



# Board of Health Meeting #02-21

Public Health Sudbury & Districts

Thursday, May 20, 2021

1:30 p.m.

Virtual

**From:** Claire Gignac <gignack1@gmail.com>

**Sent:** March 10, 2021 2:51 PM

**To:** René Lapierre <lapierrerr@phsd.ca>

**Cc:** Penny Sutcliffe <sutcliffep@phsd.ca>; Rachel Quesnel <quesnelr@phsd.ca>

**Subject:** Temporary Leave

Hello Rene,

This email will serve notice of my temporary leave from the Board of Health for Public Health Sudbury & District in order to be temporarily employed by PHSD to assist with the COVID-19 vaccination program.

Timelines are unknown at this point however, I am estimating being able to resume my role on the Board of Health once the vaccination program is over. I look forward to resuming my roles as a member of the Board of Health and the Executive Board.

Claire F. Gignac

**AGENDA – SECOND MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**VIRTUAL MEETING**  
**THURSDAY, MAY 20, 2021 – 1:30 P.M.**

**1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**

- Notice of temporary leave on the Board of Health from Claire Gignac dated March 10, 2021

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

**4. DELEGATION/PRESENTATION**

**i) Opioids: Status update on impacts and approaches**

- Josée Joliat, Public Health Nurse, Health Promotion Division

**5. CONSENT AGENDA**

**i) Minutes of Previous Meeting**

- a. First Meeting – February 18, 2021

**ii) Business Arising From Minutes**

**iii) Report of Standing Committees**

**iv) Report of the Medical Officer of Health / Chief Executive Officer**

- a. MOH/CEO Report, May 2021

**v) Correspondence**

**a. Vaccine Allocations**

- Resolution from the Corporation of the City of North Bay, to the Premier of Ontario, dated April 7, 2021

**b. Paid Sick Days**

(Board of Health, Public Health Sudbury & Districts [motion #06-21](#))

- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Premier of Ontario, dated March 1, 2021
- Letter from the Board of Health Chair, Chatham-Kent Board of Health, to the Premier, dated February 16, 2021
- Letter from the Board of Health Chair, Peterborough Public Health, to the Premier, Deputy Premier and Minister of Health, and Minister of Labour, Training and Skills Development, dated February 16, 2021

- c. Keeping Ontario Safe and Open
  - Letter from the alPHa President, Council of Ontario Medical Officers of Health Chair and the Boards of Health Section Chair, to the Premier of Ontario, dated February 19, 2021
- d. Student Nutrition Program
  - Letter from the Board of Health Chair, Peterborough Public Health, to the Premier of Ontario, Minister of Education, Deputy Premier and Minister of Health and the Minister of Children, Community and Social Services, dated March 5, 2021
  - Letter from the Board of Health Chair, Peterborough Public Health, to the Premier of Ontario, Minister of Education, and Deputy Premier and Minister of Health, dated February 12, 2021
- vi) **Items of Information**
  - a. alPHa Information Break February, March and April 2021
  - b. alPHa Summary – 2021 Ontario Budget March 2021
  - c. Pandemic Coin

## **APPROVAL OF CONSENT AGENDA**

### **MOTION:**

**THAT the Board of Health approve the consent agenda as distributed.**

## **6. NEW BUSINESS**

- i) **COVID-19 Vaccination Program Report**
  - a. Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer dated May 13, 2021
    - o COVID-19 Vaccination Program Infographic (*link to the Infographic will be posted in BoardEffect the day of the Board of Health meeting*)
- ii) **Association of Local Public Health Agencies (alPHa)**
  - a. 2021 alPHa Fitness Challenge Board of Health
  - b. alpha Board of Directors North East Representative
    - Call for Nominations

## **NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION**

**WHEREAS alPHa is accepting nominations for a North East representative on the alPHa Board of Directors for a two-year term from June 2021 to June 2023;**

**THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a candidate for election to the alPHa Board of Directors and for the Boards of Health Section Executive Committee seat to continue as the North East representative.**

- c. alPHa’s 2021 Virtual Conference and Annual General Meeting (AGM), June 8, 2021
  - Draft Program for AGM and Conference “Ontario’s Public Health System Challenges – Changes – Champions”
  - AGM and Resolutions Session
    - Summary of Resolutions for consideration
  - Draft Agenda for the alPHa Board of Health Section Meeting

### **2021 ALPHA AGM/CONFERENCE**

#### **MOTION:**

**WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alPHa Annual General Meeting;**

**THAT in addition to the Medical Officer of Health, the following two Board of Health members be registered by PHSD and attend the virtual 2021 alPHa virtual Annual General Meeting as voting delegates for the Board of Health:**

#### **iii) Local and Regional Opioid Crisis**

### **LOCAL AND REGIONAL OPIOID CRISIS—SOUNDING THE ALARM**

#### **MOTION:**

**WHEREAS Canada has been affected by the opioid crisis since 2016 with an escalation of this crisis during the COVID-19 pandemic and a total of over 19 000 apparent opioid-related deaths reported nationally from January 2016 to September 2020; and**

**WHEREAS in the recently released statistics on opioid-related deaths for 2020 in Ontario, the top five health units with the highest reported death rates per 100,000 population are all in northern Ontario and four of these health units are among the five health units in northeastern Ontario—with Public Health Sudbury & Districts having the highest opioid-related death rate for 2020 in the province; and**

**WHEREAS in 2020, 105 people in the City of Greater Sudbury and the districts of Sudbury and Manitoulin died from an opioid-related overdose as compared with 56 people in 2019 (87.5% increase), equating to a rate of 52.4 and 28 per 100,000 for 2020 and 2019, respectively (Ontario rates: 16.4 and 10.4); and**

**WHEREAS the Ontario Public Health Standards require boards of health to collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use; and**

**WHEREAS under the leadership of the Community Drug Strategy, community risk mitigation strategies have been developed under the four pillars of prevention, harm reduction, treatment and enforcement, with each pillar being led by community agencies and members including persons with lived experience; and**

**WHEREAS in recognition of the growing opioid crisis and the need to plan proactively for safe spaces to use drugs and prevent deaths, the harm reduction pillar completed the extensive Needs Assessment and Feasibility Study as required for federal and provincial applications to establish such spaces, the submissions of which have been held up by our inability to secure a space location in Sudbury; and**

**WHEREAS recent tragic death statistics are a resounding alarm for the need for all parties to double down on efforts currently underway and to explore innovative approaches—addressing immediate, medium- and long-term issues—to save lives, prevent opioid use, and end stigma;**

**THEREFORE, BE IT RESOLVED THAT the Board of Health affirm that the local opioid situation is a deepening crisis and direct the Medical Officer of Health to intensify local work with partners to explore all options to address immediate, medium- and long-term opioid-related issues; and**

**FURTHER THAT the Board direct the Medical Officer of Health to explore a north or northeast regional coalition of public health, relevant community agencies, and others as appropriate, in order to amplify regional concerns and investigate potential strategies and resources; and**

**FURTHER THAT the Board continue to receive timely status updates on opioid impacts and approaches.**

**7. ADDENDUM**

**ADDENDUM**

**MOTION:**

**THAT this Board of Health deals with the items on the Addendum.**

**8. IN CAMERA**

**IN CAMERA**

**MOTION:**

**THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: \_\_\_\_\_**

**9. RISE AND REPORT**

**RISE AND REPORT**

**MOTION:**

**THAT this Board of Health rises and reports. Time: \_\_\_\_\_**

**10. ANNOUNCEMENTS**

- Please complete the May Board of Health meeting evaluation.

**11. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

**THAT we do now adjourn. Time: \_\_\_\_\_**

**MINUTES – FIRST MEETING**  
**BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**  
**VIRTUAL MEETING**  
**THURSDAY, FEBRUARY 18, 2021 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

|               |                   |                   |
|---------------|-------------------|-------------------|
| Randy Hazlett | Bill Leduc        | Jacqueline Paquin |
| Jeffery Huska | Glenda Massicotte | Natalie Tessier   |
| Robert Kirwan | Paul Myre         | Carolyn Thain     |
| René Lapierre | Ken Noland        |                   |

**BOARD MEMBERS REGRETS**

Mark Signoretti

**STAFF MEMBERS PRESENT**

|                 |                     |                |
|-----------------|---------------------|----------------|
| Stacey Gilbeau  | Rachel Quesnel      | Renée St. Onge |
| Sandra Laclé    | France Quirion      |                |
| Stacey Laforest | Dr. Penny Sutcliffe |                |

**MEDIA PRESENT**

Media

**R. QUESNEL PRESIDING**

**1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**

The meeting was called to order at 1:30 p.m.

- Order in Council Re: provincial reappointment of Jacqueline Paquin effective February 22, 2021

J. Paquin was congratulated on her reappointment to the Board of Health as a provincial appointee for a period not exceeding one year, effective February 22, 2021.

**2. ROLL CALL**



### **3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest.

### **4. ELECTION OF OFFICERS**

Following a call for nominations for the position of Chair of the Board of Health, René Lapierre and Carolyn Thain were nominated. There being no further nominations, the nomination for the Board of Health Chair for Public Health Sudbury & Districts for 2021 was closed. R. Lapierre accepted his nomination and C. Thain respectfully declined her nomination.

#### **01-21 APPOINTMENT OF CHAIR OF THE BOARD**

***MOVED BY LEDUC – MASSICOTTE: THAT the Board of Health appoints René Lapierre as Chair for the year 2021.***

**CARRIED**

#### **R. LAPIERRE PRESIDING**

Following a call for nominations for the position of Vice-Chair of the Board of Health, Jeff Huska and Randy Hazlett were nominated.

There being no further nominations, the nomination for Vice-Chair for the Board of Health for 2021 was closed. Both accepted their nominations and an electronic vote through a BoardEffect survey and email was conducted. Voting results were tallied by the Board of Health Secretary.

#### **02-21 APPOINTMENT OF VICE-CHAIR OF THE BOARD**

***MOVED BY NOLAND – MYRE: THAT the Board of Health appoints Jeffery Huska as Vice-Chair for the year 2021.***

**CARRIED**

Following a call for nominations for three positions of Board Member at Large to the Board Executive Committee, Randy Hazlett, Ken Noland, Robert Kirwan, Claire Gignac, and Glenda Massicotte were nominated.

There being no further nominations, the nominations for the Board Executive Committee for the year 2021 was closed. R. Kirwan and G. Massicotte respectfully declined their nomination.

### **03-21 APPOINTMENT TO BOARD EXECUTIVE COMMITTEE**

***MOVED BY MASSICOTTE – GIGNAC: THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2021:***

- 1. Randy Hazlett, Board Member at Large***
- 2. Ken Noland, Board Member at Large***
- 3. Claire Gignac, Board Member at Large***
- 4. René Lapierre, Chair***
- 5. Jeffery Huska, Vice-chair***
- 6. Medical Officer of Health/Chief Executive Officer***
- 7. Director, Corporate Services***
- 8. Secretary Board of Health (ex-officio)***

**CARRIED**

Following a call for nominations for three positions of Board Member at Large to the Finance Standing Committee of the Board, Randy Hazlett, Carolyn Thain, and Mark Signoretti were nominated.

There being no further nominations, the nominations for the Finance Standing Committee of the Board of Health for the year 2021 was closed. R. Hazlett and C. Thain accepted their nominations and the Chair shared that M. Signoretti confirmed prior to today's meeting that he would accept his nomination.

### **04-21 APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD**

***MOVED BY MYRE – NOLAND: THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2021:***

- 1. Randy Hazlett, Board Member at Large***
- 2. Carolyn Thain, Board Member at Large***
- 3. Mark Signoretti, Board Member at Large***
- 4. René Lapierre, Chair***
- 5. Medical Officer of Health/Chief Executive Officer***
- 6. Director, Corporate Services***
- 7. Manager, Accounting Services***
- 8. Board Secretary***

**CARRIED**

## **5. DELEGATION/PRESENTATION**

### **i) COVID-19 Vaccination Program**

– Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
Dr. Sutcliffe presented an update on the COVID-19 Vaccination program. Board of Health members were informed of the cases/outbreaks to date for Sudbury & Districts,

variants of concern, and an overview as provided regarding Ontario's COVID-19 vaccination program as well as the local COVID-19 Vaccine program playbook developed by Public Health Sudbury & Districts. Components of the playbook plan guide the vaccination program planning currently underway. Planning is complex considering the many uncertainties with vaccine supply and has had to include assumptions and be adaptable. Considerations include:

- Cases and outbreaks continue with risk of VOC-related third wave
- Demand continues to outstrip supply until end of March
- Priority groups for phase 1 will evolve:
  - LTCH/RH/Elders Lodge residents, staff, essential care givers
  - Seniors in congregate living
  - Chronic home care recipients
  - Highest risk HCWs
  - First Nations and urban Indigenous – unclear prioritization framework
  - 80+
- Vaccines to be administered concurrently to all priority groups
- Allocation proportionate to size of priority group and available doses
- Goal is vaccine in arms as efficiently as possible – speed trumps perfection
- Complexities include uncertain supply chain; uncertain prioritization; expectation to ramp up/down quickly; vaccine handling and storage requirements; COVax data system... ongoing pandemic

COVID-19 vaccination clinic models will include:

- fixed site mass clinics
- hospital-led mini-mass clinics and
- mobile clinics where necessary for targeted populations.

The resources and staffing for each of these models were explained.

A summary of priority groups who have received vaccination to date and vaccination plans for the weeks of February 22 and March 1, 2021, was provided, as well as the next priority group recipients for future vaccine supplies.

Comments/questions were entertained. Additional information was provided regarding scheduling/registering for immunizations, provincial COVax database system required to be used for inventory management and scheduling and related training requirements, vaccine hesitancy, including in older adults, adverse events and the safety and effectiveness of the COVID-19 vaccine. Dr. Sutcliffe and team were commended for the leadership that PHSD has provided for Sudbury & Districts through the playbook, communication and partnerships.

## 6. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
  - a. Seventh Meeting – November 19, 2020
- ii) **Business Arising From Minutes**
- iii) **Report of Standing Committees**
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, February 2021
- v) **Correspondence**
  - a. Basic Income for Income Security during the COVID-19 Pandemic and Beyond (Board of Health, Public Health Sudbury & Districts [motion #20-20](#))
    - Email from the Deputy Prime Minister and Minister of Finance, to Dr. Sutcliffe, dated January 22, 2021
    - Email from the Senior Director, Employment and Social Development Canada, to Dr. Sutcliffe, dated November 27, 2020
  - b. Funding for Infection Prevention and Control
    - Letter from the Office of the Deputy Minister and Ministry of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated December 29, 2020
  - c. Opioid Poisoning Crisis
    - Letter from the Toronto Board of Health, to all Health Units, dated December 20, 2020
  - d. Return to Schools
    - Letter from the Chair of the Council of Medical Officers of Health (COMOH) to the Minister of Health and Minister of Education dated January 29, 2021
  - e. Student Nutrition Program
    - Letter from the Chair of the Council of Medical Officers of Health (COMOH) and the Chair of the Council of Ontario Directors of Education (CODE) dated January 28, 2021
    - Letter from the President, Association of Local Public Health Agencies to the Minister of Education dated January 20, 2021.
  - f. 2021 COVID-19 Extraordinary Costs
    - Memo from the Deputy Premier and Minister of Health dated January 13, 2021
- vi) **Items of Information**
  - a. Letter of appreciation from the OPP January 11, 2021
  - b. ALPHa Information Break January 2021
  - c. Notice for ALPHa 2021 AGM & Conference

The Board was pleased that compassion fatigue and resiliency training was offered to staff and management considering the staff's tireless work towards the COVID-19

response. P. Sutcliffe responded that staff have been focusing on COVID-19 for close to one year. Work intensified last September and PHSD's response is 7-days a week with long hours. The COVID-19 work demands are ongoing, and staffing is at capacity. However, vaccine provides optimism and PHSD is committed to getting the work done.

#### **O5-21 APPROVAL OF CONSENT AGENDA**

***MOVED BY MYRE – KIRWAN: THAT the Board of Health approve the consent agenda as distributed.***

**CARRIED**

### **7. NEW BUSINESS**

#### **i) Paid Sick Days**

- Letter from the President, Association of Local Public Health Agencies, to the Premier of Ontario, dated February 9, 2021
- Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Premier, dated February 1, 2021
- Briefing Note from the Medical Officer of Health to the Board of Health Chair dated February 11, 2021

Briefing note highlights the widespread economic impacts that COVID-19 pandemic has had, increasing the level and depth of poverty across the country. The gap in access to paid sick days is linked with transmission of infectious illnesses at workplaces, including COVID-19, which has disproportionate impacts on women, low wage and precarious workers, racialized communities and immunocompromised people. Despite clear evidence and public health directives to stay home when sick, workers without paid sick days are forced to choose between sacrificing their financial security to comply with public health measures or going to work while sick to support themselves and their families.

The proposed motion recommends the Board communicate its support to the Government of Ontario to support the calls for the permanent inclusion of paid sick leave provisions under the *Employment Standards Act*, as a public health measure to prevent transmission of communicable diseases including COVID-19.

The potential economic impact of mandatory paid sick days on businesses was highlighted. It was clarified that although others have advocated for specific number of days, etc., the proposed motion is supporting the concept in general versus recommending a specific solution.

R. Lapierre summarized discussions that have taken place by the alPHa Board of Directors to address this through a public health lens that would allow people to stay home from work when ill and symptomatic. Promotion of measures to prevent the spread of the disease is the focus of this advocacy.

**06-21 PAID SICK DAYS**

***MOVED BY GIGNAC – TESSIER: WHEREAS the gap in access to paid sick days is a longstanding health equity issue, which has been exacerbated by the COVID-19 pandemic;***

***WHEREAS data demonstrate that the gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces, including COVID-19;***

***WHEREAS staying home when sick is one of the most effective containment strategies for infectious disease however, without public policy to support this decision, behavioural recommendations are limited in their effectiveness;***

***WHEREAS paid sick days also promote preventive care, create savings in the healthcare system, and reduce presenteeism (going to work while sick) with cost savings for businesses;***

***WHEREAS permanent and legislated paid sick days through employment standards are an effective measure to protect public health during pandemics and beyond, to curb the spread of all infectious diseases;***

***THEREFORE BE IT RESOLVED that Public Health Sudbury & Districts express support to the Government of Ontario to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.***

**CARRIED**

- ii) **Survey Results from 2020 Regular Board of Health Meeting Evaluations**
  - Annual Board of Health Meeting Evaluations Summary – 2020

Evaluation results from each regular Board of Health meeting from 2020 are summarized in the annual report for the Board's information. There were no questions or comments.

- iii) **Board of Health for Public Health Sudbury & Districts 2020 Meeting Attendance**
  - Annual Board of Health Meeting Attendance Summary – 2020

A summary of individual Board of Health member attendance at regular Board of Health meetings in 2020 is shared for information. The summary includes new and departed Board of Health members throughout 2020. There were no questions or comments.

## 8. ADDENDUM

None.

## 9. IN CAMERA

### 07-21 IN CAMERA

***MOVED BY NOLAND – TESSIER: THAT this Board of Health goes in camera to deal with labour relations and employee negotiations Time: 2:55 p.m.***

**CARRIED**

## 10. RISE AND REPORT

### 08-21 RISE AND REPORT

***MOVED BY MYRE – GIGNAC: THAT this Board of Health rises and reports. Time: 3:38 p.m.***

**CARRIED**

It was reported that one agenda item relating to labour relations and employee negotiations was discussed for which the direction was given to staff. The following motion emanated from the in-camera session:

### 09-21 APPROVAL OF MEETING NOTES

***MOVED BY KIRWAN– HUSKA: THAT this Board of Health approve the meeting notes of the November 19, 2020, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**

## 11. ANNOUNCEMENTS

- Board of Health members are required to complete the following two forms annually which are available in BoardEffect:
  - Code of conduct
  - Conflict of interest
- Board of Health members are invited to complete the evaluation for today's meeting.

- There is no regular meeting in March. The next regular Board of Health meeting is scheduled for April 15, 2021.

**12. ADJOURNMENT**

**10-21 ADJOURNMENT**

***MOVED BY NOLAND – MASSICOTTE: THAT we do now adjourn. Time: 3:45 p.m.***

**CARRIED**

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(Chair)

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(Secretary)





## Medical Officer of Health/Chief Executive Officer Board of Health Report, May 2021

### Words for thought

#### *Renewal and Hope*



## General Report

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The spring tulip bloom is a reminder of the strength and resilience that have been on full display during the global pandemic. As we are now well into month 16 of this marathon, hardworking Public Health staff is encouraged by the many examples of kindness and generosity we have witnessed. We are inspired by the tales of neighbours looking out for each other, family reunions in now fully-vaccinated long term care homes, community agencies who pull out all the stops to assist the vulnerable, and the many smiles we see on people's faces as they leave our vaccination clinics. There are silver linings to this time that is difficult for so many. My greatest wish is that through these difficult times, we emerge stronger and healthier, with much greater capacity for empathy and compassion.

## 1. Board of Health

### ***Membership***

Claire Gignac has taken a temporary leave from the Board of Health to assist with Public Health Sudbury & Districts' COVID-19 response.

### ***Code of conduct and conflict of interest***

Board of Health members are reminded of the annual requirement per Board of Health Manual C-I-15 and C-I-16 to complete the annual *Code of Conduct Declaration* as well as the *Declaration of Conflict of Interest*. These can be completed in BoardEffect under Board of Health – Collaborate – Surveys.

## 2. Associate Medical Officer of Health

Recruitment is ongoing for an Associate Medical Officer of Health at Public Health Sudbury & Districts.

## 3. Local and Provincial Meetings

As of January 2021, I have rejoined the Council of Ontario Medical Officers of Health (COMOH) Executive and alPHa Board of Directors as the Northern representative. I have participated at the COMOH Executive meeting on March 12 and May 14.

René Lapierre, North East Region Representative, and I attended the alPHa Board of Directors virtual meeting on April 9.

alPHa will be holding its 2021 Annual General Meeting (AGM) and Conference virtually on Tuesday, June 8. A motion is included in the meeting agenda relating Board member attendance and voting delegation for the AGM.

## 4. Board of Health Manual

Board of Health Manual Policy A-III-10 stipulates that Board of Health by-laws, policies, and procedures will be reviewed and revised as necessary, and at least every two years. Due to the COVID-19 response, the review of the complete Board of Health Manual was deferred to 2021.

## 5. Financial Report

The March 2021 year-to-date cost-shared financial statements report a positive variance of \$694,246 before addressing COVID-19 related expenses. With COVID-19 expenses of \$1,384,927, the net financial position results in a negative variance (\$703,397) for the period ending March 31, 2021. Gapped salaries and benefits account of 90.5% or \$636,493 and

operating expenses and other revenue account for 9.5% or (\$66,854) of the overall reported variance.

## 6. Infrastructure Modernization Project

### ***1300 Paris Street***

The Elm Place project has been awarded to Prosperi Co. Ltd. They are well established within the community and have completed many similar projects. The contract has been signed and demolition has begun. Project remains on time and on budget.

### ***Elm Place***

This project was tendered on April 23, 2021, one week later than anticipated and is closing on May 20, 2021. Construction is set to begin by the end of May.

To accommodate the infrastructure renovation project, the following temporary service locations have been put in place as of Monday, May 10:

- Most of Public Health’s direct client **Clinical Services**, including immunization, breastfeeding, and oral health clinics, will be relocated to the ground level at the 1300 Paris Street site.
- Public Health’s **Environmental Health Services** have been relocated to 1855 Lasalle Boulevard. This includes services for clients who need to meet with a public health inspector, for reasons such as a consultation for a food premises, septic system, small drinking water systems, air quality, housing, West Nile disease, Lyme disease, or rabies.
- As previously shared, the COVID-19 Vaccine Program is operating out of the Gerry McCrory Countryside Recreation Complex.

The project construction schedule remains feasible. The main level is scheduled for completion by the end of November at which time, Clinical and Environmental Health Services will be transitioned back to 1300 Paris Street. The project budget remains on target.

Following are the divisional program highlights.

## Health Promotion

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### 1. Chronic Disease Prevention and Well-Being

#### ***Seniors Dental Care***

The seniors dental care program continues to provide preventive care to enrolled seniors and referral to local contracted providers for treatment. The team supports seniors to complete the application form and arranges appointment for care.

## 2. Healthy Growth and Development

### ***Breastfeeding***

Public health nurses continue to provide virtual and in-person support for breastfeeding mothers.

### ***Health Information Line***

The Health Information Line continues to operate and is supported daily by public health nurses.

### ***Healthy Babies Healthy Children***

Public health nurses and family home visitors continue with virtual and in-person visits, as necessary. There is a continued need for family support at this time.

### ***Healthy pregnancies***

Throughout the months of February, March, and April, the Healthy Families team continued to provide an online prenatal education course. A total of 76 families in our service area accessed the online course. What's more, in partnership with the North Bay Parry Sound District Health Unit and Kingston Frontenac, Lennox and Addington Public Health, families from those service areas were invited to utilize this course as an alternative to in-person learning. This was in response to capacity during the COVID-19 pandemic.

### ***Positive parenting***

Throughout the months of February, March, and April, a total of 10 parents registered for Triple P Parenting online.

## 3. School Health

### ***Oral health***

In-person preventive dental appointments are scheduled at the main health unit location for children under the age of 18 years. The team supports families to access the Healthy Smiles program to cover the costs of urgent dental care for children.

## 4. Substance Use and Injury Prevention

### ***Alcohol and cannabis***

Health promotion and education efforts have continued for alcohol and cannabis with social media messaging. An alcohol and a cannabis Facebook message were posted in February.

Fifty lockboxes with Lower-Risk Cannabis Use Guidelines pamphlets (English and French) and other resources were given to the Children's Aid Society on February 11, 2021. These

pamphlets highlighted the harms of alcohol and cannabis and additional COVID-19-related impacts.

### ***Comprehensive tobacco control***

The Quit Smoking Clinic continued to offer behavioural support by telephone and no-cost nicotine replacement therapy (NRT) to eligible clients. Forty-six calls were received in February on the Quit Smoking Clinic telephone line, 13 individuals received an initial visit, 9 ongoing telephone support sessions were provided, and 123 NRT products were dispensed (i.e. patches, gum, lozenges, spray, and inhalers).

In March, 31 calls were received on the Quit Smoking Clinic telephone line (which were referred to other programs throughout Ontario: Smoker’s Helpline, Telehealth Ontario, Non-Insured Health Benefits for Inuit and First Nations people, Ontario Drug Benefits, Ottawa Model for Smoking Cessation Community Program, and Stop on the NET), 2 individuals received an initial visit, 13 ongoing telephone support sessions were provided, and 67 NRT products were dispensed (i.e. patches, gum, lozenges, spray, and inhalers).

### ***Harm reduction – Naloxone***

Agencies continue to adapt and be onboarded to the Ontario Naloxone program. In this period, one non-profit, and one First Nation community joined the Ontario Naloxone program in our area. Additionally, Health Sciences North is piloting distributing naloxone from different areas of the hospital.

According to the Ontario Naloxone Quarterly Reports, Public Health Sudbury & Districts and community partners in our region during the period of January to March 2021, distributed 2157 naloxone kits. This amount is more than double of what was distributed in the same time period of 2020 which was 1267 kits.

### ***Substance Use***

The Executive Committee met to discuss the supervised consumption services sites. Réseau ACCESS Network and Public Health Sudbury & Districts viewed potential locations for the supervised consumption services. The Community Drug Strategy Executive committee met twice in the Spring to continue the search for a location for the supervised consumption services, and City staff have been approached to assist in the search for available spaces.

Public Health Sudbury & Districts continues to work on the grant received from the Public Health Agency of Canada to evaluate the Opioid Surveillance Dashboard. This includes a literature review and environmental scan, and an evaluation of the impact of the dashboard by key partners and stakeholder through a survey that was launched on February 17.

Staff have attended partner meetings to discuss the impending work on developing an Opioid Poisonings Response Plan for Manitoulin. Staff met with the Manitoulin Mental Health &

Addictions Partners and the Manitoulin Island Health Care Collaborative to build leadership support for this project.

Decals have been placed on all City of Greater Sudbury owned needle disposal bins to promote naloxone and to educate on how to reduce harms. These decals will be placed on the needle disposal bins in the districts soon. Community members were also reminded how to safely pick-up discarded needles.

The National Overdose Response Service overdose prevention line was promoted via social media. Promotional business cards with the same information have been created to be shared with internal staff working on case and contact management, and with external staff working with people who use drugs.

Lastly, Public Health Sudbury & Districts' opioid surveillance system continues to be monitored and updated based on information from the Office of the Chief Coroner. From January to December 2020, there were 105 deaths in the area covered by Public Health Sudbury & Districts compared to 56 people during the same period in 2019. Based on this current preliminary data, Public Health Sudbury & Districts is the region with the highest death per capita in the province for its second consecutive year, at 52.4 per 100,000. The provincial rate is at 16.4.

### ***Smoke Free Ontario Strategy***

The North East Tobacco Control Area Network (NE TCAN) continues to support regional health units during COVID as many have limited capacity. The TCAN is preparing a series of social media and website messages to run across the region over the next few months with a focus on vaping, tobacco, and cannabis use and the importance of COVID-19 safety practices to prevent the spread of COVID, exposure to second-hand smoke, and encouraging quit attempts.

## **School Health, Vaccine Preventable Diseases and COVID Prevention Division**

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### **1. School Health and Behaviour Change**

#### ***COVID behaviour change***

Throughout the months of February, March, and April, members of the COVID-safe behaviour team developed COVID-19 safety messaging in the form of social media posts, website content, and advertising on billboards for events such as Chinese New Year, Family Day weekend, Valentine's Day, reading week as well as Easter. Key messaging was also created and shared regarding the service area's re-opening into the Orange level of the provincial framework and subsequent movement into the Red and Grey levels as well as the provincial stay-at-home order.

Communication materials were also developed for workplaces to ensure COVID-safe precautions are followed. Two articles were submitted to the Chamber of Commerce newsletters that outlined the importance of workplace screening as well as the provincial updates regarding the state of emergency.

In an effort to provide more timely information to a broad audience, a public health nurse on the COVID-safe behaviour change team has begun providing up-to-date COVID-19 information via a regular video series. These videos are shared on Public Health Sudbury & Districts' Facebook page and YouTube channel. Topics include upcoming vaccination clinics, the importance of following public health measures, as well as details on eligibility of COVID-19 vaccines and how to pre-register for an appointment.

A series of social media messages were created to increase awareness on proper self-isolation. This series focuses on answering many frequently asked questions related to self-isolation, such as implications for household members, and testing guidance.

Promotion of safe COVID practices and information regarding details of restrictions based on the provincial framework were shared via five media interviews (written, radio, and television).

### ***COVID vaccine***

Throughout the months of February, March, and April, members of the COVID safe behaviours team continued to develop and promote COVID-19 vaccine information in the form of social media posts, radio ads, website content, advertising for billboards as well as virtual resource material for partner agencies such as Health Sciences North and primary care partners. Key messages included information on facts about the vaccine and where to access credible information (e.g. Public Health, Government of Ontario, and Health Canada). The goal is to enhance vaccine confidence and promote uptake of vaccinations across the catchment area.

At the request of key stakeholders working to provide vaccines to individuals experiencing homelessness in Greater Sudbury, a fact sheet was created with information that would help increase COVID-19 vaccine confidence among this population. The goal of this fact sheet was to provide an educational tool for outreach workers to use in conversation with clients. It was then further adapted to serve other audiences such as individuals currently incarcerated in the Greater Sudbury Jail, Vale and Glencore employees, as well as people who are pregnant.

Thirteen COVID-19 vaccine [Advisory Alerts](#) and five [Vaccine Bulletins](#) were written and distributed to health care providers and stakeholders across the service area. Topics included updates on vaccine medical directives, newly approved vaccines in Canada, eligible populations, how to pre-register for appointments, how primary care providers can register to support COVID-19 clinics, as well as updates on the local COVID-19 Vaccine Program rollout.

To encourage uptake of the COVID-19 vaccine to populations such as health care workers and older adults across our catchment area, six PowerPoint presentations were provided to various

agencies by public health nurses. The presentations included topics such as what is an mRNA vaccine, how is it administered, what are some common post-vaccine symptoms, who is eligible, how we are working in collaboration with partners across the catchment area, the vaccine program rollout, as well as Health Canada’s approval process for safety and efficacy.

Throughout the months of February, March, and April, 7 media interviews (written, radio, and television) were provided by the team to share information on vaccine planning and rollout within the service area.

In February and March, a total of 71 mobile clinics were conducted at long-term Care homes, retirement homes, elder care lodges, and other congregate settings throughout our districts. Additionally, 450 doses of vaccines were delivered to homebound clients in partnership with Community Paramedicine (to date). Lastly, 87 mass immunization clinics were hosted, with an additional 19 that were partnership-coordinated clinics. To date, we have completed a total of 315 clinics in our catchment area. In March we introduced a new model of mass immunization—the hockey hub model. This model was piloted at the Countryside arena on March 27. In total, 78 388 vaccines were administered to individuals in our catchment area as part of Phase 1 and Phase 2 of the provincial vaccine rollout plan (70 483 dose 1 and 7905 dose 2 as of April 29, 2021). Beginning the first week of April, the vaccine program also expanded to select primary care sites. A total of 500 doses of AstraZeneca were distributed among 6 primary care sites for immunization of their eligible patients. Beginning in May, additional sites were onboarded as part of the expansion. During the first week of May, 330 doses of Moderna vaccine had been provided to select primary care settings for immunization of eligible patients, including those with at-risk health conditions.

### ***Healthy sexuality***

The School Health Promotion Team continues to provide up-to-date information and resources to school community members. The team provided information to teachers regarding sexual health to support curriculum implementation in the classroom.

### ***Mental health promotion***

The School Health and Behaviour Change team continues to work in partnership with Mental Health leads from all local school boards for joint planning and implementation of programs.

A workshop was hosted for approximately 60 support staff with 1 school board during a professional development day. The focus was on stress and its effects on the body and the brain. The session covered self-care strategies that staff could use throughout the day.

Two workshops were delivered to approximately 70 students from Laurentian University’s School of Education. The workshops focused on mindfulness as a resiliency strategy. Content was delivered with strategies for both personal and professional development.



The School Health Promotion Team continues to provide up-to-date information and resources to school community members. The team provided information to school boards regarding gratitude resources and ideas for practices for both school staff and for students, resources for Mental Health Week, and mindfulness resources for school staff.

### ***Northern Fruit and Vegetable Program***

From January 18 to March 12, over 17 000 students across the Sudbury and district area received vegetables and fruit each week from the Northern Fruit and Vegetable Program. Since the March 12 emergency announcement of moving to the Grey-Lockdown level in the *Keeping Ontario Safe and Open Framework*, the program has activated its mitigation plan, and has redirected the vegetables and fruit to various agencies in our community who serve individuals in need. These agencies include the Sudbury Food Bank which services 44 different locations across the Sudbury and district area, the local Student Nutrition Program, and several warming shelters in Sudbury. The program plans to restart its deliveries in schools once in-person learning resumes. Schools in Chapleau continued to receive weekly deliveries since they remained open for in-person learning.

### ***Violence and bullying***

The School Health Promotion Team continues to provide up-to-date information and resources to school community members. The team provided information to teachers regarding bullying to support curriculum implementation and provided resources to a school board to support a workshop being prepared for school principals.

## **2. Vaccine Preventable Diseases**

The Vaccine Preventable Diseases team continues their work related to immunizations for infants and populations at risk and with underlying health conditions. The team provides follow up on adverse reactions to all publicly funded vaccines provided throughout the community.

## **3. COVID and Schools and COVID Case and Contact Management**

The team researched and provided guidance and recommendations to local Directors of Education on various topics such as planning for Ash Wednesday celebrations and preparations for upcoming graduation ceremonies. The team also provided information and clarification regarding the newly revised *COVID-19 school and child care screening tool*, as well as updated isolation requirements for household contacts of symptomatic individuals.

During February and March, 12 outbreaks were declared in schools. This included six elementary schools and six secondary schools, all within Greater Sudbury. In addition to these outbreaks, multiple school cohorts at other schools were also dismissed. During the month of April, three outbreaks were declared in daycares within Greater Sudbury, two in licensed child care centres, and one in a private home daycare. Outbreak meetings as well as infection

prevention and control visits were conducted with outbreak sites. The team continues to be very busy managing and following up on cases and contacts (household and other) of school aged cases of COVID-19.

Staff continue to respond to calls and inquiries from parents, school and daycare staff, and has been providing support and guidance on symptom management, illness prevention, protection strategies, infection prevention and control, and answering other questions and concerns related to COVID-19.

On March 11, a Letter of Instruction was sent to Directors of Education and Principals of private schools to “suspend the provision of all in-person student learning and before and after school programs for all schools”. Since the shift to virtual learning, we have seen an overall downward trend of cases in school-aged children.

## Health Protection

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### 1. Control of Infectious Diseases

During the months of February, March, and April, staff followed-up with 1462 new local cases of COVID-19 and their contacts.

Public health inspectors followed-up on 127 complaints, and 222 consultations and requests for service, related to compliance with COVID-19 preventative measures.

Closure orders were issued to two premises who failed to comply with the requirements of the *Reopening Ontario Act*. Both orders remain in effect.

#### ***Respiratory outbreaks***

Forty-six respiratory outbreaks were declared in the months of February, March, and April. The causative organism for 43 of these outbreaks was identified as COVID-19. The cause of the remaining three outbreaks could not be confirmed. Staff continue to monitor all reports of respiratory illness.

#### ***Enteric outbreaks***

During the months of February, March, and April, nine sporadic enteric cases and four infection control complaints were investigated.

#### ***Infection Prevention and Control Hub***

The Infection Prevention and Control (IPAC) Hub was initiated in late 2020 through Ministry of Health one-time funding in order to support the enhancement of IPAC practices in community based, congregate living settings. These settings include long-term care homes, retirement

homes, residential settings funded by the Ministry of Health, residential settings for adults and children funded by Ministry of Children, Community and Social Services, shelters, and supportive housing.

As IPAC Hub lead across our service area, Public Health meets regularly with system partners and has developed an active Community of Practice. Staff have completed 68 in-person on-site IPAC assessments to-date in response to requests from congregate living settings or as a result of an outbreak in a setting, and routinely review policies and procedures and provide information to congregate living settings in order to support IPAC best practices.

## **2. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections**

### ***Sexual health promotion***

During the month of February the Healthy Relationships campaign was launched. The campaign aimed to provide messaging on key factors that create a Healthy relationship. Promoting individuals to strengthen their relationship not only has a positive impact on their mental health, but also impacts their physical wellbeing. The campaign was posted in our social media and advertised in our local transit services.

### ***Sexual health clinic***

The Elm Place office site completed a total of 820 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in February, March, and April, resulting in 267 on-site visits.

### ***Needle exchange program***

In February and March, harm reduction supplies were distributed, and services received through 4130 client visits across the Public Health Sudbury & Districts' service area.

On April 1, 2021, The Point onboarded a new needle exchange partner for the Greater Sudbury area. The Go-Give project is a mobile outreach team that provides basic care and necessities to clients. These services include but are not limited to food, basic first aid treatment, and harm reduction supplies. The team of volunteer staff offer services from 5 p.m. to 2 a.m., seven days per week. The addition of the Go Give project to The Point expands the distribution of harm reduction supplies and fosters new relationships.

### **3. Food Safety**

Public health inspectors issued one charge to one food premise for infractions identified under the *Food Premises Regulation*.

### **4. Health Hazard**

In February, March, and April, 70 health hazard complaints were received and investigated. Four (4) of these complaints involved marginalized populations. One (1) order to comply was issued regarding excessive mold growth in a rental house.

### **5. Ontario Building Code**

During the months of February, March, and April, 82 sewage system permits, 62 renovation applications, 1 zoning, and 18 consent applications were received.

### **6. Rabies Prevention and Control**

Eighty-six (86) rabies-related investigations were carried out in the months of February, March, and April. Three (3) specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

Eight (8) individuals received rabies post-exposure prophylaxis following an exposure to wild or stray animals.

### **7. Safe Water**

Public health inspectors investigated two blue-green algae complaints in the months of February, March, and April, none of which were subsequently identified as blue green algae capable of producing toxin.

During February, March, and April, 62 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 12 regulated adverse water sample results.

Two (2) drinking water orders were issued and two drinking water orders were rescinded.

### **8. Smoke-Free Ontario Act, 2017 Enforcement**

In February, March, and April, *Smoke-Free Ontario Act* Inspectors charged one individual for smoking in a workplace vehicle. Two individuals were charged for smoking on school property, and six charges were laid for smoking on hospital property.

## 9. Emergency Preparedness & Response

In collaboration with Canadian Red Cross, and City of Greater Sudbury Emergency Management, five evacuation sites were evaluated as part of planning to support future flood evacuees and forested fire evacuees.

# Knowledge and Strategic Services

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## 1. COVID-19 Vaccine Program Planning

Knowledge and Strategic Services staff collaborate across the organization and with external partners to support ongoing planning for the COVID-19 Vaccine Program. This includes provision of data to inform planning efforts, coordination of vaccine allocations to the various vaccine events across the service area, and support for all planning and rollout efforts. A data framework has been developed to support accurate and timely analysis of our vaccination efforts. A daily internal report provides a status update on coverage rates and dose availability. Public reporting on the vaccination program is occurring both via the weekly COVID-19 summary published every Thursday, and new vaccine program update reports which are posted on our website.

## 2. Health Equity

Federal funding from the Department of Canadian Heritage to support the two-year youth-led anti-black racism “Woke” concluded at the end of March. The work of the grassroots group ULU that inspired this initiative continues to flourish in the community and beyond through ongoing anti-racist and anti-oppressive engagement sessions and training for young people and organizations seeking to advance their efforts in racial equity. The work of ULU across the community includes 21 youth mentorship sessions and 64 engagement or training sessions tailored to meet the needs of the partner agency or audience. Connected with this work is the allyship training initiative including the 1-hour on-demand virtual module and the 3-hour live interactive workshops. To date, 497 participants from across our service area have participated in one of the 3-hour interactive allyship workshops and 1195 participants have participated in the 1-hour on-demand module. A French version of the 1-hour module and 3-hour interactive workshop is being developed in partnership with Centre de Santé Communautaire du Grand Sudbury and will be offered in the community later this spring.

The Circles poverty reduction initiative continues to operate, led by Public Health Sudbury & Districts in partnership with community partners. Funding is required to sustain the program as a community collaborative. Funding from the Ontario Trillium Foundation ended in September of 2020 and Public Health Sudbury & Districts has continued to implement the initiative with funding support from the City of Greater Sudbury until the end of March 2021. A business case

requesting funds to sustain the program was submitted to Greater Sudbury in the fall and will be brought forward for the 2022 budget deliberations. In the meantime, Greater Sudbury has committed to work with Public Health Sudbury & Districts and partners to identify ways to keep the Circles initiative operating until more sustainable funding can be secured.

Health Equity Team members have continued to support with the COVID-19 response. This has included ongoing work with case and contact management staff and community partners to identify resources and referral pathways to support vulnerable individuals and families who must isolate due to COVID-19 including supports to address food insecurity, transportation, essential medications, and supports with mental health and addictions.

Staff have also continued to support Greater Sudbury's Virtual Community Infrastructure project to enhance Ontario Telemedicine Network and other digital infrastructure to address inequities among low-income residents that have worsened since the COVID-19 pandemic. The project is a pilot to introduce virtual health and social service spaces into several of Greater Sudbury's housing complexes. Activities have included engagement with residents to inform the implementation of virtual services spaces to best address barriers to virtual services and digital literacy needs, and health care provider engagement to understand digital literacy barriers and needs to support patients with virtual care. Staff also participated in the weekly Volunteer Working Group meeting and helped with the development of the volunteer recruitment process for this project.

In response to an urgent request given a current outbreak among a very vulnerable population including those experiencing homelessness and precarious housing in Greater Sudbury, Public Health Sudbury & Districts was able to secure 1000 additional doses of COVID-19 vaccine from the province. With tremendous support of partners from across Greater Sudbury, vaccine clinics were planned to offer the COVID-19 vaccine to people experiencing homelessness, those who are precariously housed, and those that work to support them.

### **3. Indigenous Engagement**

In order to support the planning and coordination of the vaccination program for First Nation communities and urban Indigenous populations across Sudbury and districts, a First Nations and Urban Indigenous Committee was established. The Committee is part of the COVID-19 Vaccination Program Organizing and Partner Engagement Framework and advises the Public Health Command Table. Membership is from First Nation communities, Aboriginal Health Access Centres (AHAC) and other health and non-health sectors. Through this committee and collaboration with area First Nations, AHACs and Indigenous health centres, vaccine clinics have been planned and implemented in 14 area First Nations and in urban settings to support Indigenous adults receiving their COVID-19 vaccine.

## **4. Population Health Assessment and Surveillance**

The Population Health Assessment and Surveillance team continues to produce twice a week detailed epidemiological report and daily web updates to keep the public informed of current COVID-19 status in the community. With case numbers increasing, the daily web update now separates active COVID-19 case counts for the Sudbury district by three regions (Sudbury East, Sudbury North, Sudbury West). This is in addition to continued breakdown of active cases and cases to date for Greater Sudbury and Manitoulin district.

## **5. Research and Evaluation**

Public Health Sudbury & Districts has completed an evaluation of the Indigenous Food Sovereignty project. The Indigenous Food Sovereignty project was a three-year initiative lead by Noojmowin Teg Health Centre and funded by the Ontario Trillium Foundation. The project focused on the importance of returning to traditional food sources, incorporating these ingredients into local diets, and promoting traditional ways of life. Key highlights from the evaluation include enhanced participants' connection with the land, Indigenous culture, family and community while addressing household food insecurity and financial struggles.

Public Health Sudbury & Districts is currently evaluating its COVID-19 Vaccination Program. The purpose of this evaluation is to understand the efficiency and effectiveness of processes and the impact of the Program. This includes an exploration of what worked well, what worked less well, and what could be improved in planning for, and responding to, further evolution of the COVID-19 pandemic and/or future pandemics. The evaluation is targeting decision-makers and partners, clients and community members, and people who have helped implement our COVID-19 vaccine efforts via group discussions and or surveys.

## **6. Strategic Engagement Unit and Communications**

The Communications teams continues to support the agency's pandemic response activities related to promoting COVID-safe behaviours, increasing vaccine awareness and uptake by eligible individuals, and informing the community of potential exposures to COVID-19 and outbreaks in various settings (e.g. workplaces, schools, congregate living settings, long-term care homes, and in the community). Since January 2021, the agency has responded to 297 requests from media for information or interviews. In addition, the agency maintains an active presence on social media networks to help ensure community members have access to timely information and related resources. Along with social media, the agency uses many tactics to communicate directly with stakeholders, partners, community members, and community groups. The agency's call centre as well as appointment booking centre have responded to large volumes of community inquiries and assisted residents by efficiently booking vaccination appointments throughout the service area.

Respectfully submitted,

*Original signed by*

Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer



**Public Health Sudbury & Districts**  
**STATEMENT OF REVENUE & EXPENDITURES**  
For the 3 Periods Ending March 31, 2021

**Cost Shared Programs**

|   | Annual<br>Budget    | Budget<br>YTD      | Current<br>Expenditures<br>YTD                     | Variance<br>YTD<br>(over)/under | Balance<br>Available |
|---|---------------------|--------------------|--|---------------------------------|----------------------|
| <b>Revenue:</b>   |                     |                    |  |                                 |                      |
| MOH - General Program   | 14,983,563          | 3,745,891          | 3,745,891  | (0)                             | 11,237,672           |
| MOH - Other Related Program   | 1,806,221           | 446,275            | 451,570  | (5,295)                         | 1,354,651            |
| MOH - One Time Revenue  | 1,179,500           | 294,875            | 294,875  | 0                               | 884,625              |
| MOH - Unorganized Territory   | 826,000             | 206,500            | 206,500  | (0)                             | 619,500              |
| Municipal Levies  | 8,484,189           | 2,121,047          | 2,121,047  | (0)                             | 6,363,142            |
| Interest Earned   | 140,000             | 35,000             | 17,038   | 17,962                          | 122,962              |
| <b>Total Revenues:</b>  | <b>\$27,419,473</b> | <b>\$6,849,588</b> | <b>\$6,836,922</b>                                 | <b>\$12,666</b>                 | <b>\$20,582,551</b>  |
| <b>Expenditures:</b>  |                     |                    |  |                                 |                      |
| <b>Corporate Services:</b>  |                     |                    |  |                                 |                      |
| Corporate Services  | 4,584,516           | 1,084,755          | 1,051,961  | 32,794                          | 3,532,555            |
| Office Admin  | 115,350             | 28,837             | 14,348   | 14,490                          | 101,002              |
| Espanola  | 119,440             | 28,509             | 27,829   | 680                             | 91,611               |
| Manitoulin  | 129,622             | 30,877             | 30,825   | 53                              | 98,797               |
| Chapleau  | 102,536             | 24,289             | 28,795   | (4,506)                         | 73,741               |
| Sudbury East  | 18,104              | 4,526              | 4,633  | (107)                           | 13,470               |
| Intake  | 345,062             | 79,630             | 92,303   | (12,673)                        | 252,759              |
| Facilities Management   | 574,599             | 143,650            | 230,019  | (86,369)                        | 344,580              |
| Volunteer Resources   | 3,850               | 962                | 0  | 962                             | 3,850                |
| <b>Total Corporate Services:</b>  | <b>\$5,993,078</b>  | <b>\$1,426,035</b> | <b>\$1,480,712</b>                                 | <b>\$(54,677)</b>               | <b>\$4,512,366</b>   |
| <b>Health Protection:</b>   |                     |                    |  |                                 |                      |
| Environmental Health - General  | 1,297,270           | 304,144            | 293,350  | 10,794                          | 1,003,920            |
| Environmental   | 2,574,848           | 588,340            | 508,939  | 79,400                          | 2,065,909            |
| Vector Borne Disease  | 88,162              | 21,217             | 3,541  | 17,676                          | 84,621               |
| Small Drinking Water System:  | 181,995             | 41,999             | 15,298   | 26,701                          | 166,698              |
| CID   | 1,322,036           | 303,598            | 264,010  | 39,588                          | 1,058,026            |
| Districts - Clinical  | 227,749             | 52,653             | 52,566   | 87                              | 175,183              |
| Risk Reduction  | 185,942             | 46,485             | 13,391   | 33,094                          | 172,551              |
| Sexual Health   | 1,064,344           | 247,255            | 275,331  | (28,075)                        | 789,014              |
| MOHLTC - Influenza  | 0                   | (919)              | (1,709)  | 790                             | 1,709                |
| MOHLTC - Meningitis   | (0)                 | (248)              | 0  | (248)                           | (0)                  |
| MOHLTC - HPV  | 0                   | (359)              | 0  | (359)                           | 0                    |
| SFO: E-Cigarettes Protection and Enforcement                            |                     |                    |  | 0                               | 0                    |
| SFO: Protection and Enforcement   | 296,500             | 61,472             | 49,218   | 12,254                          | 247,282              |
| Infectious Diseases Control Initiatives:                                | 389,000             | 89,769             | 79,529   | 10,240                          | 309,471              |
| Food Safety: Haines Funding   | 36,500              | 9,125              | 0  | 9,125                           | 36,500               |
|   | <b>\$7,664,347</b>  | <b>\$1,764,531</b> | <b>\$1,553,464</b>                                 | <b>\$211,067</b>                | <b>\$6,110,883</b>   |
| <b>Health Promotion:</b>  |                     |                    |  |                                 |                      |
| Health Promotion - General  | 954,735             | 222,842            | 222,804  | 38                              | 731,931              |
| Districts - Espanola / Manitoulin                                       | 333,954             | 77,184             | 68,419   | 8,765                           | 265,535              |
| Nutrition & Physical Activity   | 1,279,188           | 296,264            | 187,843  | 108,421                         | 1,091,345            |
| Districts - Chapleau / Sudbury East                                     | 219,598             | 50,793             | 49,676   | 1,117                           | 169,922              |
| Injury Prevention   | 27,874              | 6,968              | 25,011   | (18,043)                        | 2,863                |
| Tobacco, Vaping, Cannabis & Alcohol                                     | 344,382             | 80,469             | 55,209   | 25,260                          | 289,173              |
| Family Health   | 791,330             | 182,722            | 113,546  | 69,176                          | 677,784              |
| Reproductive & Child Health   | 43,700              | 10,925             | 72,224   | (61,299)                        | (28,524)             |
| Mental Health and Addictions:   | 372,600             | 86,659             | 126,068  | (39,409)                        | 246,532              |
| Dental  | 538,539             | 124,862            | 88,454   | 36,408                          | 450,085              |
| Healthy Smiles Ontario  | 612,200             | 142,204            | 142,299  | (95)                            | 469,901              |
| Vision Health   | 70,486              | 16,708             | 0  | 16,708                          | 70,486               |
| SFO: TCAN Prevention  |                     |                    |  | 0                               | 0                    |
| SFO: TCAN Coordination  | 383,000             | 91,067             | 48,404   | 42,663                          | 334,596              |
| SFO: Tobacco Control Coordination                                       | 100,000             | 23,077             | 6,898  | 16,179                          | 93,102               |
| SFO: Youth Tobacco Use Prevention                                       | 80,000              | 18,534             | 17,562   | 972                             | 62,438               |
| Harm Reduction Program Enhancement                                      | 150,000             | 34,726             | 21,244   | 13,482                          | 128,756              |
| Diabetes Prevention   | 175,000             | 41,760             | 0  | 41,760                          | 175,000              |
| <b>Total Health Promotion:</b>  | <b>\$6,476,587</b>  | <b>\$1,507,764</b> | <b>\$1,245,661</b>                                 | <b>\$262,103</b>                | <b>\$5,230,926</b>   |
| <b>School Health, Vaccine Preventable Diseases and COVID Prevention</b> |                     |                    |  |                                 |                      |
| School Health, VPD, COVIDE Prevention - General                         | 366,674             | 84,617             | 216,973  | (132,356)                       | 149,700              |
| School Health and Behavior Change                                       | 1,746,304           | 403,434            | 184,479  | 218,955                         | 1,561,825            |
| VPD and COVID CCM   | 2,120,790           | 489,413            | 464,752  | 24,661                          | 1,656,038            |
| <b>Total School Health, VPD and COVID Prevention:</b>                   | <b>\$4,233,768</b>  | <b>\$977,463</b>   | <b>\$866,204</b>                                   | <b>\$111,259</b>                | <b>\$3,367,564</b>   |
| <b>Knowledge and Strategic Services:</b>                                |                     |                    |  |                                 |                      |
| Knowledge and Strategic Services  | 2,611,414           | 605,319            | 514,379  | 90,940                          | 2,097,035            |
| Workplace Capacity Development  | 23,507              | 5,877              | 936  | 4,941                           | 22,571               |
| Health Equity Office  | 14,440              | 3,610              | 2,138  | 1,472                           | 12,302               |
| Nursing Initiatives   | 392,100             | 90,484             | 25,900   | 64,584                          | 366,200              |
| Strategic Engagement  | 10,232              | 2,558              | 0  | 2,558                           | 10,232               |
| <b>Total Knowledge and Strategic Services::</b>                         | <b>\$3,051,693</b>  | <b>\$707,848</b>   | <b>\$543,354</b>                                   | <b>\$164,494</b>                | <b>\$2,508,339</b>   |
| <b>Total Expenditures:</b>  | <b>\$27,419,473</b> | <b>\$6,383,642</b> | <b>\$5,689,395</b>                                 | <b>\$694,246</b>                | <b>\$21,730,077</b>  |
|   |                     |                    | COVID-19 Extraordinary and Mass Immunization Costs | \$1,384,927                     | \$(1,384,927)        |
| <b>Net Surplus/(Deficit)</b>  | <b>0</b>            | <b>\$465,946</b>   | <b>\$(237,401)</b>                                 | <b>\$(703,347)</b>              |                      |

**Public Health Sudbury & Districts**

**Cost Shared Programs**

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For the 3 Periods Ending March 31, 2021

|  | <b>BOH<br/>Annual<br/>Budget</b> | <b>Budget<br/>YTD</b> | <b>Current<br/>Expenditures<br/>YTD</b> | <b>COVID-19<br/>Expenditures<br/>YTD</b> | <b>Variance<br/>YTD<br/>(over) /under</b> | <b>Budget<br/>Available</b> |
|--|----------------------------------|-----------------------|---|--|---|-----------------------------|
| <b>Revenues &amp; Expenditure Recoveries:</b>      |                                  |                       |   |  |   |                             |
| Funding  | 27,506,568                       | 6,871,363             | 6,928,379                               |  | (57,016)                                  | 20,578,189                  |
| Other Revenue/Transfers                            | 783,954                          | 195,988               | 154,323                                 |  | 41,665                                    | 629,631                     |
| <b>Total Revenues &amp; Expenditure Recoveries</b> | <b>28,290,522</b>                | <b>7,067,351</b>      | <b>7,082,702</b>                        | <b>0</b>                                 | <b>(15,351)</b>                           | <b>21,207,820</b>           |
| <b>Expenditures:</b>                               |                                  |                       |   |  |   |                             |
| Salaries   | 18,470,494                       | 4,260,621             | 3,870,902                               | 980,052                                  | (590,334)                                 | 13,619,540                  |
| Benefits   | 5,478,757                        | 1,264,473             | 1,205,989                               | 104,642                                  | (46,158)                                  | 4,168,125                   |
| Travel   | 310,108                          | 75,026                | 14,295                                  | 4,558                                    | 56,173                                    | 291,255                     |
| Program Expenses                                   | 1,126,997                        | 281,749               | 86,655                                  | 34,759                                   | 160,335                                   | 1,005,583                   |
| Office Supplies                                    | 67,334                           | 16,835                | 22,066                                  | 2,313                                    | (7,544)                                   | 42,955                      |
| Postage & Courier Services                         | 64,972                           | 16,243                | 12,762                                  | 356                                      | 3,125                                     | 51,854                      |
| Photocopy Expenses                                 | 31,367                           | 7,842                 | 7,664                                   | 26,639                                   | (26,461)                                  | (2,936)                     |
| Telephone Expenses                                 | 65,266                           | 16,316                | 14,703                                  | 35,477                                   | (33,864)                                  | 15,086                      |
| Building Maintenance                               | 372,135                          | 93,034                | 182,619                                 | 15,764                                   | (105,349)                                 | 173,752                     |
| Utilities  | 225,827                          | 56,456                | 36,280                                  |  | 20,176                                    | 189,547                     |
| Rent   | 331,160                          | 81,289                | 85,041                                  |  | (3,752)                                   | 246,119                     |
| Insurance  | 121,234                          | 30,309                | 123,631                                 |  | (93,322)                                  | (2,397)                     |
| Employee Assistance Program ( EAP)                 | 35,000                           | 8,750                 | 11,539                                  |  | (2,789)                                   | 23,461                      |
| Memberships  | 29,889                           | 7,472                 | 8,023                                   |  | (551)                                     | 21,866                      |
| Staff Development                                  | 157,773                          | 39,445                | 5,310                                   |  | 34,135                                    | 152,463                     |
| Books & Subscriptions                              | 9,345                            | 2,336                 | 2,916                                   |  | (580)                                     | 6,429                       |
| Media & Advertising                                | 133,535                          | 33,383                | 8,841                                   | 10,723                                   | 13,819                                    | 113,971                     |
| Professional Fees                                  | 433,324                          | 103,331               | 77,167                                  | 318                                      | 25,846                                    | 355,839                     |
| Translation  | 49,440                           | 12,360                | 5,443                                   | 27,983                                   | (21,066)                                  | 16,014                      |
| Furniture & Equipment                              | 21,270                           | 5,318                 | 14,244                                  | 3,039                                    | (11,965)                                  | 3,987                       |
| Information Technology                             | 755,295                          | 188,825               | 139,093                                 | 138,303                                  | (88,571)                                  | 477,899                     |
| <b>Total Expenditures</b>                          | <b>28,290,522</b>                | <b>6,601,413</b>      | <b>5,935,184</b>                        | <b>1,384,927</b>                         | <b>(718,698)</b>                          | <b>20,970,411</b>           |
| <b>Net Surplus ( Deficit )</b>                     | <b>-</b>                         | <b>465,938</b>        | <b>1,147,518</b>                        |  | <b>(703,347)</b>                          |                             |

**Sudbury & District Health Unit**  
SUMMARY OF REVENUE & EXPENDITURES  
For the Period Ended March 31, 2021

| <b>Program</b>                                | <b>FTE</b> | <b>Annual Budget</b> | <b>Current YTD</b> | <b>Balance Available</b> | <b>% YTD</b> | <b>Program Year End</b> | <b>Expected % YTD</b> |
|---|------------|----------------------|--------------------|--------------------------|--------------|-------------------------|-----------------------|
| <b>100% Funded Programs</b>                   |            |                      |                    |                          |              |                         |                       |
| Indigenous Communities                        | 703        | 90,400               | 6,374              | 84,026                   | 7.1%         | <i>Dec 31</i>           | 25.0%                 |
| Pre/Postnatal Nurse Practitioner              | 704        | 139,000              | 134,859            | 4,141                    | 97.0%        | <i>Mar 31/2021</i>      | 100.0%                |
| CGS - Local Poverty Reduction Evaluation      | 707        | 67,771               | 14,357             | 53,414                   | 21.2%        | <i>Mar. 31/2021</i>     | 40.0%                 |
| WOKE Age: Youth Driven Racial Equity          | 708        | 199,937              | 60,955             | 138,982                  | 30.5%        | <i>Mar 31/2021</i>      | 100.0%                |
| Opioid Poisoning Surveillance System          | 710        | 24,489               | -                  | 24,489                   | 0.0%         | <i>Dec 31</i>           | 25.0%                 |
| LHIN - Falls Prevention Project & LHIN Screen | 736        | 100,000              | 78,475             | 21,525                   | 78.5%        | <i>Mar 31/21</i>        | 100.0%                |
| Northern Fruit and Vegetable Program          | 743        | 176,100              | 28,022             | 148,078                  | 15.9%        | <i>Dec 31</i>           | 25.0%                 |
| Triple P Co-Ordination                        | 766        | 95,148               | 10,226             | 84,922                   | 10.7%        | <i>Dec 31</i>           | 25.0%                 |
| Supervised Consumption Study                  | 770        | 12,920               | -                  | 12,920                   | 0.0%         | <i>Dec 31</i>           | 25.0%                 |
| Healthy Babies Healthy Children               | 778        | 1,476,897            | 1,294,602          | 182,295                  | 87.7%        | <i>Mar 31/21</i>        | 100.0%                |
| IPAC Congregate CCM                           | 780        | 839,901              | 35,797             | 804,104                  | 4.3%         | <i>Dec 31</i>           | 25.0%                 |
| Ontario Senior Dental Care Program            | 786        | 810,200              | 327,108            | 483,092                  | 40.4%        | <i>Dec 31</i>           | 25.0%                 |
| Anonymous Testing                             | 788        | 61,193               | 60,950             | 243                      | 99.6%        | <i>Mar 31/21</i>        | 100.0%                |
| <b>Total</b>                                  |            | <b>4,093,956</b>     | <b>2,051,724</b>   | <b>2,042,232</b>         |              |                         |                       |



The Corporation of the  
City of North Bay  
200 McIntyre St. East  
P.O. Box 360  
North Bay, Ontario  
Canada P1B 8H8  
Tel: 705 474-0400

OFFICE OF THE CITY CLERK  
Direct Line: (705) 474-0626, ext. 2510  
Fax Line: (705) 495-4353  
E-mail: [karen.mcisaac@northbay.ca](mailto:karen.mcisaac@northbay.ca)

April 7, 2021

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

Dear Honourable Doug Ford:

This is Resolution No. 2021-151(a)&(b) which was passed by Council at its Regular Meeting held Tuesday, April 6, 2021.

Resolution No. 2021-151(a)&(b):

Whereas The Corporation of the City of North Bay is within the District of the North Bay Parry Sound District Health Unit (Health Unit);

And Whereas the Health Unit received its first allocation of vaccine more than a month and a half later than Southern Ontario and Ottawa health regions;

And Whereas vaccine allocation for the Health Unit has not increased over time to compensate for the delay in provision of the first vaccine allocation;

And Whereas COVID-19 transmission rates in Northern Ontario, as evidenced by the effective reproduction numbers  $R_{(t)}$ , are among the highest in the province;

And Whereas due to the vaccine allocation, the Health Unit is still in phase 1 of the rollout while public health unit regions in Southern Ontario and Ottawa are in phase 2;

And Whereas 26.5% of the population in the Parry Sound District and 22.4% of the population in the Nipissing District are aged 65 years or older, compared to 16.7% for all of Ontario (2016 Census);

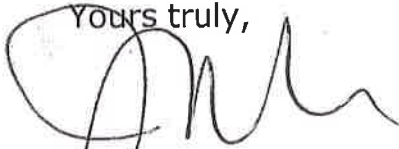
And Whereas the delay from the Federal and Provincial Governments in the Health Unit vaccine allocations is causing increasing inequities in the booking of COVID-19 vaccination clinics;

And Whereas due to the vaccine allocation, Indigenous populations have not received their required allocation.

Now Therefore Be It Resolved that the Corporation of the City of North Bay request an immediate and formal call for action that includes the unused vaccine allocations from Toronto and other larger areas be redistributed and prioritized to public health unit regions that are still in phase 1 and that the call for action includes further plans on how else to enable these health units to catch up to those regions in Southern Ontario and Ottawa.

And Further that this motion be forwarded to the Honourable Doug Ford, Premier of Ontario, the Honourable Christine Elliot, Minister of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, Mayors/Reeves within the North Bay Parry Sound District Health Unit District, Ontario Boards of Health, and the Association of Local Public Health Agencies (alPHa), Anthony Rota, MP Nipissing - Timiskaming, Patty Hadju, Minister of Health Canada, Scott Aitchison, MP Parry Sound - Muskoka, FONOM, NOMA, ROMA, AMO, ACFO.

Yours truly,



Jenn Montreuil  
Deputy City Clerk

JM/ck

- ec. Christine Elliott, Minister of Health  
Patty Hadju, Minister of Health Canada  
Victor Fedeli, MPP Nipissing  
Norm Miller, MPP Parry Sound-Muskoka  
John Vanthof, MPP Timiskaming-Cochrane  
Anthony Rota, MP Nipissing – Timiskaming  
Scott Aitchison, MP Parry Sound –Muskoka  
Mayor/Reeves – NBPSDHU  
Association of Local Public Health Agencies  
Federation of Norther Ontario Municipalities (FONOM)  
Northwestern Ontario Municipal Association (NOMA)  
Rural Ontario Municipal Association (ROMA)  
Association of Ontario Municipalities (AMO)  
Association des communautés francophones (ACFO)
- cc. Ontario Boards of Health

March 1, 2021

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

Dear Premier Ford:

**Re: Provincial Employment Standards Reform for Provision of Paid Sick Days**

The Board of Health for the Simcoe Muskoka District Health Unit is deeply concerned about the absence of paid sick leave standards for workers in the province. As a matter of public health, we urge your government to update the Employment Standards Act, 2000 to include paid sick days for all workers.

The COVID-19 pandemic has revealed the urgency of paid sick days for curbing the transmission of infectious disease and protecting public health. Legislated paid sick days would allow workers to receive full and uninterrupted income replacement, which is a primary concern for workers in low-wage and precarious employment. Accordingly, we urge your government to consider the following recommendations to contain the spread of infectious disease and protect public health:

1. Update employment standards to require employers to provide at least 7 days of paid emergency leave on a permanent basis.
2. Update employment standards to require employers to provide an additional 14 days of paid emergency leave during public health emergencies.
3. Provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this as needed.

Workplaces with precarious jobs and lack of paid sick leave have become epicenters for COVID-19 infection transmission across the province, as manifested by outbreaks in long-term care homes, farms, food-processing plants, grocery stores, and warehouses. The gap in access to paid sick days and the accompanying burden of COVID-19 continue to disproportionately impact women, low wage and precarious workers, and racialized groups. This reality has been observed across Simcoe Muskoka communities.

Beyond an urgent need to redress these health inequities, the absence of paid sick leave significantly compromises our pandemic response. Our region has been relentless in its fight to contain COVID-19, and most recently, the highly transmissible UK variant. Unfortunately,

**Barrie:**  
15 Sperling Drive  
Barrie, ON  
L4M 6K9  
705-721-7520  
FAX: 705-721-1495

**Collingwood:**  
280 Pretty River Pkwy.  
Collingwood, ON  
L9Y 4J5  
705-445-0804  
FAX: 705-445-6498

**Cookstown:**  
2-25 King Street S.  
Cookstown, ON  
L0L 1L0  
705-458-1103  
FAX: 705-458-0105

**Gravenhurst:**  
2-5 Pineridge Gate  
Gravenhurst, ON  
P1P 1Z3  
705-684-9090  
FAX: 705-684-9887

**Huntsville:**  
34 Chaffey St.  
Huntsville, ON  
P1H 1K1  
705-789-8813  
FAX: 705-789-7245

**Midland:**  
A-925 Hugel Ave.  
Midland, ON  
L4R 1X8  
705-526-9324  
FAX: 705-526-1513

**Orillia:**  
120-169 Front St. S.  
Orillia, ON  
L3V 4S8  
705-325-9565  
FAX: 705-325-2091

concerns have been voiced in our communities that a lack of paid sick days might act as a disincentive for testing and contribute to employees with insufficient benefits presenting to work sick. COVID-19 outbreak investigations performed by our health unit have found employees going to work symptomatic, even when screening protocols were in place. This has been observed across all sectors, with income (or, lack thereof) appearing to be a common reason motivating such behaviours.

While Federal paid emergency leave is available through the Canada Recovery Sickness Benefit, the financial support it provides has not proven sufficient, and administrative barriers have precluded timely-enough access. Ultimately, workers without paid sick days are in the difficult position of needing to choose between going to work sick to support themselves and their families or staying at home to adhere to COVID-19 public health measures at considerable financial risk.

Staying home when sick is one of the most effective containment strategies not only for COVID-19, but for infectious diseases more broadly. A 2006 Public Health Agency of Canada report studying gastrointestinal illness shows that workers in high-risk settings — food handling, long-term care and childcare — will continue to work when ill when they cannot afford to take time off. A [2018 study](#) from Swiss Economic Institute's Stefan Pichler and Cornell University's Nicolas Ziebarthin found that cities in the United States with paid sick days saw a 40% reduction in influenza rates during flu waves compared to cities without.<sup>1</sup>

In addition, paid sick days support effective immunization uptake. [Evidence shows](#) paid sick days increase vaccination rates. Both workers with paid sick days and their children have higher vaccination rates against the flu, and better access to other preventive health services.<sup>2</sup> The same might hold for uptake of COVID-19 immunizations.

The gap in access to paid sick days is a longstanding matter of health inequity, which has been exacerbated by the COVID-19 pandemic. Adequate paid sick days policy in Ontario is urgent and required to protect public health, especially for those in low wage and precarious work who have been most impacted by COVID-19.

Thank you for reviewing this request and we look forward to hearing from you.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau, Chair  
Simcoe Muskoka District Health Unit Board of Health

AD:cm

cc. Honourable Christine Elliott, Deputy Premier and Ontario Minister of Health  
Honourable Monte McNaughton, Minister of Labour, Training and Skills Development  
Members of Provincial Parliament for Simcoe and Muskoka  
Dr. David Williams, Chief Medical Officer of Health  
Association of Local Public Health Agencies  
Ontario Boards of Health

## References

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<sup>1</sup> Pichler, Stefan and Nicolas R. Ziebarth. 2015. "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Shirking Behavior." Upjohn Institute Working Paper 15-239. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research. <https://doi.org/10.17848/wp15-239>

<sup>2</sup> Decent Work & Health Network. 2020. *Before it's too late: How to close the paid sick days gap during COVID-19 and beyond*. Retrieved online from [https://d3n8a8pro7vnm.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN\\_BeforeItsTooLate.pdf?1604082294](https://d3n8a8pro7vnm.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294)



February 16, 2021

The Honourable Doug Ford  
Premier of Ontario  
Legislative Bldg. Rm 281  
Queen's Park  
Toronto, ON M7A 1A1

*Delivered via email*

Dear Premier Ford,

**RE: Paid Sick Leave During COVID-19 Pandemic and Beyond**

At its meeting held on January 20, 2021, the Chatham-Kent Board of Health passed the following motion:

That Chatham-Kent Board of Health further endorse the Toronto Board of Health position that the Government of Ontario:

- 1) Require employers in Ontario to provide no less than five paid sick days annually to workers after three months of employment, through amendments to the Employment Standards Act, 2000, or through a different mechanism, and
- 2) Provide necessary funding, fiscal relief, and/or supports to employers so that all workers in Ontario have access to no less than 10 paid sick days annually in the event of a declared infectious disease emergency such as the COVID-19 pandemic.

Employment conditions are one of the key social determinants of health and the Ontario government can play a large role in setting the standards around employment conditions.

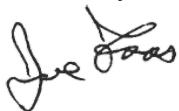
Previous to COVID-19, Chatham-Kent residents experienced higher proportions of the population working in lower wage manufacturing, retail, and service occupations. This has exposed Chatham-Kent residents to lower median household incomes, higher rates of poverty (with more than one in four children living in low income), and lower rates of post-secondary education.

With such financial insecurity prevalent in the community, the continuous rising cost of living, and the absence of paid sick leave for many, residents are faced with financial pressures to work even when they are ill. In doing so, these employees are endangering their own health and increasing the risk of spreading COVID-19 to others.

The Government of Ontario has noted that the federal government has already moved to cover paid sick days with the Canada Recovery Sickness Benefit. However, this has not solved the issue as the program provides less than minimum wage.

Good health results from good, healthy public policy. Ensuring employers have paid sick days means that all Ontario workplaces are safer and healthier for everyone.

Sincerely,



Joe Faas  
Chair, Chatham-Kent Board of Health

c: The Hon. Monte McNaughton, Minister of Labour, Training and Skills Development  
The Hon. Christine Elliott, Deputy Premier and Minister of Health  
The Hon. Merrilee Fullerton, Minister of Long-Term Care  
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery  
Rick Nicholls, MPP, Chatham-Kent-Leamington  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
All Ontario Boards of Health

February 16, 2021

Honourable Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Honourable Monte McNaughton  
Minister of Labour, Training and Skills Development  
[monte.mcnaughton@pc.ola.org](mailto:monte.mcnaughton@pc.ola.org)

Dear Premier Ford, Ministers Elliott and

**Re: Paid Sick Leave During an Infectious Disease Emergency**

The battle to contain COVID-19 and bring the pandemic to an end has been waged on many fronts. The regulatory framework introduced by the Province, the development and dissemination of important public health guidelines and the imminent rollout of vaccines are all positive steps that have been contributing to the local efforts in the Peterborough region.

Despite governments, public health's and residents' best efforts, it has been our experience in Peterborough that the COVID-19 pandemic continues to smoulder and spread among young and precariously employed adults in our community.

These individuals, when interviewed, report their inability to stay home when sick. They describe to our nurses, going to work with symptoms of COVID-19. They explain delaying or avoiding testing in order not to jeopardize their incomes, their housing, and their food security. Often, these barriers result in cases not being identified until they become known to us as contacts. By then they have often transmitted the virus to many others.

We know that staying home when sick, getting tested, and isolating as soon as symptoms develop are key to containing this pandemic. It is clear, however, that without appropriate policies in place, behavioural recommendations alone are limited in their effectiveness. When faced with a choice between continued employment, securing food and paying rent or limiting the possibility of spreading the infection, it is not surprising that an individual's economic and security considerations take precedence.

As a result, in communities throughout Ontario, workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 transmission and outbreaks. COVID-19 data also demonstrates that this burden is being borne more heavily by the racialized members of our community. Lack of access to paid sick leave is amplifying the inequities and vulnerabilities already present in our society. Current Federal programs,

although welcomed, are often inaccessible or not timely, and are of limited immediate value to the precariously employed.

For these reasons, the Board of Health for Peterborough Public Health supports the introduction of paid sick leave during an infectious disease emergency. It is requesting that the Ontario government immediately introduce paid sick leave as an essential component to the legislated emergency unpaid leave currently available as per Regulation 228/20. We further urge the government to provide funding to enable all employers to provide this important public health measure to their employees as per the principals outlined in Bill 239 (Stay Home If You Are Sick Act, 2020).

The Board of Health also supports the need to provide paid sick leave as a continuing measure once the current emergency is over. Such a measure will significantly assist in our health promotion and prevention mandate. We would urge the government to examine models to introduce and fund such a continuing initiative.

Thank you for considering our position.

Stay safe and be well.

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

cc: Dave Smith, MPP Peterborough-Kawartha  
David Piccini, MPP Northumberland-Peterborough South  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Peggy Sattler, MPP London West  
France G elinas, MPP Nickel Belt, Critic, Health Care  
Local Councils  
Association of Local Public Health Agencies  
Ontario Boards of Health

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

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate**

**Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

February 19, 2020

Hon. Doug Ford  
Premier of Ontario  
Legislative Bldg Rm 281, Queen's Park,  
Toronto, ON M7A 1A1

Dear Premier Ford,

**Re: Keeping Ontario Safe and Open**

---

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing to provide our comments on the recent decision to begin easing the recent province-wide shutdown and stay-at-home orders in context of the rapid emergence of COVID-19 Variants of Concern (VOCs).

We too have been encouraged by the downward trend in daily case counts in recent weeks, but the rapidly increasing proportion of the highly contagious VOCs within these counts is deeply troubling. Our members, who are on the front lines of the public health response to the COVID-19 pandemic in Ontario, therefore have serious concerns about the increased mobility, more frequent interpersonal contacts, and consequent potential exposures to COVID-19 that will accompany a return to the progressive categories under the Response Framework at this time.

We certainly appreciate the need to support the recovery of our economy, being fully aware of its role as a key driver of so many of the determinants of physical and mental health. On balance however, we believe that the timing of loosening the restrictions and the degree to which they have been relaxed in many areas underestimates the imminent and considerable threat posed by the VOCs. Experience in other jurisdictions has demonstrated that decisive and early action prevents later prolonged shutdowns, which in turn contributes to faster economic recovery.

According to Public Health Ontario, data are clear that the prevalence of the B.1.1.7 variant is increasing rapidly enough that it is expected to be the dominant one in Ontario within the next month<sup>1</sup>. This variant is known to be significantly more contagious, may cause more severe illness and may be more resistant to certain vaccines. Based on these factors as well as the lived experience in other jurisdictions, Public Health Ontario has also stated that it is equally clear that public health measures need to be intensified to minimize the spread of COVID-19 VOCs in Ontario<sup>2</sup>.

While we acknowledge the creation of the "emergency brake" provision that allows the local medical officer of health to request the reimposition of restrictions if their public health unit experiences rapid acceleration in COVID-19 transmission or if its health care system risks becoming overwhelmed, any decision to use this provision is a reactive one and thus would almost certainly be too late to have a meaningful effect. This assumption is supported by the failure of similar mechanisms in England, Ireland, and Denmark, each of which was compelled to re-implement strict, nation-wide lockdowns to minimize mobility and bring the spread of VOCs under control<sup>3</sup>.

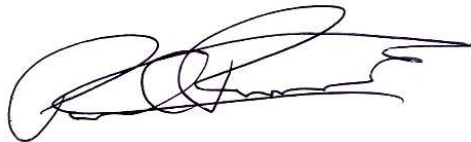
We believe it is not too late to alter the course towards a more gradual easing of restrictions, allowing time to monitor how the trends respond and adjust accordingly to keep transmission rates low. Accordingly, we support our MOH members who have requested a delay in their PHU Regions returning to the COVID-19 Response Framework and for the Stay-at-Home Orders to continue in their health units for the time being. Moreover, a slower approach would also allow for the development of clear public messaging that reinforces the undiminished seriousness of the pandemic in Ontario while continuing to offer reasons for hope and optimism until vaccines are widely available.

Our members, as Ontario's pre-eminent public health experts, are more than willing to provide further advice and input, particularly with regards to the VOCs and ensuring that Ontario's COVID-19 Response Framework remains robust and that its public health goals and objectives can be achieved. We look forward to an invitation to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,  
alPHA President



Dr. Paul Roumeliotis,  
Chair, Council of Ontario Medical  
Officers of Health (COMOH)



Trudy Sachowski,  
Chair, Boards of Health  
Section

**COPY:** Hon. Christine Elliott, Minister of Health  
Dr. David Williams, Chief Medical Officer of Health  
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

<sup>1,2</sup> Public Health Ontario Evidence Brief: [Evidence on Public Health Measures Required for Rapid Control of Variants of Concern](https://www.publichealthontario.ca/-/media/documents/ncov/phm/2021/02/eb-public-health-measures-for-voc.pdf?la=en) 02/16/2021. Accessed 02/17/21 at <https://www.publichealthontario.ca/-/media/documents/ncov/phm/2021/02/eb-public-health-measures-for-voc.pdf?la=en>

March 5, 2021

Honourable Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Honourable Stephen Lecce  
Minister of Education  
[stephen.lecce@pc.ola.org](mailto:stephen.lecce@pc.ola.org)

Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Honourable Todd Smith  
Minister of Children, Community and Social Services  
[todd.smith@pc.ola.org](mailto:todd.smith@pc.ola.org)

Dear Premier Ford and Honourable Ministers:

**On behalf of the Board of Health for Peterborough Public Health, I would like to express our support for the recommendations to strengthen provincial Student Nutrition Programs advocated for by the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH) on January 28, 2021.**

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success (including academic performance, reduced tardiness and improved student behaviour) for all students.<sup>1,2,3,4</sup>

Our Board of Health (BOH) is a long-time supporter of local Student Nutrition Programs (SNP) and has been a partner in local programs for almost 30 years. With ninety-six percent of our schools offering SNP, we see their tremendous benefit to our community.

Recently, CODE/COMOH, with support from the Ontario Dietitians in Public Health, identified six recommendations to strengthen Ontario's Student Nutrition Program's reach and impact, and provide much needed supports to address numerous program challenges, many that have been further exacerbated due to COVID-19.

We urge your support to ensure these recommendations are realized in a timely and effective way.

Yours in health,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

Encl.  
/ag

cc: Dave Smith, MPP Peterborough-Kawartha  
David Piccini, MPP Northumberland-Peterborough South  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Marit Stiles (Davenport), Critic, Education  
France G linas (Nickel Belt), Critic, Health Care  
Association of Local Public Health Agencies  
Ontario Dietitians in Public Health  
Ontario Boards of Health

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<sup>1</sup> Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

<sup>2</sup> [The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada](#), Faught et al, 2017.

<sup>3</sup> [The impact of Canadian School Food Programs on Children’s Nutrition and Health](#), Colley et al, 2018.

<sup>4</sup> [Nourishing Young Minds](#), Toronto Public Health, 2012.



February 12, 2021

Honourable Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Honourable Stephen Lecce  
Minister of Education  
[stephen.lecce@pc.ola.org](mailto:stephen.lecce@pc.ola.org)

Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Premier Ford, Ministers Lecce and Elliott:

**Re: Bill 216: Food Literacy for Students Act, 2020**

On behalf of the Board of Health for Peterborough Public Health (PPH), I would like to express our support for Bill 216: Food Literacy for Students Act, 2020.

As shared in a staff report at the December 9, 2020 meeting of the PPH Board of Health, food literacy is an important life skill encompassing much more than food and cooking skills<sup>1</sup> and is essential for a solid foundation of healthy eating behaviours. We are pleased that the proposed Bill will require school boards to offer experiential food literacy education to all Ontario students in grades 1 through 12. Requiring food literacy in the Ontario curriculum will ensure that all children and youth develop vital skills to inform food choices throughout their lives. We know that using hands-on, experiential learning about food contributes significantly to increasing vegetable and fruit consumption for students aged 4-18 years.<sup>2</sup> As well, youth (18-23 years) who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes ten years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food).<sup>3</sup>

The benefits of food literacy and cooking programs extends beyond healthy eating behaviours. Research indicates these programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life<sup>4</sup> which aligns seamlessly with the Ministry of Education's focus on Mental Health and Social Emotional Learning (SEL) Skills.<sup>5</sup>

We live in the most complex food environment in human history.<sup>6</sup> Evidence-based food literacy education relevant to today's food environment is necessary to improve the health of current and future generations.<sup>7</sup> Including food literacy in curricular expectations will simplify the achievement of your Ministry's goal for preparing Ontario students for academic and personal success while training them with life skills and addressing society's burden of chronic disease. Registered Dietitians working in Ontario's Public Health

Agencies have expertise in food literacy and curriculum development, and would be pleased to meet with your representatives to develop resources and supports for a food literacy curriculum for Ontario students.

We urge your support to ensure that Bill 216 is passed when legislature resumes in 2021.

Yours in health,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

cc: Daryl Kramp, MPP Hastings-Lennox and Addington  
Dave Smith, MPP Peterborough-Kawartha  
David Piccini, MPP Northumberland-Peterborough South  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Marit Stiles, MPP Davenport, Critic, Education  
France Gélinas, MPP Nickel Belt, Critic, Health Care  
Diane Lloyd, Chair, Kawartha Pine Ridge District School Board  
Michelle Griepsma, Chair, Peterborough Victoria Northumberland Clarington Catholic District School Board  
André Blais, Directeur de l'éducation, Conseil Scolaire Catholique MonAvenir  
Dianne Dowling, Chair, Food Policy Council for KFL&A  
Association of Local Public Health Agencies  
Council of Ontario Medical Officers of Health  
Ontario Boards of Health  
Ontario Dietitians in Public Health  
Ontario Home Economics Association

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<sup>1</sup> LDCP Healthy Eating Team (2018). Food Literacy: A Framework for Healthy Eating. Retrieved from [https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web\\_1.pdf](https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web_1.pdf)

<sup>2</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario), Mensah G. (2016). Evidence Brief: Impact of food skills programs on fruit and vegetable consumption among children and youth. Toronto: Queen's Printer for Ontario.

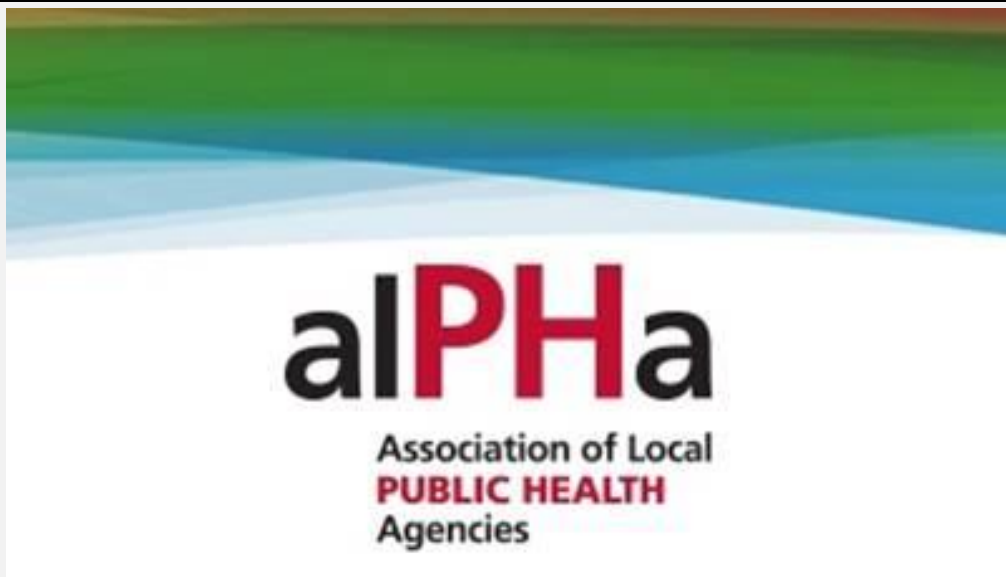
<sup>3</sup> Utter, J., Larson, N., Laska, M., Winkler, M., & Neumark-Sztainer, D. (2018). Self-Perceived Cooking Skills in Emerging Adulthood Predict Better Dietary Behaviors and Intake 10 Years Later: A Longitudinal Study. *Journal of Nutrition Education Behaviour*, 494-500.

<sup>4</sup> Farmer, N., Touchton-Leonard, K., & Ross, A. (2017). Psychosocial Benefits of Cooking Interventions: A Systematic Review. *Health Education & Behaviour*, 167-180.

<sup>5</sup> Ontario Ministry of Education. (2019). Mental Health and Social Emotional Learning in Ontario Schools. <https://www.ontario.ca/document/health-andphysical-education-grades-1-8/social-emotional-learning-sel-skills> (accessed Nov 18 2020)

<sup>6</sup> Slater, J (2017). Food literacy: A critical tool in a complex foodscape. *Journal of Family Consumer Sciences*, 109(2).

<sup>7</sup> Slater, J. (2013). Is cooking dead? The state of Home Economics Food and Nutrition education in a Canadian province. *International Journal of Consumer Studies*, 37: 617–624



February 19<sup>th</sup>, 2021

*This update is a tool to keep alpha's members apprised of the latest news in public health including provincial announcements, legislation, alpha activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

### **COVID-19 Update**

As part of the response to COVID-19, alpha continues to represent the public health system and work with key stakeholders including the Ministry of Health, Office of the Chief Medical Officer of Health, Ontario Medical Association, Association of Municipalities of Ontario, Dalla Lana School of Public Health, primary care sector, and others.

alpha would like to thank the following guests for coming to the recent Board meeting and discussing key COVID-19-related issues:

- Colleen Geiger and Dr. Brian Schwartz (PHO)
- Dr. David Williams (Chief Medical Officer of Health)
- Dr. Dominik Nowak (Primary Care)
- Dr. Kieran Moore (Minister's COVID-19 Vaccination Task Force)
- Dean Steini Brown, Dr. Ross Upshur and Patrick Feng (Dalla Lana School of Public Health)

alpha frequently shares Situation Reports and COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alpha.

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

*See below for alpha's recent COVID-19-related submissions.*

## **Conference and Annual General Meeting**

### ***Ontario's Public Health System Challenges – Changes – Champions June 8, 2021***

alPHA is pleased to announce that Dean Steini Brown from the University of Toronto's Dalla Lana School of Public Health will be the lunchtime speaker and Emcee for the awards program. alPHA is also pleased to announce that Dr. Robert Kyle, alPHA's Past President, will be the Parliamentarian for the AGM.

Click on this link to download the [June 2021 alPHA AGM Notice and Calls](#). Documents include:

- [Notice and agenda for the 2021 alPHA Annual General Meeting](#)
- [Call for 2021 alPHA Resolutions](#)
- [Call for 2021 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations to the 2021-22 alPHA Board of Directors.](#)

Stay tuned for further conference details. The draft program and registrations will go live on the alPHA website in mid-April. In the meantime, don't forget to hold the date: June 8<sup>th</sup>!

## **Request for Photos**

Do you have a photo showing alPHA members in action that we can share with attendees at the Annual Conference? We want to profile the key role that public health is playing in the pandemic response. Please send your images to: [info@alphaweb.org](mailto:info@alphaweb.org)

## **alPHA Correspondence**

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. The most recent submissions are below and a full list of [submissions](#) is on the website:

[alPHA Letter - Paid Sick Leave](#)

[COMOH Letter – Reopening Schools](#)

[COMOH Letter - Student Nutrition Programs](#)

[alPHA Spring 2021 Pre-Budget Submission](#)

## **Guide to Engaging Primary Care in local COVID-19 Vaccine Rollout**

alPHA and COMOH have collaborated with the primary care associations, hospital, and health sector leaders in creating a [practical guide to engaging primary care in local COVID-19 vaccine rollout](#). The guide is intended to inform, validate, and support existing primary care engagement strategies.

### **PHO Courses**

Information on PHO events and professional development opportunities can be found here: <https://www.publichealthontario.ca/en/education-and-events/events#q=1> Topics include: infectious disease, emergency preparedness, immunization, environmental and occupational health, health promotion, chronic diseases, epidemiology, laboratory sciences and research.

### **Boards of Health: Resources**

A resource [page](#) is available on the alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and it will be posted in the appropriate library.

In addition, here are additional resources available on the alPHA website:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability\(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Public Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

### **News Releases**

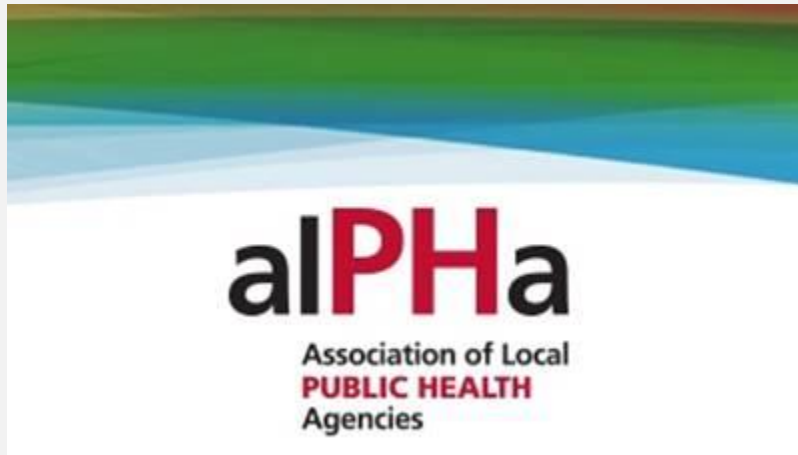
- [Ontario Investing in Wearable Contact Tracing Technology to Help Protect Workers from COVID -19](#) – February 18, 2021
- [Ontario Returning 27 Public Health Regions to Strengthened COVID-19 Response Framework](#) – February 12, 2021
- [Ontario Deploys Rapid Tests to More Essential Workplaces and Settings](#) – February 12, 2021
- [Retailers Show Improvement in Complying with Public Health Guidelines](#) – February 10, 2021
- [Ontario Supporting COVID-19 Response in High Priority Communities](#) – February 9, 2021

- Ontario Extending Stay-at-Home Order across Most of the Province to Save Lives – February 8, 2021
- Ontario Supports Air Monitoring Technology to Better Protect People from COVID-19 – February 4, 2021
- Enhanced Safety Measures in Place as In-Person Learning Resumes Across Ontario – February 3, 2021
- Ontario Continues Accelerated Vaccinations of Most Vulnerable Despite Vaccine Delays – February 2, 2021
- Ontario Taking Steps to Improve Mental Health Supports for First Responders and Public Safety Personnel – February 1, 2021
- Ontario Takes Immediate Action to Stop the Spread of COVID-19 Variants – January 29, 2021
- Over 1000 Stores Visited during Ontario's COVID-19 Inspection Blitz – January 29, 2021
- Further Action Needed to Protect the Border and Stop the Spread of COVID-19 – January 26, 2021
- Ontario Supports Modernization of Small and Rural Communities – January 26, 2021
- Ontario Supports the Development of the Next Generation of PPE – January 26, 2021
- Today Marks the One Year Anniversary of the First COVID-19 Case in Ontario - January 25, 2021
- Ontario Adjusts Vaccination Plan in Response to Pfizer-BioNTech Shipment Delays – January 25, 2021
- Ontario Adding More Mental Health Beds and Programs for Seniors – January 21, 2021
- Ontario Reminds Public to Stay Home and Travel Only When Necessary – January 21, 2021
- Ontario Opens COVID-19 Isolation Centres in Hardest Hit Communities – January 21, 2021

**Association of Local Public Health Agencies**

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 416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)





March 18<sup>th</sup>, 2021

*This update is a tool to keep alPha's members apprised of the latest news in public health including provincial announcements, legislation, alPha activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

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### **Thank You!**

Yesterday marked the one-year anniversary of the Ontario government declaring a state of emergency. Throughout the past year alPha members have worked tirelessly to protect the health and safety of people from across the province. Thank you to our Medical Officers of Health, Associate Medical Officers of Health, Board of Health members, and Affiliate members for your service, dedication, and public health leadership.

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### **COVID-19 Update**

As part of the response to COVID-19, alPha continues to represent the public health system and work with key stakeholders including the Ministry of Health, Office of the Chief Medical Officer of Health, Ontario Medical Association, Association of Municipalities of Ontario, Dalla Lana School of Public Health, primary care sector, and others.

alPha frequently shares Situation Reports and COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPha.

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

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### **Conference and Annual General Meeting Update** **Ontario's Public Health System**

## ***Challenges – Changes – Champions*** **June 8, 2021**

alPHA's 2021 Conference and Annual General Meeting is online this year. The event will continue the conversation on the critical role of Ontario's public health system and will include discussions on the response to COVID-19 and the future of public health.

In conjunction with the AGM, members were recently sent the following documents:

- Notice of the 2021 alPHA Annual General Meeting
- Call for 2021 alPHA Resolutions
- Call for 2021 alPHA Distinguished Service Awards
- Call for Board of Health Nominations alPHA Board of Directors

These documents and additional information about the AGM and Conference, including the event flyer, can be found [here](#). The draft program and registrations are scheduled to go live on the alPHA website in mid-April. In the meantime, don't forget to hold the date: June 8<sup>th</sup>!

A sponsorship package is available for the conference and can be accessed [here](#).

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### **Request for Photos**

Do you have a photo showing alPHA members in action that we can share with attendees at the Annual Conference? We want to profile the key role that public health is playing in the pandemic response. Please send your images to: [info@alphaweb.org](mailto:info@alphaweb.org)

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### **alPHA Fitness Challenge**

The alPHA fitness challenge is back! And this time...no paperwork!

All members are encouraged to engage in masked and physically distant fitness activities (on their own or with those in their household) that are at least 30 minutes in length during the month of May. Participate and share a picture on your Twitter account, tagging @PHAgencies #alPHA2021. You will be highlighted in the alPHA e-newsletter and during the AGM June 8<sup>th</sup>.

The Fitness Challenge flyer can be found [here](#). (We will also post this soon on the website.)

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### **Get ready to virtually meet and tips from our hosts NWHU!**

As hosts of the alPHA AGM in June, NWHU wants to help you to prepare by sharing tips from their Healthy Meetings and Events Guide to help you prepare for a productive day. The tips are useful for all of your



meeting filled days! Help yourself by making the healthy choice the easy choice. Prepare for your day by packing a healthy lunch and snacks, filling up your water bottle, and scheduling in some opportunities to move (even just a little).

Looking for more? Implement a healthy meeting and event policy for your organization using resources available at [NWHU Healthy Meetings and Events](#)

---

### **alpha Correspondence**

Through policy analysis, collaboration, and advocacy, alpha's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Check out the most recent [submissions](#).

---

### **Boards of Health: Shared Resources**

A resource [page](#) is available on the alpha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and it will be posted in the appropriate library.

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### **New Releases**

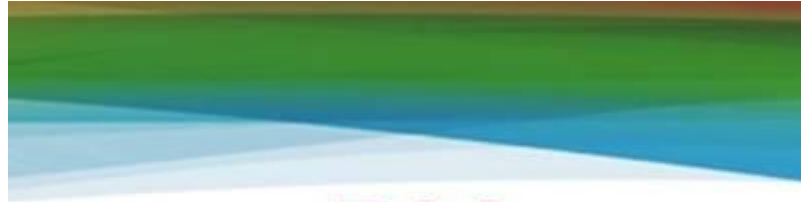
- Ministry of Health Transfer Orders:  
<https://www.ontariohealth.ca/corporate-documents> and  
<https://www.health.gov.on.ca/en/news/bulletin/> - March 17, 2021
- [Ontario is Expanding the Protection and Preservation of Green Spaces](#) – March 15, 2021
- [Ontario Provides Additional Protection for Retirement Home Residents and Staff](#) – March 15, 2021
- [Supporting Eastern Ontario’s Historic Sites, Parks and Attractions during COVID-19](#) – March 15, 2021
- [Ontario Expanding Access to Mental Health and Addictions Services in Northwestern Ontario](#) – March 15, 2021
- [Ontario Launching Provincial Booking System for COVID-19 Vaccines](#) – March 14, 2021
- [Ontario Moving Three Regions to New Levels in the COVID-19 Response Framework](#) – March 12, 2021
- [Canada and Ontario Invest to Expand Community and Recreational Infrastructure in Toronto](#) – March 12, 2021
- [Ontario Takes Steps to Further Protect Nipissing Region Businesses from COVID-19](#) – March 12, 2021
- [Ontario Supports Expanding Virtual Mental Health Services for Youth](#) – March 11, 2021
- [Ontario Activates Emergency Brake in Sudbury Public Health Region](#) – March 11, 2021
- Ontario to Release 2021 Budget on March 24 – March 11, 2021
- [Ontario Pharmacies and Primary Care Settings to Begin Offering COVID-19 Vaccinations](#) – March 10, 2021
- [Ontario Takes Further Action to Protect Homeless Shelters during COVID-19](#) – March 10, 2021
- [Ontario Completes All First Dose COVID-19 Vaccinations in Northern Remote Indigenous Communities](#) – March 8, 2021
- [Ontario Accelerates Safe and Affordable Housing in Hamilton](#) – March 5, 2021
- [Ontario Ready to Rollout Phase Two of COVID-19 Vaccine Distribution Plan](#) – March 5, 2021
- [Toronto, Peel and North Bay-Parry Sound Public Health Regions Returning to Strengthened COVID-19 Response Framework](#) – March 5, 2021
- [Ontario Increasing Mental Health Supports for Indigenous Peoples, Families and Communities](#) – March 4, 2021
- [Ontario Renews Calls for Ottawa to Provide Fair Share of Health Care Funding](#) – March 4, 2021
- [Canada and Ontario Invest to Improve Recreational Infrastructure in Atikameksheng Anishnawbek](#) – March 4, 2021
- [Ontario Provides Additional Support for Municipalities During COVID-19](#) – March 4, 2021
- [Ontario Provides More than \\$1 Billion in Support for Small Business](#) – March 2, 2021
- [Ontario Increasing Supports for Black Students](#) – March 1, 2021
- [Ontario Keeping Seniors Safe and Socially Connected during COVID-19](#) – March 1, 2021

- [Ontario Activates Emergency Brake in Thunder Bay District Health Unit and Simcoe Muskoka District Health Unit](#) – February 26, 2021
- [Canada and Ontario Invest in Culture and Recreation Infrastructure in the City of Hamilton](#) – February 25, 2021
- [Ontario Supports the Greenbelt Foundation](#) – February 23, 2021
- [Ontario Administers over Half a Million Doses of COVID-19 Vaccines](#) – February 19, 2021
- [Stay-at-Home Order Extended in Toronto and Peel Public Health Regions Along with North Bay-Parry Sound](#) – February 19, 2021
- [Ontario Takes Action to Combat Racism and Hate Crimes](#) – February 19, 2021

**Association of Local Public Health Agencies**

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**alPHa**

Association of Local  
**PUBLIC HEALTH**  
Agencies

April 20, 2021

*This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence and events. Visit us at [alphaweb.org](http://alphaweb.org).*

---

### **COVID-19 Update**

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. alPHa frequently shares Situation Reports and COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHa.

[Visit the Ministry of Health's page on guidance for the health sector](#)  
[View the Ministry's website on the status of COVID-19 cases](#)  
[Go to Public Health Ontario's COVID-19 website](#)  
[Visit the Public Health Agency of Canada's COVID-19 website](#)  
[alPHa's recent COVID-19-related submissions can be found here](#)

---

### **alPHa Correspondence**

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. The most recent submissions can be found below and a full list of [submissions](#) is on the website.

[alPHa-OMA Joint Statement - Emergency Brake](#)

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### **Conference and Annual General Meeting Update** ***Ontario's Public Health System***

## ***Challenges – Changes – Champions*** **June 8, 2021**

This year's Conference and AGM is online, and the theme continues the conversation on the critical role of Ontario's public health system and will include discussions on the response to COVID-19 and the future of public health. The online conference page is the up-to-date source of all related information and can be accessed [here](#).

We are excited to announce our gold level sponsor: **Gillons Insurance Brokers – A division of Westland Insurance group** and our silver level sponsor: **Mosey and Mosey**. We welcome suggestions for additional sponsors. A sponsorship package and application form has been developed for the conference and can be accessed [here](#).

Conference registration will begin soon, and an email will be sent out to all health units when the registration system has launched. We hope members of your health unit will attend the conference and AGM virtually and play a significant role in making it a success! In the meantime, don't forget to hold the date: June 8<sup>th</sup>!

---

### **Request for Photos**

Do you have a photo showing aPHa members in action that we can share with attendees at the Annual Conference? We want to profile the key role that public health is playing in the pandemic response. Please send your images to: [info@alphaweb.org](mailto:info@alphaweb.org)

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### **aPHa Fitness Challenge**

The aPHa fitness challenge launches in May and will be highlighted at the AGM on June 8<sup>th</sup>.

Your challenge is to do 30 minutes of COVID-19 safe physical activity in May and post a picture on Twitter tagging @PHAgencies #aPHa2021 – but why wait! Post this month and we can use your picture to highlight the challenge in our May newsletter and motivate colleagues around the province.

More details regarding the Fitness challenge can be found [here](#).

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### **Get ready to virtually meet and tips from our hosts NWHU!**

Tips from the NWHU Healthy Meetings and Events Guide to help you prepare for the aPHa AGM and all of your other meeting filled days!

Water does wonders! Fill and re-fill your re-usable water bottle throughout the day to help you feel your best. It's the best choice for sipping throughout the day. Add some fruit for extra flavor.

Looking for more? Check out these [recipes](#) from Bright Bites.

---

### **Boards of Health: Shared Resources**

A resource [page](#) is available on the alPha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and it will be posted in the appropriate library.

An update from our legal advisor James LeNoury on how internet harassment is now a suable offense in Ontario, can be found [here](#).

In addition, here are additional resources available on the alPha website:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
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- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

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### **TOPHC Survey**

The Ontario Public Health Convention (TOPHC) 2021/22 programming looks to continue the tradition of challenging and exciting the public health sector while remaining relevant and timely to meet the evolving needs of our primary audiences and stakeholders. With many gatherings and conferences shifting into a virtual space to adapt to the unique challenges posed by COVID-19, TOPHC 2021/22 programming will also be offered online this year.

As we begin to reassess how programming can be offered virtually, we are looking to the sector to help guide our planning for TOPHC 2021/22 programming. By providing your feedback and taking part in a brief survey, this will help inform important aspects of TOPHC – its content, virtual presentation and timing.

alPha members are encouraged to assist with TOPHC planning efforts - complete this [5-minute, anonymous survey](#) by April 30, 2021.

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### **Upcoming PHO Events**

**April 29 (2 to 3:30 p.m. ET): [The Fourth Wave: Child and Family Health and Well-being During the COVID-19 Pandemic](#):** This session will explore how families were affected by public health measures and discuss ways to support them moving forward.

Please visit PHO's [Education and Events page](#) to register for education and professional development opportunities on relevant and timely public health topics including COVID-19. All sessions are recorded and posted to the [Presentations page](#).

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### **New PHO COVID-19 Vaccine Resources**

About COVID-19 Vaccines

- [Fact Sheet: What You Need to Know About Viral Vector Vaccines](#)
- [Fact Sheet \(updated\): What you Need to Know about mRNA Vaccines](#)
- [Focus On: COVID-19 Vaccines: Viral Vector-based Vaccines](#)

Vaccine Safety and Effectiveness

- [At a Glance: Management of Anaphylaxis Following Immunization in the Community](#)
- [What We Know So Far: COVID-19 Real-World Vaccine Effectiveness](#)

In case you missed it!

- Webinar: [Training & Resources: Collecting Sociodemographic Data During Vaccine Administration in Ontario](#)
- Webinar: [Vaccine Safety and Surveillance of Adverse Events Following Immunization in Ontario](#)

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### **Upcoming DLSPH Events and Webinars**

- [COVID-19 Vaccine Effectiveness \(Apr. 26\)](#)
- [Introduction to Participatory Evaluation Planning – Tips and Tools \(Apr. 28\)](#)
- [Ensuring Global Access to COVID-19 Vaccines \(Apr. 29\)](#)
- [Centre for Vaccine-Preventable Diseases Seminar – Dr. Deshayne Fell \(May 3\)](#)
- [Centre for Vaccine-Preventable Diseases Seminar – Dr. Ann Burchell \(May 10\)](#)
- [Centre for Vaccine-Preventable Diseases Seminar – Clarke Bhandari Cole \(May 31\)](#)

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### **New Releases**

- [Ontario Safely Expands Age Eligibility for AstraZeneca COVID-19 Vaccine to 40+ - April 19, 2021](#)
- [Ontario Strengthens Enforcement of Stay-at-Home Order – April 16, 2021](#)
- [Media Briefing on COVID-19 Modelling – April 16, 2021](#)

- [Ontario Supporting Business Investment and Prosperity during COVID-19 – April 15, 2021](#)
- [Ontario Supporting the Non-Profit Sector during COVID-19 – April 15, 2021](#)
- [Ontario Announces Emergency Child Care for Critical Frontline Workers – April 15, 2021](#)
- [Canada and Ontario Invest in School Infrastructure to Respond to the Impacts of COVID-19 – April 14, 2021](#)
- [Ontario Highlights Innovative Child and Youth Mental Health Service – April 14, 2021](#)
- [Ontario's COVID-19 Vaccination Strategy Targets High-Risk Neighbourhoods – April 13, 2021](#)
- [Canada and Ontario invest in improved sports and recreational projects in Toronto – April 13, 2021](#)
- [COVID-19 Rapid Screening Pilot Program Launching in Waterloo Region – April 12, 2021](#)
- [Ontario Expands COVID-19 Vaccination Locations to More Pharmacies – April 11, 2021](#)
- [Ontario Supporting Health System Response During Third Wave of COVID-19 – April 9, 2021](#)
- [Ontario Supports Families, Businesses and Workers during COVID-19 – April 9, 2021](#)
- [Federal Government Extends Support for Long-Term Care and Retirement Homes in Ontario – April 8, 2021](#)
- [Workplace Inspection Campaign Launching In COVID-19 Hotspots – April 8, 2021](#)
- [Ontario Enacts Provincial Emergency and Stay-at-Home Order – April 7, 2021](#)
- [Ontario Supports Local Manufacturing of Disinfectant during COVID-19 – April 7, 2021](#)
- [Ontario Moving to Phase Two of COVID-19 Vaccine Distribution Plan – April 6, 2021](#)
- [Ontario Extends COVID-19 Vaccination Booking to More Age Groups – April 1, 2021](#)
- [Ontario Implements Provincewide Emergency Brake – April 1, 2021](#)
- [Ontario Expanding Pharmacy and Primary Care Locations for COVID-19 Vaccinations – April 1, 2021](#)
- [Media Briefing on COVID-19 Modelling – April 1, 2021](#)
- [Ontario Expands COVID-19 Vaccination Booking to Individuals Aged 70 and over in Additional Regions – March 28, 2021](#)
- [Ontario Adjusting Public Health Measures for Activities in Grey-Lockdown Level – March 26, 2021](#)
- [Booking COVID-19 Vaccinations Extends to Individuals Aged 70 and over in Toronto – March 26, 2021](#)
- [2021 Budget to be Released Tomorrow, March 24, 2021 – March 23, 2021](#)
- [Ontario Helping People Get their COVID-19 Vaccination – March 23, 2021](#)
- [Ontario Supporting Hospitals with Additional Funding During COVID-19 – March 22, 2021](#)
- [Premier Ford to Provide a Pharmacy Vaccine Update – March 19, 2021](#)
- [Premier Ford to Provide a COVID-19 Vaccine Update – March 18, 2021](#)
- [Ontario Businesses Making Workplaces Safer – March 17, 2021](#)



- Ontario Making it Easier to Administer Rapid COVID-19 Testing in the Workplace – March 17, 2021
  - New Action Group to Help Implement One of the Largest Health Care Recruiting and Training Programs in Ontario History – March 16<sup>th</sup>, 2021
  - Electronic Press Kit Now Available: Premier Ford Provides Vaccine Update in Cobourg – March 15, 2021
- 

**Association of Local Public Health Agencies**

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)

The 2021 Ontario Budget released on March 24<sup>th</sup>, 2021, outlines Ontario's next steps to defeat COVID-19. It brings total investments to \$16.3 billion to protect people's health and \$23.3 billion to protect Ontario's economy. The first two phases of the Action Plan, which were also primarily framed as budgets, can be reviewed [here](#) and [here](#). As with those, this plan is focused on expenditures related to the COVID-19 response and recovery, with a more pronounced emphasis on the latter. There are no new funding or policy announcements specific to local public health agencies.

alPHa is pleased to provide the following summary and links to keep our members informed.

- Online Index to the 2021 Budget, which includes text and video summaries and links to all related documents is [here](#).
- The full Budget can be read online and downloaded [here](#).
- The Minister's speech is [here](#).
- alPHa's Pre-Budget Submission can be viewed [here](#).

#### **MENTIONS OF PUBLIC HEALTH:**

"Public health" is mentioned a total of 33 times in the main document, the most significant of which are excerpted below. Most of these refer to the public health role in the vaccination campaign. All instances not captured here are more generic, with "public health restrictions" appearing frequently as the context for the economic hardships that this budget aims to remedy as part of the economic recovery. Please note that page numbers refer to those that appear in the document itself.

"While hope is on the horizon with vaccine distribution underway, public health modelling demonstrates that because of new variants of concern, there continues to be risks related to the future path of the pandemic. This is why Ontario's focus today continues to be protecting people's lives and livelihoods from the virus" (p. 3).

"The key to defeating COVID-19 is ensuring every person who wants a vaccine gets a vaccine. Working with partners — including the federal government and local public health units — to vaccinate the people of Ontario is the government's most urgent priority" (p. 28).

"Phase One of Ontario's vaccination rollout is well underway, and as of early March 2021, over 80 per cent of the long-term care residents are fully immunized and public health units are working with homes to vaccinate staff and essential caregivers as a priority." (p. 30).

"As the supply of vaccines increases, the people of Ontario will be able to get vaccinated in several new settings. In addition to hospitals, mobile clinics and mass vaccination clinics, the province is working with

the pharmacy sector and with primary care professionals to offer vaccinations in primary care settings and community locations in collaboration with public health units.” (p. 30).

“The plan activates the entire health care infrastructure, including public health units, hospital clinics, mass vaccination sites, mobile clinics, pharmacies and primary care. On the ground, the plan is adapting to the unique situation of each of the province’s 34 public health units, reflecting the diverse populations and vast geography of the province — all with the aim of vaccinating the people of Ontario as soon as possible.” (p. 31).

“Ontario is investing \$50 million to support community-led vaccination efforts in First Nations and urban Indigenous communities. This investment will provide additional health care supports, including more public health capacity and greater access to testing in Indigenous communities. This funding will also help to set up onsite clinics to support vaccine roll-out, working with Indigenous communities.” (p. 31).

“Since the beginning of COVID-19, Ontario has invested over \$100 million in dedicated IPAC funding, including a significant increase in capacity and measures for both prevention and response. Building on this investment, Ontario is investing \$50 million in 2021–22 to ensure IPAC resources and expertise are available across the health system including hospitals and public health units as well as other congregate settings.” (p. 52)

“Making Progress on Addressing Unregulated Tobacco: Since 2020, the government has been consulting on unregulated tobacco with public health stakeholders, industry and retail associations, as well as First Nations partners. Building on the commitments made in the 2020 Budget, the Province has launched engagement with First Nations on tobacco in February 2021. These conversations are being led by independent Indigenous facilitators and are essential to informing solutions to unregulated tobacco. This engagement with First Nations will support the development of a made-in-Ontario tobacco strategy.” (p. 209).

## **HIGHLIGHTS – SECTION A: PROTECTING HEALTH**

### *Defeating COVID-19*

- To vaccinate every person in the province who wants to be vaccinated, Ontario has made more than \$1 billion available for a provincewide vaccination plan. Ontario is also making it safer to re-engage with workplaces, businesses and communities, with \$2.3 billion for testing and contact tracing.
- To protect the frontline heroes and vulnerable people, Ontario has made available \$1.4 billion for personal protective equipment, including more than 315 million masks and more than 1.2 billion gloves.
- To ensure every person who requires care in a hospital can access a bed, even during the worst of the pandemic, the government is investing an additional \$5.1 billion to support hospitals since the pandemic began, creating more than 3,100 additional hospital beds. This includes \$1.8 billion in 2021–22 to continue providing care for COVID-19 patients, address surgical backlogs and keep pace with patient needs.

### *Fixing Long-Term Care*

- To address decades of neglect and help those waiting to get into long-term care, Ontario is investing an additional \$933 million over four years, for a total of \$2.6 billion, to support building 30,000 new long-term care beds. Ontario is also investing \$246 million over the next four years to improve living conditions in existing homes, including ensuring homes have air conditioning for residents, so loved ones can live in comfort and with safety, dignity and respect.
- To protect loved ones in long-term care from the deadly COVID-19 virus, Ontario is investing an additional \$650 million in 2021–22, bringing the total resources invested since the beginning of the pandemic to protect the most vulnerable to over \$2 billion.
- To ensure loved ones receive the best quality care in Canada, Ontario is investing \$4.9 billion over four years to increase the average direct daily care to four hours a day in long-term care and hiring more than 27,000 new positions, including personal support workers (PSWs) and nurses.

### *Caring for People*

- To address the need for more health care services, Ontario is making investments to support historic hospital expansion and construction projects, including a new inpatient wing at William Osler Health System's Peel Memorial and ongoing planning of a new regional hospital in Windsor-Essex. The government is also investing in the creation of new children's treatment centres in Ottawa and Chatham-Kent to increase access to critical programs and services.
- To help the thousands of people struggling with mental health and addictions issues, Ontario is providing additional funding of \$175 million in 2021–22, as part of the historic investment of \$3.8 billion over ten years, to provide more and better care for everyone who needs it.
- To assist survivors of domestic violence — which has increased during COVID-19 — and other heinous crimes like human trafficking, Ontario is investing an additional \$2.1 million over three years to support victims of crime. This support is in addition to funding provided through various existing programs to help victims of domestic violence and other violent crimes.
- To make progress in our collective efforts to address systemic racism, Ontario is making additional investments in key communities. This includes investments of \$1.6 million over two years to support the Anti-Racism and Anti-Hate Grant program, which will support community based anti-racism initiatives focusing on anti-Black racism, anti-Indigenous racism, anti-Semitism and Islamophobia. This builds on a \$60 million investment in the Black Youth Action Plan.

## **HIGHLIGHTS – SECTION B: PROTECTING OUR ECONOMY**

### *Supporting Workers and Families*

- To help workers with their training expenses, the government is proposing a new Ontario Jobs Training Tax Credit for 2021. It would provide up to \$2,000 per recipient for 50 per cent of eligible

expenses, for a total of an estimated \$260 million in support to about 230,000 people in 2021.

- To help families — who have faced new pressures and expenses due to the pandemic — keep more money in their pockets, the government is providing a third round of payments to support parents through the Ontario COVID-19 Child Benefit, totalling \$1.8 billion since last March. The payment will be doubled to \$400 per child for this round and \$500 for each child with special needs, which means a family with three young children, one of whom has special needs, will receive \$2,600 in total after the third round of payments.
- To support parents with the cost of child care and help them get back to the workforce, the government is proposing a 20 per cent enhancement of the CARE tax credit for 2021. This would increase support from \$1,250 to \$1,500, on average, providing about \$75 million in additional support for the child care expenses of over 300,000 families.
- To help seniors stay in the homes they love, longer, Ontario has introduced the Seniors' Home Safety Tax Credit for 2021. This new credit will provide an estimated \$30 million in support for about 27,000 seniors and people who live with senior relatives.

#### *Supporting Jobs*

- To help small businesses that have been most affected by the necessary restrictions to protect people from COVID-19, Ontario is providing a second round of Ontario Small Business Support Grant payments to eligible recipients. Approximately 120,000 small businesses will automatically benefit from an additional \$1.7 billion in relief through this second round of support in the form of grants of a minimum of \$10,000 and up to \$20,000 — bringing the estimated total support provided through this grant to \$3.4 billion.
- To support Ontario's tourism, hospitality and culture industries, that have been among the most heavily impacted by the COVID-19 pandemic, Ontario is investing an additional \$400 million over the next three years in new initiatives to support these sectors. This builds on previously announced investments of \$225 million, bringing the total to more than \$625 million since the pandemic began.
- To connect homes, businesses, and communities to broadband — which COVID-19 has demonstrated is a necessity, not a luxury — Ontario is investing \$2.8 billion, bringing the Province's total investment to nearly \$4 billion over six years beginning 2019–20.
- To encourage business investment in certain regions of the province that have lagged in employment growth in the past, Ontario is proposing to temporarily enhance the Regional Opportunities Investment Tax Credit by investing an additional \$61 million, resulting in total tax credit support of about \$155 million by 2022–23.

#### *Supporting Communities*

- To support faith-based and cultural organizations that are struggling due to the additional costs caused by COVID-19, Ontario will be making up to \$50 million available for grants to eligible organizations.

- To support Ontario’s 444 municipalities, the province’s key partners in the fight against COVID-19, the government is providing almost \$1 billion in additional financial relief in 2021 to help preserve vital public services and support economic recovery. This builds on the \$4 billion in federal–provincial support provided to communities across the province under the historic Safe Restart Agreement. Ontario joins municipalities in our continued calls for the federal government to step up and provide, at minimum, a matching amount of federal funding to these important new provincial investments.
- To support long-term economic growth and sustainable public finances, the government must evolve and become more modern, along with the rest of the world. Ontario is committed to supporting a modern government that puts citizens at the centre of every action we take. [Ontario’s Action Plan: Protecting People’s Health and Our Economy](#) provides a progress update on our *Ontario COVID-19 Action Plan for a People-Focused Government* and the \$500 million Ontario Onwards Acceleration Fund.

We hope that you find this information useful.

# Lougheed's Limited

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Rachel Quesnel  
Sudbury & District Health Unit  
1300 Paris St,  
Sudbury, ON

Hi Rachel,

Please find attached the small tokens of appreciation to recognize the wonderful work of your people during the pandemic. St. John Ambulance is an international charity, working in Canada for over 100 years, providing health and safety training and volunteers. As the immediate past Chancellor, it is my honour to provide you with these tokens to your people. As per our conversation please find 335 tokens. I wish you and all your people good health and stay safe.



Thanks, Geoff



## St. John Ambulance

**SAVING LIVES**  
at work, home and play

As the immediate Past Chancellor of St. John Ambulance Canada, a charity founded in health and safety, it is my honour to present you with a Pandemic Coin. These coins have been designed by St. John Ambulance as a tangible token of our appreciation for the service of frontline health providers.

A sincere thank you for your commitment and service to the people of Sudbury. May this coin be a reminder of our community's gratitude and respect for your assistance during the pandemic.

*Geoffrey Lougheed*

*Past Chancellor, St. John Ambulance Canada*





**Ambulance Saint-Jean**

**SAUVER DES VIES**  
au travail, à la maison et dans les loisirs

En tant que chancelier sortant d'Ambulance Saint-Jean Canada, un organisme de bienfaisance axé sur la santé et la sécurité, j'ai l'honneur de vous remettre un Médaillon de reconnaissance de services pendant la pandémie. Ambulance Saint-Jean a conçu ces médaillons en guise de témoignage d'appréciation concret des services rendus par les fournisseurs de soins de santé de première ligne.

Nous vous remercions sincèrement de votre engagement et des services que vous avez rendus à la population de Sudbury. Puisse ce médaillon vous rappeler la gratitude et le respect de la collectivité à votre égard pour votre aide pendant la pandémie.

*Geoffrey Lougheed*

*Chancelier sortant, Ambulance Saint-Jean Canada*

**APPROVAL OF CONSENT AGENDA**

**MOTION: THAT the Board of Health approve the consent agenda as distributed.**

**To:** René Lapierre, Chair, Board of Health  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health  
**Date:** May 13, 2021  
**Re:** Vaccination program report – by the numbers

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For Information

For Discussion

For a Decision

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**Issue:**

Public Health Sudbury & Districts' COVID-19 Vaccination Program has been underway since January 2021. While ongoing reporting on vaccination efforts for our service area occurs through various mechanisms, it is timely to provide an overarching “by the numbers” report to the Board of Health. An infographic has been developed that provides a summary of various aspects of the Vaccination Program, including the large number of partnerships that make this program possible. The infographic will be shared with Board of Health members the day of the Board meeting to ensure it incorporates the most current information.

**Recommended Action:**

That the Board of Health review this information and consider means to recognize that the success of the local vaccination effort is made possible by the tremendous partnerships—including area municipalities and First Nations, organizations and agencies, private businesses, and community groups—built over the many years of local public health action grounded in area communities.

**Background:**

As the Public Health Sudbury & Districts COVID-19 Vaccination Program is being implemented, there are a number of data and information points that are being captured.

These data and information points – which include items such as numbers of vaccines received and administered, coverage rates by priority populations and geography, vaccine events/clinics, and resources associated with the Vaccination Program – are used to inform ongoing planning efforts and to provide status updates on the work to date.

Information on the partnerships that support the Program also reflects the fact that successfully rolling out such a program is a true community effort.

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2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Reporting on all these items to the Board of Health, the public, and our various stakeholders is a key element to documenting this unprecedented journey, and to maintaining ongoing information sharing and transparency. An infographic outlining these key data is developed for this purpose, and is complementary to other ongoing reporting mechanisms, including regular web updates and information sharing via public service announcements and social media posts.

The Board of Health may wish to consider celebrating and highlighting the critical involvement of the many partners in the successful vaccination roll-out to date. Area municipalities, First Nations, organizations, agencies, private businesses and community groups have all unreservedly stepped up to support the Vaccination Program in diverse ways.

The longstanding history in Ontario of local public health being grounded in community, combined with the Board’s strategic emphasis on meaningful relationships, have made this possible. The result is a collective strength that improves health opportunities for all in local communities. The Board may wish to highlight and celebrate this with all involved, including with the Premier of Ontario and the province’s Chief Medical Officer of Health.

**Financial Implications:**

N/A

**Ontario Public Health Standard:**

Effective Public Health Practice (Foundational Standard)

**Strategic Priority:**

Meaningful Relationships  
Organizational Commitment

**Contact:**

Renée St Onge, Director, Knowledge and Strategic Services  
[stonger@phsd.ca](mailto:stonger@phsd.ca)

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2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment



# 2021 **alPHa** FITNESS CHALLENGE



The alPHa Annual Fitness Challenge is coming soon! All members - Medical/Associate Medical Officers of Health, Board of Health members and Affiliates - are encouraged to engage in masked and socially-distant fitness activities (on their own or with those in their household) that are at least 30 minutes in length during the month of May. The more often that you do this, the better!

New for 2021 - We are making things simple. No more paperwork! Participate and share it on your Twitter account. Don't forget to include in your tweet: a picture, @PHAgencies and #alPHa2021. We will also profile your Fitness Challenge activities on alPHa's Twitter account, e-newsletter, website and at the alPHa Conference which is taking place online on June 8th.



**READY - Decide on an activity.**

**SET - Participation of a minimum of 30 minutes of physical activity.**

**GO! - Post your tweets with pictures and include @PHAgencies and #alPHa2021**

**REPEAT! - Keep participating!**

## **Easy** Tips to Get Active!

**At Home** - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, dig and pick up trash. Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.

**At Work** - Many of us have sedentary jobs and many of us are also working at home and missing the active transportation that we used to have going to and from work. Stand or walk around while talking on the telephone.

**At Play** - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Do these regularly.

**Thank you for participating in the 2021 alPHa Fitness Challenge!**

**CALL FOR BOARD OF HEALTH NOMINATIONS**  
**2021-2023**  
**alPHa BOARD OF DIRECTORS**



alPHa is accepting nominations for **three** Board of Health representatives to fill positions on its 2021-2023 Board of Directors from the following regions and for the following terms:

|  |  |
|--|--|
| <ol style="list-style-type: none"> <li><b>1. North East</b></li> <li><b>2. Central East</b></li> <li><b>3. North West</b></li> </ol> | } <b>2-year term each (June 2021 to June 2023)</b> |
|--|--|

See the attached appendix for boards of health in each of these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors.

**Qualifications:**

- Active member of an Ontario Board of Health (or regional public health committee) that is a member organization of alPHa.
- Knowledge and skills in the areas of not-for-profit governance: policy, finance, programs and human resources.
- Previous volunteer leadership experience in a not-for-profit is an asset but not a requirement.
- Strong commitment to public health and the work of the organization.

*An election to determine the representatives will be held at the Boards of Health Section Meeting on June 8, 2021, at the alPHa Annual Conference. All nominees must be present.*

**Nominations close 4:30 PM, Friday, May 28, 2021.**

**Serving on the alPHa Board is an important opportunity for you to:**

- Play a part in making alPHa a stronger leadership organization for public health agencies in Ontario.
- Represent your colleagues at the provincial level.
- Participate in discussion reflecting common concerns of public health agency management across the province.
- Expand your contacts and strengthen relationships with Medical Officers of Health, Public Health Unit senior staff and board of health members and lend your expertise to the development of alPHa position papers and official response to issues affecting all public health agencies.
- Participate on provincial ad hoc or advisory committees.

Continued

**Duties of a Director:**

- Make decisions in the best interest of the Association's long and short-term goals, objectives, priorities and initiatives using a thorough understanding of alPHa's Constitution, Strategic Plan, policies and procedures, including the Code of Conduct.
- Prepare for, attend and actively participate in Board meetings and the Annual General Meeting.
- Approve Strategic Plan, Annual Budget, and Annual Report.
- Review and approve major contracts and grants.
- Complete tasks as assigned by the President and the Executive Committee.
- Provide written and verbal reports, as appropriate.
- Participate on ad hoc committees and sub-committees, as appropriate.
- Provide input and consultation to the alPHa President and Executive Director, as needed.
- Hire and evaluate the Association's Executive Director.
- Serve as a public figure and spokesperson for the Association, as appropriate.

**How is the alPHa Board structured?**

- There are 22 directors on the alPHa Board.
  - 7 from the Boards of Health Section.
  - 7 from the Council of Ontario Medical Officers of Health (COMOH).
  - 1 from each of the 7 Affiliate Organizations of alPHa.
  - 1 from the Ontario Public Health Association Board of Directors.
- There are three (3) committees of the alPHa Board: Executive Committee, Boards of Health Section Executive, and COMOH Executive.

**What is the Boards of Health Section Executive Committee of alPHa?**

- This is a committee of the alPHa Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members; and
- Members of the Section Executive attend all alPHa Board meetings and participate in teleconferences throughout the year.

**How long is the term on the Boards of Health Section Executive/alPHa Board of Directors?**

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

**What is the time commitment for a Section Executive member/Director of alPHa?**

- alPHa Board meetings are held four (4) times a year in Toronto; a fifth and final meeting is held at the June *Annual Conference*.
- Boards of Health Section Executive Committee teleconferences are held five (5) times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alPHa Executive Committee teleconferences that are held five (5) times a year.

**Are my expenses as a Director of the alPHa Board covered?**

- Any travel expenses incurred by an alPHa Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.



How do I stand for consideration for appointment to the alPHa Board of Directors?

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alPHa by **May 28, 2021**.
- All nominees are required to attend and participate in the alPHa BH Section Executive Elections on June 8, 2021.

Who should I contact if I have questions on any of the above?

- Loretta Ryan, alPHa, Tel.: (416) 595-0006 ext. 222, email: [loretta@alphaweb.org](mailto:loretta@alphaweb.org)

*Appendix to Nomination and Consent Form – alPHa Board of Directors 2021-2023*

***Board of Health Vacancies on alPHa Board of Directors***

*Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors. An election will be held at alPHa’s Annual Conference in June to determine the new representatives (one from each of the regions below). If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consider standing for nomination.*

|  |  |
|--|--|
| <p><b>North West Region</b><br/>Boards of health in this region include:</p> <p>Northwestern<br/>Thunder Bay</p>   | <p><b>North East Region</b><br/>Boards of health in this region include:</p> <p>Algoma<br/>North Bay Parry Sound<br/>Porcupine<br/>Sudbury<br/>Timiskaming</p> |
| <p><b>Central East Region</b><br/>Boards of health in this region include:</p> <p>Durham<br/>HKPR<br/>Peel<br/>Peterborough<br/>Simcoe Muskoka<br/>York Region</p> |  |

\_\_\_\_\_, a Member of the Board of Health of  
(Please print nominee's name)

\_\_\_\_\_, is HEREBY NOMINATED  
(Please print health unit name)

as a candidate for election to the alPHa Board of Directors for the following Boards of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous pages*):

- North East (2-year term)**
- Central East (2-year term)**
- North West Region (2-year term)**

**SPONSORED BY:**

1) \_\_\_\_\_  
(Signature of a Member of the Board of Health)

2) \_\_\_\_\_  
(Signature of a Member of the Board of Health)

Date: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CONSENT to my nomination  
(Signature of nominee)

and agree to serve as a **Director of the alPHa Board** if appointed.

Date: \_\_\_\_\_

**IMPORTANT:**

1. Nominations close **4:30 PM, May 28, 2021**, and must be submitted to alPHa by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate pages by the deadline.
3. Email the completed form, biography and copy of Board motion by **4:30 PM, May 28, 2021**, to Loretta Ryan at [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

**NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION**

**MOTION:**

**WHEREAS** alPHa is accepting nominations for a North East representative on the alPHa Board of Directors for a two-year term from June 2021 to June 2023;

**THAT** the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a candidate for election to the alPHa Board of Directors and for the Boards of Health Section Executive Committee seat to continue as the North East representative.



Association of Local  
**PUBLIC HEALTH**  
Agencies

**Ontario’s Public Health System  
Challenges – Changes – Champions  
Conference and AGM**

**June 8, 2021**

*Draft as of April 25, 2021*

*Note: All times are Eastern Standard Time (EST)*

|  |                             |
|--|-----------------------------|
| <p><b>Celebrating the Northwest – Pre-Conference Event</b><br/>Doug Lawrance, Chair, Board of Health, Northwestern Health Unit (NWHU)<br/>Graydon Smith, President, Association of Municipalities of Ontario and<br/>Mayors from NW Ontario<br/>Dr. Kit Young Hoon, MOH, NWHU and Marilyn Herbacz, CEO, NWHU</p>   | <p>8:00 am to 8:30 am</p>   |
| <p><b>Call to Order, Greetings, and Land Acknowledgement</b><br/>Conference Chair, Trudy Sachowski and Margaret Froh, President, Metis<br/>Nation of Ontario</p> <p><b>Welcoming Remarks</b><br/>Minister of Health, (Canada) Hon. Patty Hajdu<br/>Minister of Health, (Ontario) Hon. Christine Elliott<br/>Minister of Energy, Northern Development and Mines and Minister of<br/>Indigenous Affairs, Hon. Greg Rickford<br/>Dr. Theresa Tam, Chief Public Health Officer of Canada</p> | <p>8:30 am to 8:45 am</p>   |
| <p><b>Ontario Integrated Data Platform and Public Health Analytics</b><br/>Dr. Jane Philpott (invited)</p>   | <p>8:45 am to 9:30 am</p>   |
| <p><b>Public Health Ontario Update</b><br/>Colleen Geiger, President and Chief Executive Officer (acting); Chief, Strategy<br/>and Stakeholder Relations, Research, Information and Knowledge<br/>Dr. Brian Schwartz, Vice President<br/>Dr. Vanessa Allen, Chief, Microbiology and Laboratory Science<br/>Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness<br/>Officer</p>   | <p>9:30 am to 10:15 am</p>  |
| <p><b>Fitness Break</b><br/>Return from the break at 10:25 am to join in a few minutes of active fun to<br/>recharge and refocus.</p>  | <p>10:15 to 10:30 am</p>    |
| <p><b>Combined alPHa Business Meeting and Resolutions Session</b><br/>AGM and Resolutions Chair: Carmen McGregor, alPHa President<br/>Parliamentarian: Dr. Robert Kyle, alPHa Past-President</p>   | <p>10:30 am to 11:30 am</p> |

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|---|---------------------------|
|   |                           |
| <p><b>An Update from the Chief Medical Officer of Health</b><br/> Speaker: Dr. David Williams, Chief Medical Officer of Health (invited)</p>  | <p>11:30 am to noon</p>   |
| <p><b>Luncheon Speaker and Distinguished Service Awards</b></p> <p><b>Learning Health Systems</b><br/> Speaker and MC: Dean Steini Brown, Dalla Lana School of Public Health, University of Toronto</p> <p>The COVID-19 pandemic has made clear the enduring importance of timely and useful information that can be used to help guide decision-making and improve operations at every level of our public health system. The goal of a continuously learning, relentlessly improving system – or learning health system – has become a focus for health system funders, researchers, and policymakers. In this discussion we’ll explore how close we are to a learning public health system in Ontario and what key changes could help realize fully the vision of such a system.</p> <p>Distinguished Service Award (DSA) is awarded by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.</p> | <p>Noon to 1:00 pm</p>    |
| <p><b>Lunch Break</b></p>   | <p>1:00 pm to 1:30 pm</p> |
| <p><b>Section Meetings</b><br/> Note: Members of the Board of Health Section and the Council of Ontario Medical Officers of Health meet separately.</p> <p><i>Board of Health members are asked to stay with the Zoom webinar platform with the COMO members joining a separate meeting.</i></p>  | <p>1:30 pm to 4 pm</p>    |



# **Resolutions for Consideration 2021**

**Resolutions Session  
2021 Annual General Meeting  
Monday, June 8, 2021  
Online**

| Resolution # | Title   | Sponsor                          | Page |
|--------------|---|----------------------------------|------|
| A21-1        | REDUCING THE HARMS, THE AVAILABILITY AND YOUTH APPEAL OF ELECTRONIC CIGARETTES AND VAPING PRODUCTS THROUGH REGULATION | Middlesex-London Board Of Health | 1    |

- TITLE:** **Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulation**
- SPONSOR:** **Middlesex-London Board of Health**
- WHEREAS** electronic cigarettes (e-cigarettes), also referred to as electronic nicotine delivery systems, vapour products, vapes or vapourizers, were first introduced into the Canadian market in 2004; and
- WHEREAS** an alPHa resolution in 2014 requested that Health Canada and the Ontario Ministry of Health and Long-Term Care provide for the public health, safety and welfare of all Ontario residents by: ensuring manufacturing consistency of e-cigarettes; conducting research on the long-term health effects of e-cigarettes and exposure to secondhand vapour; and, regulating the promotion, sale and use of e-cigarettes in Ontario; and
- WHEREAS** there are no long-term studies on the health effects of using e-cigarettes that can conclusively show they do not pose a health risk to the user; and
- WHEREAS** there is substantial evidence that some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis, and that long-term exposure to e-cigarette aerosols could increase the risk of cancer and adverse reproductive outcomes; and
- WHEREAS** there is inconclusive evidence that e-cigarettes are effective as a cessation tool to help people break their addiction to nicotine; and
- WHEREAS** in Canada, most people who use e-cigarettes also smoke tobacco cigarettes (dual users), maintaining tobacco use and nicotine addiction over time; and
- WHEREAS** data shows that the concurrent use of cigarettes and e-cigarettes is even more dangerous than smoking cigarettes alone due to increased exposure to toxicants and nicotine; and
- WHEREAS** the use of e-cigarettes has grown at an exponential rate, with a 74% increase in youth vaping in Canada from 8.4% in 2017 to 14.6% in 2018; and
- WHEREAS** e-cigarette prevalence rates among Canadian grade 7 to 12 students have doubled from 10% in 2016-17 to 20% in 2018-19, with prevalence rates of past-30-day use being higher among students in grades 10 to 12 (29%) than those in grades 7 to 9 (11%); and
- WHEREAS** 56% of Ontario students in grades 7 to 12 who have used an e-cigarette in the past year are vaping nicotine; and
- WHEREAS** there is substantial evidence that e-cigarette use increases the risk of cigarette smoking initiation among non-smoking youth and young adults; and



**WHEREAS** simulation models in the United States show e-cigarette use represents more population-level health harms than benefits, with an estimated 80 youth and young adults starting to use an e-cigarette product for every cigarette smoker who quits; and

**WHEREAS** a [January 2020 statement](#) from the Council of Chief Medical Officers of Health (CCMOH) outlines regulatory and policy recommendations for the federal, provincial/territorial and municipal governments to address the rapidly emerging public health threat of increased vaping prevalence; and

**WHEREAS** As of July 1<sup>st</sup>, 2020, the sale of most flavoured vaping products and all vaping products with nicotine concentrations higher than 20 mg/mL are restricted to specialty vape stores and provincially licensed cannabis retail outlets because they are age-restricted (19 years plus) retail environments; and

**WHEREAS** In Ontario, the sale of menthol, mint and tobacco-flavoured e-cigarettes are permitted at convenience stores, gas stations, and any other retail environment where children and youth have access; and

**WHEREAS** additional regulatory measures will serve to further strengthen the goal of tobacco use prevention, cessation and a reduction in use of all nicotine-containing products by regulating vapour products as equivalent to commercial tobacco products;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (ALPHA) write to the federal and provincial Ministers of Health acknowledging the steps already taken by the Governments of Canada and of Ontario to address the epidemic of youth vaping, and urge that they enact the following policy measures based on those recommended by the Council of Chief Medical Officers of Health:

- A ban on all vapour product and e-substance flavours except tobacco;
- A cap on the nicotine concentration levels in any vapour product to 20 mg/mL, in alignment with the European Union Tobacco Products Directive;
- The application of the same plain and standardized packaging regime that is applied to commercial tobacco products and accessories to vapour products;
- The enforcement of strict age-verification measures for online sales, including age-verification at time of purchase and proof of legal age at delivery;
- Limit tobacco and vapour product and accessory sales to licensed, age-restricted tobacconists, specialty vape shops and cannabis retail shops respectively;
- The enactment of a tax regime on vapour products and the establishment of product set price minimums to discourage use of all tobacco and vaping products; and,
- An increase to the legal age for the sale and supply of tobacco and vaping products and accessories to 21 years of age.

**AND FURTHER** that ALPHA advise all Ontario Boards of Health to advocate for and support local municipalities to develop bylaws to regulate the retail sale and the use of tobacco and vapour products;

**AND FURTHER**, that the Prime Minister of Canada, the Chief Public Health Officer of Canada, the Premier of Ontario and the Chief Medical Officer of Health of Ontario be so advised.

*Supplementary information attached (14 pages)*

## Statement of Sponsor Commitment

The Middlesex-London Board of Health share the concerns of Health Canada and the Ontario Ministry of Health regarding the increase in vapour product use by young people in Canada. The Board is encouraged by the commitment to develop regulatory measures to reduce youth access and appeal of vaping products. The popularity of e-cigarettes has been explosive among our youth. It threatens to addict a whole new generation to nicotine products, reversing what has been a downward trend in smoking rates and nicotine addiction among Canadian youth. We are not alone in our concern. Our public health staff are working closely with our school communities, municipalities and public health partners to counter the use and popularity of e-cigarettes to prevent youth, young adults and non-tobacco users from becoming addicted to vaping products. Using a comprehensive approach that includes education and awareness targeted to youth, parents and adult influencers, and the enforcement of the *Smoke-Free Ontario Act, 2017*, we are committed to helping our youth develop the personal skills that will support their efforts to adopt healthy lifestyle behaviours free of all tobacco industry products. However, despite our concerted efforts to prevent initiation of vapour product use and addiction to nicotine among youth, we are being met with limited success because of the allure and attraction of these products. The ease of accessing vaping products at corner stores and through online sales, the smoother vaping experience provided by the development of nicotine salts, and despite some regulation the continued availability of high nicotine concentrations and flavours, has posed significant challenges in our efforts to halt vapour product uptake.

Under the *Smoke-Free Ontario Act, 2017*, smoking and the use of vaping products is prohibited on school grounds and within 20 metres of school property. The use of vaping products inside and outdoors on school property has become a substantial problem for elementary and secondary school staff. In the 2018-2019 school year, Tobacco Enforcement Officers (TEOs) with the Middlesex-London Health Unit issued 207 warnings and charges in 2018-2019 by Health Unit Inspectors responsible for enforcing the *Smoke-free Ontario Act, 2017*. As of February 2020, just prior to the pandemic shut down, 151 warnings and charges for the 2019-2020 school year have been issued. Health Unit Inspectors report that students caught vaping on school property often state that because of their addiction to nicotine, they are unable to wait for class breaks to leave school property to vape, and instead they are choosing to vape inside school washrooms, change rooms, classrooms and on school buses. Public Health Nurses working in our secondary schools have reported that students are sharing with them alarming experiences of adverse reactions to high doses of nicotine, including headaches, nausea, elevated heart rate, general malaise, and, in extreme situations, seizures. Data from the 2019 Ontario Student Drug Use and Health Survey shows that in Middlesex-London, 19%\* (11.8-29.1%) of students in grades 7 to 12 reported weekly or daily e-cigarette use (vaping) in the past 12 months (\*interpret with caution).

Too much remains unknown about the short- and long-term health effects of vaping to ignore this growing public health issue. Across Canada, as of February 18, 2020, there were 18 cases of 14Tvaping-associated lung illness<sup>1</sup> reported to the Public Health Agency of Canada, resulting in the hospitalization of 14 people including a 17-year-old high school student from the London area who spent 47 days in the hospital, part of it on life support (Government of Canada, 2020). In the United States, as of February 18, 2020, there have been a total of 2807 hospitalized 14Te-cigarette or vaping product use-associated lung injury (14TEVALI) cases including 68 deaths (CDC, 2020). At this time, there has yet to be a consistent product, substance, or additive that has been isolated as the cause in these cases. Continued efforts are needed from all levels of government to address the harms, the availability and youth appeal of e-cigarettes and vaping products through regulations like those contained in this resolution.

Dr. Christopher Mackie, Medical Officer of Health for the Middlesex-London Health Unit will be able to provide clarification on this resolution at the aPHa Annual General Meeting in June.

### **Background Summary**

Electronic cigarettes (e-cigarettes), also referred to as electronic nicotine delivery systems, vapour products, vapes or vapourizers were first introduced into the Canadian market in 2004 (Heart and Stroke Foundation, 2018). In 2014, [aPHa Resolution A14-2, “Regulating the Manufacture, Sale, Promotion, Display, and Use of E-Cigarettes”](#) was carried at the Annual General Meeting. The resolution requested that Health Canada and the Ontario Ministry of Health and Long-Term Care provide for the public health, safety and welfare of all Ontario residents by ensuring manufacturing consistency of e-cigarettes; conducting research on the long-term health effects of e-cigarettes and exposure to secondhand vapour; and regulating the promotion, sale and use of e-cigarettes in Ontario (Association of Local Public Health Agencies, 2014). Since 2014, the e-cigarettes available in the market have rapidly evolved and the growing public health concerns associated with product safety and an exponential increase in youth vaping have prompted the need for stricter regulations and immediate public health intervention. A [January 2020 statement](#) was released by the Council of Chief Medical Officers of Health (CCMOH), outlining regulatory and policy recommendations for the federal, provincial/territorial and municipal governments to address the rapidly emerging public health threat of increased prevalence of vaping (Public Health Agency of Canada, 2020).

When vaping products initially entered the market, they closely resembled a traditional cigarette, however, now they have become complex units that come in different shapes and sizes, with features that allow for customization in device configuration. There are newer products on the market, such as JUUL, SMOK, and VYPE, that use nicotine salts in novel, youth-friendly USB designs. These products have a higher nicotine content, and have become immensely popular with youth, due to their small, discrete design and recharging capabilities using computers and phone chargers (American Cancer Society, 2020).

In May 2018, Bill S-5, *An Act to Amend the Tobacco Act and Non-Smokers’ Health Act*, received Royal Assent and e-cigarettes, with or without nicotine, became legal in Canada. According to Health Canada (2018), this new legislative framework applied a harm reduction approach to vaping product regulations, striking a “balance between protecting youth from nicotine addiction and tobacco use, and allowing adults to legally access vaping products as a less harmful alternative to cigarettes” (Health Canada, 2018). The opening of the legal e-cigarette market in Canada led to increased vapour product availability and promotion, contributing to an exponential increase in vaping prevalence rates (Hammond, et al., 2019). The legalization of vaping products containing nicotine occurred despite firm evidence that they were effective as cessation devices and without conclusive evidence regarding their safety.

### **Health Effects of Vaping**

Emerging data suggests that vapour products may be safer than combustible tobacco products; however, this data is not yet conclusive, and there is consensus among the public health community that vapour products and the aerosol that vaping devices produce are not harmless (U.S. Department of Health and Human Services, 2016).

Vaping devices are still relatively new, and more research is needed to fully understand both the short- and long-term health risks associated with vaping. According to Bhatta and Glantz (2019), the use of e-cigarettes appears to be an independent risk factor for the development of respiratory disease, but more longitudinal studies are needed. In the absence of conclusive longitudinal evidence, there is consensus that vapour products expose users to harmful toxins, including cancer-causing chemicals, diacetyl, volatile organic compounds, heavy metals, and ultrafine particles that can be inhaled deeply into the lungs (Centers for Disease Control and Prevention, 2020; U.S. Department of Health and Human Services, 2016; National Academies and Science, Engineering and Medicine (NASEM), 2018). These substances have been linked to increased cardiovascular and non-cancer lung disease (U.S. Department of Health and Human Services, 2016). Additionally, there is substantial evidence that some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis, and that long-term exposure to e-cigarette aerosols could increase risk of cancer and adverse reproductive outcomes (NASEM, 2018).

### **Vaping Products for Cessation Requires Further Review**

E-cigarettes are marketed by the vapour product industry as a tool to help people quit smoking. Available evidence indicates that e-cigarettes deliver lower levels of carcinogens than conventional cigarettes, and according to NASEM (2018), there is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco. However, there is no safe level of exposure to commercial tobacco smoke (Inoue-Choi, et al., 2016) and there is inconclusive evidence that e-cigarettes are effective as a cessation tool to help people break their addiction to nicotine (U.S. Department of Health and Human Services, 2020; NASEM, 2018). Vaping products have not been approved by Health Canada as a smoking cessation aid because they are not currently tested, manufactured, and regulated as such in Canada.

Dual use, a term used to describe the concurrent use of e-cigarettes and tobacco cigarettes, is a real concern that can compromise cessation efforts among cigarette smokers (Czoli, et al., 2019). According to a recent Canadian report published by the Propel Centre for Population Health Impact at the University of Waterloo, half (52.7%) of e-cigarette ever users and a majority (64.58%) of past 30-day e-cigarettes users also reported being current smokers, suggesting that the rate of dual use in Canada is high (Reid, et al., 2019). Overall, nearly half (44.6%) of e-cigarette ever users who were also cigarette smokers reported using an e-cigarette when they were unable to smoke, or to smoke fewer cigarettes (Reid, et al., 2019). Dual users often report using e-cigarettes to help them quit or to reduce their smoking (Czoli, et al., 2019; Wang, et al., 2018). However, for cigarette smokers trying to quit smoking using vaping products, the use of e-cigarettes is associated with lower odds of being successful in their quit attempt (Kalkhoran & Glantz, 2016; Glantz & Bareham, 2018). Maintaining tobacco use and nicotine addiction through dual use may also pose additional health risks to the user. Compared to individuals who only use e-cigarettes, there is emerging evidence that dual users have increased risk of breathing difficulties, asthma and chronic obstructive pulmonary disease, which is indicative of adverse health effects on the respiratory system (Wang et al., 2018; Bhatta & Glantz, 2019).

### **Youth Vaping and Nicotine Addiction**

Youth vaping rates are increasing at an alarming rate, with a 74% increase in vaping among Canadian youth observed from 2017 to 2018 (Hammond, et al., 2019). Results from the 2018-19 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) show that e-cigarette prevalence rates among Canadian

grade 7 to 12 students have doubled from 10% in 2016-17 to 20% in 2018-19, with prevalence rates of past 30-day use being higher among students in grades 10 to 12 (29%) than those in grades 7 to 9 (11%) (Health Canada, 2019). Of additional concern, the results indicate that students who reported using an e-cigarette (with or without nicotine) in the past 30 days are vaping frequently, with approximately 40% reporting daily or almost daily use (Health Canada, 2019). The 2019 Ontario Student Drug Use and Health Survey (OSDUHS) reinforces the need for intensive public health intervention. Vaping rates have doubled among Ontario students in grades 7 to 12 in the two-year survey period between 2017 and 2019, with 23% reporting e-cigarette use in the past year (184, 200 students) compared to 11% in 2017 (Boak, et al., 2019). About 13%, or 1 in 8 report using an e-cigarette weekly or daily, which is up from 2% in 2015 (Boak, et al., 2019).

According to the manufacturer, a single pod that is used in the JUUL e-cigarette device contains as much nicotine as a pack of cigarettes (Willett, et al., 2018). Nicotine is a highly addictive substance that can have adverse effects on the developing brain (Health Canada, 2019; NASEM, 2018, U.S. Department of Health and Human Services, 2016). Research has shown that exposure to nicotine before the age of 25 can negatively alter the brain and can cause long-lasting negative effects on attention, memory, concentration, and learning, decreased impulse control, increased risk of experiencing mood disorders (such as depression and anxiety), and increased risk of developing nicotine dependence and addiction. (NASEM, 2018; Health Canada, 2019; Goriounova & Mansvelter, 2012). Compared to the adult brain, an adolescent brain finds nicotine more rewarding and will progress faster to nicotine dependence and addiction (Goriounova & Mansvelter, 2012; Health Canada, 2019). Some vapour devices have the capability of delivering higher amounts of nicotine compared to conventional cigarettes, which could put young people at even greater risk of developing nicotine dependence (U.S. Department of Health and Human Services, 2016). The OSDUHS data illustrates that over- exposure to nicotine by young people is a public health concern; 56% of Ontario students in grades 7 to 12 who have used an e-cigarette in the past year (2019) are vaping nicotine, a significant increase from 2015 when only 18.8% of students reported vaping with nicotine (Boak, et al., 2019).

In addition, there is substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults (NASEM, 2018). One study found that young people who use e-cigarettes are four times more likely to smoke tobacco cigarettes; an effect that is especially pronounced in low-risk youth who do not exhibit risky behaviours, sensation-seeking personality traits, or cigarette susceptibility (Berry, et al, 2019). When attempting to weigh the harms against the potential benefits that e-cigarettes may yield through cessation and harm reduction, the current state of evidence is concerning. Simulation models that have been tested in the United States show e-cigarette use represents more population-level health harms than benefits, with an estimated 80 youth and young adults starting to use an e-cigarette product for every cigarette smoker who quits (Soneji, et al., 2018).

### **Current State of Vapour Product Regulations**

On December 21<sup>st</sup>, 2019, Health Canada published the *Vaping Products Promotion Regulations (VPPR)*, in the Canada Gazette, Part I. The proposed regulations intend to address the rapid increase in youth vaping, to raise awareness about the harms of vapour product use, and to mitigate the impact of vaping product promotion on young persons and non-users of tobacco products. On August 7, 2020 the final Vaping Products Promotion Regulations came into force with the exception of the point-of-sale display prohibition, which came into force on September 6, 2020. The regulations prohibit advertising that can be seen or heard by young people; prohibit the display of vaping products that can be seen by

youth at point of sale; and, require that all vaping product advertisements convey a health warning (Health Canada, 2019). Health Canada had also proposed online advertising restrictions and the use of social media influencers; however, these restrictions have not been enacted. On December 19<sup>th</sup>, 2020 Health Canada published the Concentration of Nicotine in Vaping Products Regulations to the Canadian Gazette, Part 1. The proposed regulations intend to protect youth by lowering the concentration of nicotine in a vaping product to 20 mg/mL.

In Ontario on January 1<sup>st</sup>, 2020, the promotion of vapour products at convenience stores, gas stations and other retail outlets where youth under the age of 19 have access was prohibited by regulation under the *Smoke-Free Ontario Act, 2017*. On February 28<sup>th</sup>, 2020, Ontario Minister of Health Christine Elliott announced that Ontario is proposing regulatory changes for Cabinet members' consideration that, if approved, would place restrictions on where flavoured and high nicotine vapour products are sold, while also expanding vaping prevention initiatives and services to quit vaping. (Ministry of Health, 2020 February 28). Regulations were set to come into force on May 1<sup>st</sup>, 2020; however, due to the COVID-19 pandemic, the government changed the implementation of Regulation 268/18 to July 1<sup>st</sup>, 2020. Details of the regulations include: restricting the retail sale of most flavoured vapour products to specialty vape stores and cannabis stores, restricting the retail sale of high nicotine vapour products (more than 20 mg/mL) to specialty vape stores, and requiring specialty vape stores to ensure that vapour product displays and promotions are not visible from outside their stores. Ontario's proposed approach also included enhanced cessation services through increasing access to services to help people quit vaping through Telehealth and enhancing mental health and addiction services and resources to include vaping and nicotine addiction. However, these initiatives were not introduced. Lastly, Ontario is proposing to work with major online retailers of vapour products to ensure compliance with age restricted sales, as well as establishing a Youth Advisory Committee to provide advice on vaping initiatives in an effort to reduce the prevalence of youth vaping (Ministry of Health, 2020). It is unclear at this time where these initiatives stand.

Health Canada and the Ontario Ministry of Health should be commended for their commitment to work collaboratively with national, provincial and territorial partners to address vaping, but continued pressure and additional regulations are required at the federal, provincial and municipal levels.

#### *Vapour Product and E-Substance Flavours*

Flavour is a perception involving many senses, including taste, aroma, and feelings of cooling and burning within the mouth and throat (Small & Green, 2012). The documented evidence within the food consumer science literature demonstrates that flavour impacts the appeal of consumable goods, and that flavour preferences direct food selection (Piqueras-Fiszman & Spence, 2016; Etiévant, et al., 2016). Youth and young adults are particularly influenced by flavours (Mennella, et al., 2005). Due to pervasive marketing tactics and the addition of attractive candy and fruit flavours to vapour products, sales of e-cigarettes are growing rapidly across Canada and around the world, with over 1,000 e-liquid flavours available in the marketplace under the banner of 460 different brands (Euromonitor International, 2015). Given the known and potential short- and long-term health effects of vaping and the lack of longitudinal health data, Health Canada and the Ministry of Health need to strengthen the current approach to regulating flavoured e-substances by enacting a ban on the manufacturing and sale of flavoured e-cigarettes and e-substances, except for tobacco flavouring. Until e-cigarettes are deemed to be effective smoking cessation aids through rigorous scientific study and they are licensed and strictly regulated as approved cessation aids by Health Canada, the manufacturing and sale of flavoured vaping products should be prohibited.

### *Restricting the Concentration and/or Delivery of Nicotine*

Nicotine is a highly addictive substance that poses significant risk, especially to young people. To reduce youth appeal and to protect the developing youth brain, acceptable nicotine concentration levels for vapour products should be more closely aligned with the approved nicotine concentrations for nicotine replacement therapeutic products (e.g. patches, gum, mist, inhalers, lozenges) already approved and regulated as cessation aids in Canada. Regardless of the type or power of any e-cigarette device, the nicotine concentration level for e-substances purchased in Canada should not exceed 20 mg/mL. This level is in alignment with the European Union Tobacco Products Directive (20 mg/mL), which states that this concentration allows for delivery of nicotine that is comparable to a standard cigarette (Health Canada, 2019). More research is needed to determine how consistent and uniform nicotine dosing could be established in e-cigarette devices; this would create a more unified market that could be better regulated and controlled. Additionally, more research and intensive investigation into the effectiveness of e-cigarettes as smoking cessation aids are required prior to setting government policy that promotes vapour products as tools to help people quit.

### *Appearance and Product Packaging Design*

In November 2019, Canada joined the 13 other countries that have already implemented plain and standardized tobacco product packaging regulations. With strict promotion and advertising rules in effect for tobacco products across Canada, the package became an important marketing tool for tobacco manufacturers. Acting as mini billboards, the tobacco industry used colours, images, logos, slogans and distinctive fonts, finishes, and sizing configurations of packages to make their product appealing and attractive to existing and new tobacco users (Smoke-Free Ontario Scientific Advisory Committee (SFO-SAC, 2010). The design of the package can make its contents appear safe to use, undermining the visibility, credibility and effectiveness of health warnings. According to Moodie, Mackintosh, Hastings and Ford, (2011), studies have determined that the colour, shape and size of a package can influence consumer behaviour and contributes to consumer perceptions of the product. There is substantial documented evidence that confirms that plain packaging reduces the attractiveness of tobacco products, particularly among young people and women, making plain and standardized tobacco product packaging one of the most effective tobacco control policy measures to reduce consumption (SFO-SAC, 2010).

The same principles and body of evidence can be applied to the regulation of vapour products and their packaging. Devices are being manufactured to look like small, discrete everyday objects, so that youth can hide vaping behaviour from teachers and parents. In Ontario, the ability to “stealth vape” in school washrooms and classrooms is undermining efforts that school staff and Public Health Unit staff are taking to promote and enforce the *Smoke-Free Ontario Act, 2017* on school property. E-cigarette use on school property is normalizing e-cigarette use among youth; the ability to skirt the law increases the appeal of these products. The devices can be customized and personalized, which complements the lifestyle messaging that youth are receiving from the internet and on social media. The lifestyle messaging often depicts cheerful and stylish smokers taking back “their right to smoke” in public by using e-cigarettes (Heart and Stroke, 2018). The messaging promotes e-cigarettes as a safe alternative to tobacco products, without communicating the potential health concerns related to the inhalation of toxic chemicals, heavy metals, and nicotine found in the vapour (Tozzi & Bachman, 2014). To reduce youth appeal, the same plain and standardized packaging regime that has been applied to commercial tobacco and cannabis products should also be applied to vapour products.

### *Restricting and Enforcing Online Retail Access and the Role of Age-Restricted Retail Outlets*

Besides the availability of e-cigarette devices at retail outlets such as convenience stores, gas stations, grocery stores, tobacconist shops, and specialty vape stores, e-cigarette devices and e-substances are widely available for sale through websites and social media (Hammond, et al., 2015). While many online e-cigarette vendors use age-verification measures during online purchase, people under the age of 18 years are still able to purchase e-cigarettes and e-substances online. Research conducted by Williams, Derrick, and Ribisl (2015) in North Carolina showed that the overall success rate for youth purchases of e-cigarettes online was 93.7%. False birth dates were entered into the website and no delivery company attempted to verify recipients' ages at point of delivery, with 95% of e-cigarette deliveries being left at the door (Williams, Derrick & Ribisl, 2015). Anecdotally, many youth and young adults who vape report that they obtain these products online. Online vendors may be both less able and less inclined to take effective measures to limit sales to minors; some online vendors accept a simple declaration of a client's age. Strict age-verification measures are required for online sales, including age-verification at time of purchase and proof of legal age at delivery. Active enforcement of online sales to assess compliance is also required. Additionally, at the time of delivery, confirmation of age by government-issued identification should be required. The enforcement of age restriction legislation for online retailers can be challenging; however, creative solutions may exist, including the requirement for internet service providers to ban online retailers from continuing to sell products online if they routinely ignore legislated sales to minors restrictions.

Best practice evidence from tobacco control literature provides insight regarding product accessibility and its impact on tobacco use initiation. Greater availability and density of retail outlets increases consumption, normalizes product use, decreases the ability to succeed in quit attempts and undermines health warnings (SFO-SAC, 2010). Similarly, we see alcohol availability as a contributor to alcohol normalization, alcohol use, and resulting alcohol harm (Centre for Addiction and Mental Health, 2019). The accessibility of both tobacco and vapour products is inconsistent with the extensively documented burden of illness from commercial tobacco product use and the emerging evidence regarding the short- and long-term health effects from vaping. The Ontario Ministry of Health's proposal to limit the sale of flavoured vapour products that contain highly concentrated levels of nicotine to age-restricted specialty vape shops is a positive step forward; however, the need to reform the retail environment for both tobacco and vaping products is a public health imperative. Limiting the sale of tobacco products to licensed, age-restricted tobacco retail outlets (i.e. tobacconists) and limiting the sale of vapour products to licensed, age-restricted specialty vape shops and cannabis retail outlets would reduce the availability and accessibility of these products to youth.

### *Enactment of a Tax and Vapour Product Pricing Regime*

There is unequivocal evidence documented in the tobacco control literature that price increases result in decreased demand and use of cigarettes, and increased intentions to quit smoking (SFO-SAC, 2010). As of January 23, 2020, the provinces of British Columbia, Alberta and Prince Edward Island have proposed or passed legislation to tax vapour products (Jeffords, 2020 January 23). There exists the opportunity to enact a tax regime on vapour products to reduce the consumption of vapour products by youth and young adults, both of whom tend to be more price sensitive than adults (U.S. Department of Health and Human Services, 2000). The revenue from tobacco taxes along with the revenue from the taxation regime applied to vaping products could be used to fund comprehensive tobacco and vapour product control programming, including prevention and cessation efforts, enforcement, and research.



A complementary measure to increase the retail price of tobacco and vapour products is to mandate a minimum pre-tax set price minimum (Feighery, et al., 2005). Setting minimum price limits can inhibit the manufacturers' ability to employ discount pricing and the retail sale of low-cost brands to absorb and offset the price increases from taxation (SFO-SAC, 2010). Minimum price policies are effective and widely used to reduce the consumption and associated harms from alcohol (Anderson, Chisholm & Fuhr, 2009). The taxation level and the set price minimums for vapour products should be set independently from tobacco products, with careful consideration being given to ensure that e-cigarettes do not become more expensive than cigarettes.

### *Increasing the Legal Age to 21 Years of Age*

In Canada, under the *Tobacco and Vaping Products Act*, the sale or supply of tobacco and vaping products is illegal to anyone under the age of 18 years. In Ontario, the sale and supply of tobacco and vaping products is governed by the *Smoke-free Ontario Act, 2017*; the legal age of sale or supply is 19 years of age.

The importance of delaying the initiation of tobacco product use by young people has been well established in the evidence, including nicotine addiction and the corresponding negative impacts on youth brain development, respiratory symptoms, negative impacts on the growth and development of lung tissue, and the development of atherosclerosis and increased risk of heart disease (U.S. Department of Health and Human Services, 2012). According to simulation modelling conducted by the Institute of Medicine of the National Academy of Sciences (IOM) (2015) in the United States, raising the legal age of sale or purchase of tobacco products to 21 or 25 years of age would have a substantial impact on preventing or delaying the initiation of tobacco use; the simulation predicted a 12% reduction in smoking rates if the legal age was changed to 21 years (IOM, 2015). Increasing the legal age of tobacco product access to 21 years of age has the potential to delay youth initiation, while also reducing the burden of illness from over exposure to nicotine, carcinogens and smoke during adolescence (Pope, Chaiton, & Schwartz, 2015). There exists the opportunity to apply findings from the tobacco control literature to curb youth access to vaping products.

In the United States, tobacco and vaping products are regulated by the U.S. Food and Drug Administration (FDA). On December 20<sup>th</sup>, 2019, it became illegal to sell any tobacco product, including cigarettes, cigars and e-cigarettes to anyone under the age of 21 years across the United States (FDA, 2019). There appears to be public support in Canada for raising the legal age to 21 years for vaping products; according to an Ipsos poll of 1002 Canadians conducted for Global News between December 3 and December 5, 2019, approximately 8 out of 10 respondents support raising the minimum age for use of these products to 21 years (Yourex-West, 2019 December 23).

### **The Role of Ontario Boards of Health and Municipal Regulations**

Municipalities and local public health agencies have taken a leadership role in advocating for and implementing laws about smoke-free indoor and outdoor spaces to reduce physical exposure to second-hand smoke and tobacco product use. In addition to the extensively documented health harms from exposure to second-hand smoke, Social Cognitive Theory and Social Ecological Theory suggest that the more children and youth are exposed to tobacco product use, the more likely they are to become tobacco product users themselves (SFO-SAC, 2010). Role modelling a tobacco-free culture plays an important role in preventing tobacco use initiation. Smoke-free spaces legislation also plays an

important role in promoting and supporting quit attempts by those already addicted to nicotine trying to break their addiction (SFO-SAC, 2010). The same approach to controlling exposure to aerosol and exposure to vapour product use has already been taken by many municipalities across Ontario; however, there exists the opportunity to further strengthen municipal regulations to exceed protections currently provided for under the *Smoke-Free Ontario Act, 2017* and allows for specificity in prescribed prohibited spaces to meet community need.

Another opportunity for municipalities to address vaping is to explore issues that pertain to the retail sale of vaping products. Research shows that increased retail availability to substances, such as alcohol and tobacco, results in increased consumption, contributing to significant health care costs and social harms (SFO-SAC, 2016). Vapour product retail outlet density and the proximity of retail outlets to youth-serving facilities are neighbourhood planning and zoning controls that municipalities could explore. Municipalities should also explore the implementation of licensing bylaws, and a move toward a system of designated sales outlets or caps on the number of licenses issued as a way to enact and strengthen retail controls at the local level.

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**Draft AGENDA**  
**Boards of Health Section Meeting**  
**Tuesday, June 8, 2021 • 1:30 pm to 4 pm**  
*Note: All times are Eastern Standard Time (EST)*  
**Meeting is hosted via Zoom Webinar**  
CHAIR: Trudy Sachowski

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- 1:30 pm     **Call to Order**  
**Land Acknowledgement**  
**Welcoming Remarks**  
**Introductions**
- 1:40 pm     **COVID-19 Vaccine Distribution Task Force**  
  
*Dr. Kieran Moore, Medical Officer of Health, KFL&A and  
member of the COVID-19 Vaccine Distribution Task Force*
- 2:10 pm     **AMO Update**  
  
*Monika Turner, Director of Policy  
Association of Municipalities of Ontario*
- 2:30 pm     **Update from ALPHA's Legal Counsel**  
  
*James LeNoury  
Principal, LeNoury Law*
- 3:00 pm     **Post-Pandemic Communities**  
  
*Antonio Gómez-Palacio  
Partner, DIALOG*
- 3:20 pm     **ALPHA Update / Section Business**  
  
*Trudy Sachowski, BOH Section Chair  
Loretta Ryan, ALPHA, Executive Director*  
  
Approval of Minutes from February 20, 2020 BOH Section Meeting.
- 3:40 pm     **Elections**





**2021 ALPHA AGM/CONFERENCE**

**MOTION:**

**WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alpha Annual General Meeting;**

**THAT in addition to the Medical Officer of Health, the following two Board of Health members be registered by PHSD and attend the virtual 2021 alpha virtual Annual General Meeting as voting delegates for the Board of Health:**

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## **LOCAL AND REGIONAL OPIOID CRISIS—SOUNDING THE ALARM**

### **MOTION:**

**WHEREAS** Canada has been affected by the opioid crisis since 2016 with an escalation of this crisis during the COVID-19 pandemic and a total of over 19 000 apparent opioid-related deaths reported nationally from January 2016 to September 2020; and

**WHEREAS** in the recently released statistics on opioid-related deaths for 2020 in Ontario, the top five health units with the highest reported death rates per 100,000 population are all in northern Ontario and four of these health units are among the five health units in northeastern Ontario—with Public Health Sudbury & Districts having the highest opioid-related death rate for 2020 in the province; and

**WHEREAS** in 2020, 105 people in the City of Greater Sudbury and the districts of Sudbury and Manitoulin died from an opioid-related overdose as compared with 56 people in 2019 (87.5% increase), equating to a rate of 52.4 and 28 per 100,000 for 2020 and 2019, respectively (Ontario rates: 16.4 and 10.4); and

**WHEREAS** the Ontario Public Health Standards require boards of health to collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use; and

**WHEREAS** under the leadership of the Community Drug Strategy, community risk mitigation strategies have been developed under the four pillars of prevention, harm reduction, treatment and enforcement, with each pillar being led by community agencies and members including persons with lived experience; and

**WHEREAS** in recognition of the growing opioid crisis and the need to plan proactively for safe spaces to use drugs and prevent deaths, the harm reduction pillar completed the extensive Needs Assessment and Feasibility Study as required for federal and provincial applications to establish such spaces, the submissions of which have been held up by our inability to secure a space location in Sudbury; and

**WHEREAS** recent tragic death statistics are a resounding alarm for the need for all parties to double down on efforts currently underway and to explore innovative approaches—addressing immediate, medium- and long-term issues—to save lives, prevent opioid use, and end stigma;

**THEREFORE, BE IT RESOLVED THAT the Board of Health affirm that the local opioid situation is a deepening crisis and direct the Medical Officer of Health to intensify local work with partners to explore all options to address immediate, medium- and long-term opioid-related issues; and**

**FURTHER THAT the Board direct the Medical Officer of Health to explore a north or northeast regional coalition of public health, relevant community agencies, and others as appropriate, in order to amplify regional concerns and investigate potential strategies and resources; and**

**FURTHER THAT the Board continue to receive timely status updates on opioid impacts and approaches.**

**ADDENDUM**

**MOTION: THAT this Board of Health deals with the items on the Addendum.**

**IN CAMERA**

**MOTION: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: \_\_\_\_\_**

**RISE AND REPORT**

**MOTION: THAT this Board of Health rises and reports. Time: \_\_\_\_\_**

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

**ADJOURNMENT**

**MOTION: THAT we do now adjourn. Time: \_\_\_\_\_**