<td>7,882,125</td>
</tr>
<tr>
<td>PEI</td>
<td>155,945</td>
<td>142,684</td>
<td>124,777</td>
<td>112,963</td>
<td>108,368</td>
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<tr>
<td>Quebec</td>
<td>6,880,950</td>
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<td>6,793,526</td>
<td>5,726,804</td>
<td>6,638,184</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>969,068</td>
<td>760,769</td>
<td>905,563</td>
<td>715,612</td>
<td>717,283</td>
</tr>
</tbody>
</table>

### Wholesale sales of Cigarettes (reported to Health Canada)

<table>
<thead>
<tr>
<th>Province</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>5,403,177</td>
<td>4,989,730</td>
<td>4,488,114</td>
<td>4,736,237</td>
<td>4,897,310</td>
</tr>
<tr>
<td>Alberta</td>
<td>1,651,810</td>
<td>1,432,110</td>
<td>1,379,936</td>
<td>1,378,656</td>
<td>1,404,010</td>
</tr>
<tr>
<td>British Columbia</td>
<td>4,463,869</td>
<td>4,264,772</td>
<td>3,999,026</td>
<td>4,091,723</td>
<td>4,030,723</td>
</tr>
<tr>
<td>Manitoba</td>
<td>1,220,473</td>
<td>1,137,220</td>
<td>953,544</td>
<td>1,040,765</td>
<td>958,484</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>667,099</td>
<td>670,870</td>
<td>647,826</td>
<td>711,420</td>
<td>682,638</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>1,596,820</td>
<td>1,471,921</td>
<td>1,329,996</td>
<td>1,384,512</td>
<td>1,312,831</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>17,873,329</td>
<td>16,441,500</td>
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<td>1,335,317</td>
<td>1,267,302</td>
</tr>
</tbody>
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Physicians for a Smoke-Free Canada – December 2006
References

Page 1

Canadian Tobacco Use Monitoring Survey, www.gosmokefree.ca

Page 2

1. Quebec Ministry of Finance. Update on Quebec's Economic and Financial Situation, Fall 2006.


Page 3:


Budget for Cancer Strategy: Prime Minister's speech, November 24, 2006.
http://www.pm.gc.ca/eng/media.asp?id=1417

Page 5


Pages 6 and 7


6. Ibid.

Pages 10 and 11

Canadian Tobacco Use Monitoring Survey, 2000 – 2006

Public Accounts from each jurisdiction

The Tobacco Control Environment: Ontario and Beyond Ontario Tobacco Research Unit, November 2006
OCCHA BOARD OF DIRECTORS
Summary of Activities

2005-2006 OCCHA Board of Directors (as of January 2007)

President: Bonnie Jeffrey (Ontario Association of Public Health Dentistry)
Vice-President: Ellen Wodchis (Health Promotion Ontario)
Sec – Treasurer: Daina Mueller (Ontario Public Health Association)
Member: Catherine Bloskie (Association of Ontario Public Health Business Administrators)
Member: Marion McGeen (ANDSOOHA – Public Health Nursing Management)
Member: Kris Millan (Ontario Society of Nutrition Professionals in Public Health)
Member: Helen Mulligan (aPlHa, Board of Health Section)
Member: Allan Northan (aPlHa, COMOH)
Member: Robert Thompson (Association of Supervisors of Public Health Inspectors in Ontario)
Member: Shelley Stalker (Association of Public Health Epidemiologists in Ontario)

OCCHA’s Mission Statement

The Ontario Council on Community Health Accreditation promotes accountability and excellence in public health programs and services.

OCCHA’s Mandate

✓ To establish, review and revise accreditation standards related to governance, administration, program planning, implementation, monitoring and evaluation.
✓ To enhance knowledge through consultation and shared experience.
✓ To measure agency performance against peer set standards, provide comprehensive reports and confer accreditation awards.
✓ To promote and facilitate continuous quality improvement in public health units through consultation across Ontario public health units.
✓ To work in partnership with other community health organizations and relevant provincial ministries to promote excellence in public health programs and services.
OCCHA’s Strategic Directions

1. Strengthen OCCHA’s partnership with the MOHLTC by creating opportunities for collaboration in support of public health renewal.
2. Enhance customer service and marketing of OCCHA and the accreditation process and nurture/strengthen alliances and partnerships in support of OCCHA’s mission.
3. Encourage and facilitate organizational excellence and ongoing quality of practice (CQI) in public health.
4. Build the capacity to fulfill OCCHA’s role in support of public health renewal.

OCCHA’s Continuous Quality Improvement (CQI) Advisory Group

The CQI Advisory Group has completed work on a quality framework for public health. This framework will be circulated to health units for feedback in January 2007. The Advisory Group also provides ongoing feedback to OCCHA on CQI initiatives and assists in priority-setting of CQI activities. Membership on the Advisory Group is open to all public health units. The Advisory Group currently has representation from 19 of the 36 public health units. For more information, please visit the OCCHA website at www.occha.org or contact Bev Russ at bevruess@occha.org.

Public Health Renewal

OCCHA was a participating member of the Capacity Review Committee’s Reference Panel and roundtable discussion on accountability. The OCCHA Board of Directors looks forward to our continued involvement in the implementation of the CRC’s recommendations.

Surveyor Training Workshop

A surveyor training workshop is tentatively scheduled for the Fall of 2007. Workshops are organized and conducted based on the upcoming schedule of accreditation surveys. For more information, please contact Meighan Finlay at meighanfinlay@occha.org or visit the website at www.occha.org.

Accreditation Surveys

Two accreditation surveys were conducted between June and December 2006. There is one accreditation survey tentatively scheduled for June 2007. Health Unit interested in participating in the accreditation process should contact the OCCHA office or visit the website at www.occha.org.
alPHa Annual Winter Meeting – February 1, 2007
Morning Plenary Session
"Syndromic Surveillance: What It’s About and How We Can Use It in Public Health"

This workshop was a joint offering of the Association of Public Health Epidemiologists in Ontario (APHEO) and the Council of Ontario Medical Officers of Health (COMOH), held during alPHa’s annual winter meeting on Thursday, February 1, 2007.

The session introduced participants to the epidemiological tool of Syndromic Surveillance, an innovative electronically-based system that allows users to examine pre-clinical data from various sources as clues to possible emerging diseases in communities before clinical diagnosis confirms them. With extensive cross-referencing capabilities, such a system can be used by epidemiologists for early detection as well as retrospective analyses. An overview of what it is and how it works was illustrated with presentations of case studies, including:

- An overview of SS and a presentation on analyzing 911 call centre data to identify a spike in heat-related illness [link]

- A presentation with a live demonstration of the electronic system being used by two health units to monitor data from Emergency Department admissions and alerts analysts to larger than expected clusters of admissions with a specific set of symptoms (e.g., GI, respiratory etc.) [link]

- A presentation by the Public Health Agency of Canada on the usefulness of monitoring Over the Counter (OTC) medication sales trends for early detection [link]

- A presentation by Ontario’s Ministry of Health and Long-Term Care on surveillance activities during pandemic phases [link]

- A panel discussion on moving forward on expanding the use of Syndromic Surveillance through partnerships and increased awareness

Presentations are available on alPHa’s Web site in the online library – choose “research/knowledge exchange/surveillance” from the issue menu and “presentations” from the document type menu (www.alphaweb.org/library.asp).

Presenters:

Kate Bassil MSc, PhD (cand)
Epidemiologist
Toronto Public Health

Bronwen Edgar
MSc
Epidemiologist
KFL & A Public
Health

Kieran M. Moore, MD, CCFP (EM), DTM & H, MSc
Assistant Professor of Emergency Medicine
Queen’s University

Dr. Hazel Lynn MD
MSc
Medical Officer of Health
Grey Bruce Health
Unit

Victoria L. Edge
MSc PhD
Senior
Epidemiologist
Foodborne, Waterborne and Zoonotic Infections Division
Public Health Agency of Canada

Anne-Luise Winter
BScN MHSsc,
Nurse-
Epidemiologist,
Infectious Diseases
Branch MOHLTC
Assisted by a range of guest speakers and a panel discussion, participants in the Building Healthy Communities Workshop were invited to develop a renewed understanding of the connection between public health policy and programs and the built environment by learning about the historical relationship between public health and human endeavours to create cities, towns, utilities and infrastructure.

Presentations on current initiatives that promote and build upon this relationship were given to promote an understanding of the immediate roles that participants can play in ensuring rural and urban communities are developed in ways that will encourage active living and overall health and wellness. The take-home message was that public health has already become part of the urban planning vocabulary, and must be further integrated into the urban planning process.

Presentations and discussions covered a wide range of topics, including:

- **Housing, Neighborhoods, Regions and Societies (Jim Dunn)** - illustrated the health implications of the complex relationship between the individual and his or her society by focusing on spatial contexts for factors that influence the health of people in their various environments, from the micro-environment of the home to the macro environment of the society. Each has a bearing on factors ranging from exposure to environmental hazards, to sense of identity and status, to connectivity with community, and each can be intuitively linked to health outcomes.

  *Presentation Available:* [http://www.alphaweb.org/docs/lib_009584423.ppt](http://www.alphaweb.org/docs/lib_009584423.ppt)

- **A Brief History (Norman Pearson)** – tracked the evolution of attitudes toward the socio-geographical and infrastructural influences on human health, from the time that urban planning and public health were synonymous (sewage and drinking water management) through to the present, where health perspectives are largely absent from official plans, leading to an over-emphasis on individual behavioural factors of health, and an abundance of fragile, disconnected and temporary communities.

  *Presentation Available:* [http://www.alphaweb.org/docs/lib_009541435.ppt](http://www.alphaweb.org/docs/lib_009541435.ppt)

- **Healthy Cities Movement (Fran Perkins)** – spoke of the philosophical shift toward a broader, determinants of health-focused approach to health protection in Canada following the landmark Lalonde Report (1974). While these have yet to be fully integrated into healthy public policy, this presentation illustrated the progress over the past 20 years of grassroots activities and activism related to healthy cities being adopted into the official city structure (e.g. Toronto’s pedestrian charter, clean air groups, etc.) through the Healthy Cities Movement.

  *Presentation Available:* [http://www.alphaweb.org/docs/lib_009541435.ppt](http://www.alphaweb.org/docs/lib_009541435.ppt)

- **Presentations** from health units on local initiatives, including Simcoe-Muskoka District Health Unit’s *Building Healthy Communities* Committee, Haliburton-Kawartha –Pine Ridge’s *Designing Active Communities*, and Waterloo’s *Regional Growth Management Strategy*, each of which demonstrated the effectiveness of local action and partnerships in developing healthy approaches to local planning.

  *Presentations Available:*
  HKPR: [http://www.alphaweb.org/docs/lib_009552124.ppt](http://www.alphaweb.org/docs/lib_009552124.ppt)
  Simcoe – Muskoka: [http://www.alphaweb.org/docs/lib_009600700.ppt](http://www.alphaweb.org/docs/lib_009600700.ppt)
  Waterloo: [http://www.alphaweb.org/docs/lib_009562605.PPT](http://www.alphaweb.org/docs/lib_009562605.PPT)

- **Spatial Elements of Sprawl in Low Density Areas (George McKibbon)**, a presentation on the influences of rigid separation of area uses, the importance of thriving community centres with connections to (and between) surrounding areas, and the particular effects of economic decline, cultural differences and climate change on Northern/Remote/First Nations.

  *Presentation Available:* [http://www.alphaweb.org/docs/lib_009612909.ppt](http://www.alphaweb.org/docs/lib_009612909.ppt)
• Presentations from the Ministry of Health Promotion (Healthy Eating Active Living Plan) and the Ministry of Public Infrastructure Renewal (Growth Plan for the Greater Golden Horseshoe) to illustrate how the public health dimension is approaching the forefront of public policy decisions on supporting healthy living choices and the creation of “complete communities”.

Presentations Available:
Health Promotion: http://www.alphaweb.org/docs/lib_009573714.ppt
Public Infrastructure Renewal: http://www.alphaweb.org/docs/lib_009595933.ppt

• A Panel Discussion that addressed the following key questions
  o Should public health play a role in the built environment?
  o What could that role look like?
  o What are the barriers to public health playing a meaningful role?
  o What could be some first steps?

Presenters:
Jim Dunn, Scientist with the Centre for Research on Inner City Health at St. Michael’s Hospital and Associate Professor of Geography and Health Sciences at the University of Toronto
Norman Pearson, International Planning Consultant
Fran Perkins, Coordinator of the International Health Unit of the Centre for Health Promotion, UofT
George McGibbon, Ontario Professional Planners Institute
Jean Lam, ADM, Ministry of Health Promotion
Jason Thorne, Ministry of Public Infrastructure Renewal