

August 26, 2013

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The Honourable Bob Chiarelli
Ministry of Energy
4th Floor, Hearst Block
900 Bay Street
Toronto, Ontario M7A 2E1

Dear Minister Chiarelli,

Re: Review of Ontario's Long-Term Energy Plan

On behalf of members of the Council of Ontario Medical Officers of Health (COMOH), it is my pleasure to provide input to the Environmental Review on the occasion of the third anniversary of Ontario's first Long Term Energy Plan. The Built Environment Working Group of COMOH recently formulated a review of energy policy as a means of improving the health of the population. The review took into consideration primary research as well as publicly available comprehensive reports on topics related to energy generation and use and its impacts on human health for both the short and long-term.

Energy generation and utilization is a public health issue. The present and ongoing shorter-term health impacts of energy generation include, among other problems, illness and mortality attributable to reduced air quality and the risk that continued use of fossil fuels poses to human health. The Ontario Medical Association (OMA) has estimated some 5,800 smog-related deaths occur annually, along with thousands of hospital visits and admissions. These can be somewhat mitigated with conservation methods, especially if the concept of conservation is applied more broadly to include efficient, compact and complete communities with reduced automobile dependency and multimodal transportation systems. Efficient communities have the potential not only to reduce energy demands, but also to achieve improved health by facilitating increased physical activity and walkability, reduced automobile related injuries, increased healthy equity and increased general quality of life.

Peak demands for energy consumption combined with inefficient structural design may pose a threat to the ability for energy grids supplying the province. It is vital that the most vulnerable members of our society have affordable access to energy demanding resources, such as cool environments, when needed. Other core functions of public health, such as maintenance of cold-chain for expensive vaccines or food safety initiatives to prevent contamination and spoilage are also threatened by peak demands for energy consumption. Although energy efficiencies may not be directly linked to these outcomes, upstream efforts to improve energy efficiency will mitigate the risk of downstream shortages and improve surge capacity.

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The longer-term impacts of energy use are associated with climate change. These include heat-related deaths, injuries and illnesses from adverse weather events, food and water shortages, expanded niches for contracting vector borne diseases, and population displacements with drought and flooding. The World Health Organization envisions public health playing a significant role in adaptation to climate change through assessment of the interactions of climate change with determinants of health, the impact on immediate and indirect health outcomes, and the effectiveness of short-term interventions. As vital as these adaptive efforts have been, it is even more necessary that mitigation through reductions in greenhouse gas emissions be adopted to achieve and sustain health.

COMOH therefore supports energy policy as a means of improving population health through improved air quality, mitigated climate change, and energy conservation methods. These outcomes are consistent with the development of energy sources that greatly reduce greenhouse gas emissions and reduce air pollutants harmful to human health; community design that supports opportunities for energy conservation through reducing travel requiring fossil fuels; and incentives to improve energy efficiency of power generation and to minimize end use wastage.

On behalf of the Medical Officers of Health and Associate Medical Officers of Health in Ontario's 36 public health units, COMOH requests that as part of the review the province consider the following:

1. That the goals of the long-term energy plan include the improvement of the health and the health equity of Ontarians;
2. That the province continue to pursue an 80% or greater reduction in greenhouse gas emissions by 2050 compared to 1990;
3. That the province continue to aggressively pursue the replacement of fossil fuels as an energy source with renewable energy sources that are proven to be energy efficient and with low air pollution emissions;
4. That local consultation, health impact and health equity impact assessments be conducted for any new program;
5. That the province push for improved and affordable commercial and end-user energy efficiency;
6. And that energy efficient, health-promoting and complete community design be aggressively pursued as an inter-ministerial objective.

I would like to thank you very much for this consultative process and the opportunity to comment. Energy policy is an important determinant of health and a human health issue.

The Council of Ontario Medical Officers of Health would be happy to engage in more discussion if desired.

Best regards,



Valerie Jaeger,
Chair

COPY: Hon. Deb Matthews, Minister of Health and Long-term Care
Dr. Arlene King, Chief Medical Officer of Health