Board of Health Meeting # 04-22

Public Health Sudbury & Districts

Thursday, September 15, 2022

1:30 p.m.

Hybrid Meeting

In-Person - PHSD Meeting Room on Level 3

or Via MS Teams

AGENDA – FOURTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
HYBRID MEETING:
IN-PERSON – PHSD MEETING ROOM ON LEVEL 3
OR VIA MS TEAMS
THURSDAY, SEPTEMBER 15, 2022 – 1:30 P.M.

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

2. **ROLL CALL**

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

4. **DELEGATION/PRESENTATION**

   i) **Getting Children Back on Track: Vaccine Preventable Diseases Program Recovery**
   - Sandra Laclé, Director, School Health, Vaccine Prevention Diseases and COVID Prevention Division
   - Renée St Onge, Director, Knowledge and Strategic Services Division

5. **CONSENT AGENDA**

   i) **Minutes of Previous Meeting**
      a. Third Meeting – June 16, 2022

   ii) **Business Arising From Minutes**

   iii) **Report of Standing Committees**
      a. Board of Health Executive Committee, unapproved minutes dates July 13, 2022

   iv) **Report of the Medical Officer of Health / Chief Executive Officer**
      a. MOH/CEO Report, September 2022

   v) **Correspondence**
      a. Public Health Funding
      - Letter and report from the Board of Health Chair, Niagara Region, to the Minister of dated July 29, 2022
      - Ministry of Health New Release dated August 17, 2022

TOUR OF
PUBLIC HEALTH
SUDBURY & DISTRICTS
FOR
BOARD OF HEALTH
MEMBERS

Board of Health members are invited to tour the newly renovated, newly occupied Public Health Sudbury & Districts offices at 1300 Paris Street.

TOUR DETAILS

Thursday, September 15, 2022

12:30 p.m.

Board of Health members are to meet in the main lobby

b. Healthy Babies Healthy Children Funding
- Letter from the Board of Health Chair, Middlesex-London Health Unit, to Dr. Sutcliffe, dated July 27, 2022
- Letter from the Director, Ministry of Children, Community and Social Services, to Dr. Sutcliffe, dated July 26, 2022
- Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Children, Community and Social Services, dated July 20, 2022
- Letter from Dr. Sutcliffe, to the Minister of Children, Community and Social Services, dated June 21, 2022

c. Opioid Crisis
- Letter from the Board of Health Chair, Niagara Region, to the Deputy Premier and Minister of Health, dated July 22, 2022
- Letter from the Board of Health Chair, Timiskaming Health Unit, to the Deputy Premier and Minister of Health, dated July 15, 2022

d. Employer-paid Sick Days
- Letter from the Board of Health Chair, Niagara Region, to the Deputy Premier and Minister of Health and the Minister of Labour, Immigration, Training and Skills Development, dated July 19, 2022

e. Decriminalization of Personal Possession of Illicit Drugs
- Letter from the Board of Health Chair, Timiskaming Health Unit, to the Federal Minister of Health, dated July 15, 2022

f. alPHa Board of Directors and alPHa Executive
- Email from the Boards of Health Section Chair, alPHa, to all Board of Health members, dated July 6, 2022

g. Indoor Air Quality Improvement - COVID
- Letter from the Board of Health Chair, Niagara Region, to the Federal Minister of Intergovernmental Affairs, Infrastructure and Communities, dated July 5, 2022

h. Tobacco and Vaping Products Act
- Letter from Board of Health Chair, Grey Bruce Health Unit, to the Health Canada Office of Policy and Strategic Planning, Tobacco Control Directorate, Controlled Substances, dated June 15, 2022

i. Public Health Structure in Ontario
- Association of Municipalities of Ontario (AMO) submission to the Ministry of Health titled "Strengthening Public Health in Ontario: Now and for the Future", August 26, 2022
- Letter from the Association of Local Public Health Agencies (alPHa) President to the Deputy Premier and Minister of Health, dated July 18, 2022

vi) Items of Information

a. alPHa Info Break Newsletter — June 2022, July 2022, August 2022

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Public Health Sudbury & Districts 2018 – 2022 Strategic Plan

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 8, 2022

PHSD STRATEGIC PLAN EXTENSION

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts approve the extension of the 2018 – 2022 Strategic Plan into 2023, but not beyond December 31, 2023, to permit the engagement and leadership of the Board of Health following the 2022 municipal election.

ii) Board of Health Manual Review

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 8, 2022

BOARD OF HEALTH MANUAL

MOTION:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.

iii) Board of Health Meeting Date

BOARD OF HEALTH MEETING DATE

MOTION:

WHEREAS the Board of Health regularly meets on the third Thursday of the month; and

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 p.m. Thursday, November 17, 2022, be moved to 1:30 pm on Thursday, November 10, 2022.

iv) Saving Lives through Lifejacket and Personal Flotation Device Legislation

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 8, 2022

SAVING LIVES THROUGH LIFEJACKET AND PERSONAL FLOTATION DEVICE LEGISLATION MOTION:

WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and

WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and

WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and

WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;

AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHa), and all Ontario Boards of Health.

v) Public Health Sudbury & Districts Recovery Plan Progress Update: From Risk to Recovery

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 8, 2022
- Public Health Sudbury & Districts Recovery Plan Progress Report: March – August 2022

PROPORTIONATE RISK-BASED APPROACH TO BALANCING RECOVERY PRIORITIES AND ONGOING COVID-19 RESPONSE ACTIVITIES

MOTION:

WHEREAS the initial response in the first two years of the COVID-19 pandemic required Public Health Sudbury & Districts (Public Health) to stop or radically reduce many of its public health programs and services, resulting in a growing backlog of public health programs and services and unmet needs in the communities served by the Board; and

WHEREAS in February 2022, the Board of Health approved Public Health's plan to get back on track by addressing the recovery priorities outlined in its Recovery Plan, *Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience*; and

WHEREAS as demonstrated through Public Health's *Recovery Plan Progress Report: March to August 2022*, progress to advance our identified recovery priorities through key initiatives has been made, however, additional backlogs and unmet community needs remain; and

WHEREAS the Board of Health faces the challenge of appropriately (re)allocating finite human and financial resources to balance the health risks associated with the ongoing pandemic with the health risks associated with the growing backlog of public health programs and services and unmet community needs; and

WHEREAS the COVID-19 vaccine surge scenarios provided by the provincial government for fall planning purposes will require significant increases to local vaccination capacity; and

WHEREAS without substantial increases in local vaccination capacity of other providers (e.g., pharmacy, primary care, acute care), Public Health staff will again need to be redeployed in large numbers to meet the fall vaccine surge scenario, stalling our work on the community-focused recovery priorities and our ability to mitigate non-COVID-19 health risks;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts reaffirm its commitment to using a risk-based approach to ensure a proportionate response to COVID-19 while balancing its response to the recovery priorities outlined in its Recovery Plan.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – THIRD MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, JUNE 16, 2022 – 1:30 P.M.

BOARD MEMBERS PRESENT

Claire Gignac
Jeffery Huska
René Lapierre
Paul Myre
Ken Noland
Mark Signoretti
Carolyn Thain
Dean Wenborne

BOARD MEMBERS REGRET/ABSENT

Robert Kirwan
Bill Leduc
Natalie Tessier

STAFF MEMBERS PRESENT

Stacey Gilbeau
Sandra Laclé
Stacey Laforest
Rachel Quesnel
France Quirion
Dr. Penny Sutcliffe

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:30 p.m.
R. Lapierre began the meeting by sharing that we observe and celebrate National Indigenous History Month in June and on June 21, National Indigenous Peoples Day.

Public Health Sudbury & Districts honours the rich histories, cultures, resilience and diversity of First Nations, Inuit and Métis peoples across Turtle Island. PHSD is committed to learning the truth about Canada's relationship and mistreatment of Indigenous peoples and about the inequities that persist today and taking steps toward reconciliation by strengthening its relationships with Indigenous peoples based on the recognition of rights, respect, cooperation, and partnership.

Pride Month is also recognized in June in Ontario. Pride represents the celebration of and ongoing fight for dignity, rights, and visibility of the 2SLGBTQ+ community.

PHSD is committed to anti-oppressive, and culturally safe approaches to public health practice and to speak up against discrimination, respect self-identification, and learn to ask for pronouns.

Recognizing the oppression that both the Queer community and Indigenous people face, this June, the Board of Health emphasizes that it recognizes and embraces the value of diversity in our society.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Finding Our Path Together, Indigenous Engagement Strategy: 4 Year Reflection & Path Forward

– Sarah Rice, Special Advisor, Indigenous Affairs Team, Knowledge and Strategic Services Division

Dr. Sutcliffe introduced S. Rice to present an update on where PHSD has been, what we are working on and next steps regarding Indigenous engagement.

Board members were reminded that there are over 24,000 Indigenous peoples in Sudbury and districts representing 13% of the total population in Sudbury & districts.

The process and history of the Indigenous Engagement Strategy, launched in 2018, were recapped. The journey began in 2012 with Board motion 20-12 directing the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore strengthening of public health programs and services in their communities. Ongoing engagement and collaboration led to the purposeful development of the Indigenous Engagement Strategy. The development of the Indigenous Engagement Strategy required an extensive collaborative process with external partners in the Indigenous Community, including meetings with external partners, internal and external committees, planning sessions, workshops, interviews, and surveys before being launched in October 2018, reflecting what was heard from communities, the Board, and staff.

The Indigenous Engagement Strategy is built around the following directions and associated actions, and reflects the values of respect, trust, and humility:

- informing our work through Indigenous community voices and information;
- engaging in meaningful relationships to support Indigenous community well-being;

- strengthening our capacity for a culturally competent workforce; and,
- advocating and partnering to improve health.

Examples of the strategic directions in action since the launch of the Indigenous Engagement Strategy were outlined. PHSD has continued to work on implementing its Strategy in collaboration with Indigenous partners in spite of the COVID-19 pandemic.

The path forward was outlined as follows:

- Establish external Indigenous Engagement Advisory Committee
- Exploration of approaches for engagement at the governance-to-governance level
- Offer training to the Board of Health in 2023
- Continue identifying and offering cultural competency opportunities for staff
- Ongoing engagement with Indigenous partners to strengthen collaboration and ensure our work is reflective of the needs of Indigenous Peoples in the districts

S. Rice noted that we continue to learn through this work that the process is iterative remaining open and flexible and taking the time it needs, and the path forward can only be found together. Lessons of the past will be kept at the forefront of this work while continuing to respect community self-determination.

Questions and comments were entertained. Board of Health Chair, R. Lapierre shared that he and Dr. Sutcliffe attended a territorial acknowledgement workshop session led by S. Rice. The goal of the session was to support the development of respective personalized land acknowledgement statements, aligned with the organization's commitment to reconciliation with Indigenous peoples.

It was clarified that Board of Health training details be shared once content planning has been developed for the 2023 Board of Health training.

S. Rice was thanked for her presentation.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Second Meeting – May 19, 2022

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee, unapproved minutes dated June 7, 2022

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

a. MOH/CEO Report, June 2022

v) Correspondence

a. alPHa's Public Health Matters

– Email from the Executive Director, alPHa, re email from the Board of Health Chair, Public Health Sudbury & Districts, to the Sudbury riding provincial election candidates, dated May 25, 2022

b. alPHa AGM and Conference June 13 and 14, 2022, verbal update

c. Response to COVID-19

– Memo from the Toronto Board of Health to Boards of Health in Ontario and the Association of Local Public Health Agencies, dated June 9, 2022

vi) Items of Information

a. Public Health Physicians of Canada Report – Executive Summary: *Public Health Lessons Learned from the COVID-19 Pandemic, dated January 2022*

Dr. Sutcliffe shared that there are currently 21 confirmed cases in Ontario plus 11 probable and 25 suspect cases under investigation. Quebec, having the highest number of confirmed cases in Canada, has put in place public health measures to control further propagation of the virus. Ontario is well organized with the provincial government and Public Health Ontario providing excellent communication to the health care sector regarding symptoms, surveillance, vaccination, and treatment. There are currently no cases within our catchment area, and we remain vigilant.

R. Lapierre provided a brief update on the 2022 alPHa Annual General Meeting (AGM), Conference and section meetings he and Dr. Sutcliffe attended on June 13 and 14. With the recent provincial election, it is speculated that the former public health modernization will resume in some form; however, there have been no formal communications or timeframes shared at this time.

It was announced that R. Lapierre has been elected as the Vice-Chair of the alPHa Board Section for another term.

Dr. Sutcliffe indicated that all motions presented at the AGM resolution session were carried, with minor revisions, including a Race-Based Inequities in Health motion inspired by Board of Health motion Health and Racial Equity Denouncing Acts and Symbols of Hate (Motion #08-22). Kudos were extended to this Board of Health for its leadership.

16-22 APPROVAL OF CONSENT AGENDA

MOVED BY HUSKA – WENBORNE: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) 2021 Audited Financial Statements

- Public Health Sudbury & Districts Audited Financial Statements for 2021.

Board of Health Finance Standing Committee Chair, Carolyn Thain, was invited to present the 2021 draft audited financial statements.

The Finance Standing Committee met on June 7, 2022, and per the motion, is recommending that the Board of Health approve the 2021 Audited Financial Statements. C. Thain noted that Derek D'Angelo and Wenting Zhou from KPMG, had joined the Board of Health Finance Standing Committee meeting to review the audit processes and present the audit findings report.

The year 2021 included the implementation of COVID-19 Vaccination clinics and continued waves of COVID infections requiring Public Health to ramp up resources to support the pandemic response needs. This resulted in staff redeployments, hiring of new staff and developing partnerships across our region including the City of Greater Sudbury to provide arenas and staffing to assist with the COVID-19 vaccination response. Many public health programs and services had to be paused or scaled back due to the COVID-19 pandemic.

The Infrastructure Modernization projects also commenced. The Elm Place office opened at the end of January in 2022 and the renovations at 1300 Paris Street are scheduled to be completed this summer. During this time, PHSD navigated through these changing priorities and adjusted its spending approach to ensure we placed the organization in the best financial position as possible.

It was noted that the 2021 Audited Financial Statements reflect these major events with the variances being attributable primarily to COVID-19 and the Modernization project overall.

C. Thain shared that the Board of Health Finance Standing Committee members held thoughtful questions and discussions.

Based on the auditor's report, the financial statements included in the agenda package, present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2021. The auditors note that they did not identify any material misstatements, illegal acts or fraud and no internal control issues. As such, the auditors propose to issue an unqualified report on the financial statements, subject to the Board's approval today of the draft statements. The financial statements for 2021 are presented with the Board Finance Standing Committee's recommendation for approval of the 2021 audited financial statements.

C. Thain thanked Dr. Sutcliffe, F. Quirion and staff for their work and preparedness when the statements are presented.

There were no questions, and the following motion was read with clarification that the Sudbury & District Health Unit name is listed as it is the legal name:

17-22 ADOPTION OF THE 2021 AUDITED FINANCIAL STATEMENTS

MOVED BY SIGNORETTI – NOLAND: WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2021 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 7, 2022;

THEREFORE BE IT RESOLVED THAT the 2021 audited financial statements be approved as distributed.

CARRIED

C. Thain and the Board of Health Finance Standing Committee members were also thanked.

ii) Appointment of a Public Health Sudbury & Districts Associate Medical Officer of Health

R. Lapierre was pleased to announce that, following a long and intensive search, an Associate Medical Officer of Health, Dr. Imran Adrian Khan, has been recruited for Public Health Sudbury & Districts. The Board Chair had an opportunity to meet with Dr. Khan and Dr. Sutcliffe for introductions.

Dr. Sutcliffe recapped that the Board of Health is responsible for the appointment of Associate/Medical Officers of Health and the appointment must be approved by the Minister before the title can be used.

Dr. Khan has been a NOSM resident since 2017 and is expected to complete all residency training requirements in October 2022. He successfully completed his Royal

College of Physicians and Surgeons of Canada public health and preventive medicine exams in May 2022.

His October start date accommodates the residency rotations he has left to complete as part of his NOSM residency training. Additional background shared included that Dr. Khan obtained his Certification with the College of Family Physicians of Canada in December 2019, his master's in public health with the University of Waterloo, his medical degree with the University of West Indies, Trinidad and before that, completed his BSc at the University of Waterloo.

Dr. Khan is known to PHSD staff through his residency rotations. He lives in Sudbury and is excited about beginning his public health career just as PHSD is excited to welcome him aboard.

18-22 APPOINTMENT OF AN ASSOCIATE MEDICAL OFFICER OF HEALTH

MOVED BY THAIN – HUSKA: WHEREAS the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.62 states that every board of health may appoint one or more associate medical officers of health (AMOH); and

WHEREAS Dr. Imran Khan is the successful AMOH candidate following a thorough recruitment process and possesses the qualifications as set out by provincial legislation and regulation

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts appoint Dr. Imran Khan as Associate Medical Officer of Health for Public Health Sudbury & Districts, effective October 24, 2022, and subject to the conditions set out in the letter of offer dated May 25, 2022, including Ministerial approval of the appointment.

CARRIED

iii) Healthy Babies Healthy Children

a. Briefing Note from the Medical Officer of Health and Chief Executive Officer dates June 9, 2022

Dr. Sutcliffe noted that the Board of Health has previously advocated to secure adequate funds for this evidence-based program that supports families and their children up to age 6 to get best early start in life. The program has experienced significant erosion of its operating costs having seen no funding increase from the Ministry of Children, Community and Social Services since 2015. The financial restrictions have made it challenging from a staffing perspective as we manage fixed costs over 7 years. There has been no opportunity to request for increases for this

program and the issue is being experienced by the entire public health sector. It is a longstanding issue that is now enhanced and exacerbated by the pandemic. The delivery of the HBHC program had shifted to a virtual mode for some families due to COVID-19 where some efficiencies were found through reduced travel costs; however, that program model is not suitable for many clients on the go forward given the value of face-to-face interactions and building of relationships with families.

Dr. Sutcliffe concluded that PHSD will map out challenges with the program, related program costs and seek to pursue an increase in baseline funding for this important program.

19-22 HEALTHY BABIES HEALTHY CHILDREN FUNDING

MOVED BY GIGNAC – MYRE: THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

CARRIED

7. ADDENDUM

There was no addendum.

8. ANNOUNCEMENTS

- Board of Health members are invited to completed today's meeting survey. Completion rates for the last surveys have been lower. The survey results are an important governance tool for self-evaluation.
- The next regular Board of Health meeting is Thursday, September 15, 2022.
- Board of Health members were thanked for their ongoing contributions through the remote meetings. Everyone was wished a safe and fun summer.

9. ADJOURNMENT

20-22 ADJOURNMENT

MOVED BY WENBORNE – THAIN: THAT we do now adjourn. Time: 2:18 p.m.

CARRIED

________________________ (Chair) ________________________ (Secretary)

UNAPPROVED MINUTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
WEDNESDAY, JULY 13, 2022 – 4:30 P.M.
VIRTUAL MEETING

BOARD MEMBERS PRESENT

René Lapierre
Ken Noland
Jeffery Huska
Robert Kirwan

STAFF MEMBERS PRESENT

Rachel Quesnel
France Quirion
Dr. Penny Sutcliffe

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 4:30 p.m.
It was noted that Board of Health Executive Committee member, C. Gignac, is currently on temporary leave from the Board of Health.

2. ROLL CALL

3. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2022

Nominations were held for the position of Board Executive Committee Chair. R. Kirwan and J. Huska were nominated and nominations were closed. J. Huska accepted and R. Kirwan declined. The following was announced: ***THAT the Board the Board of Health Executive Committee appoint Jeffery Huska as the Board Executive Committee Chair for 2022***.
Given J. Huska was traveling, R. Lapierre agreed to Chair today's meeting.

R LAPIERRE PRESIDING

4. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and approved as circulated. There were no declarations of conflict of interest.

5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

5.1 Board Executive Committee Meeting Notes dated October 21, 2021

01-22 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY KIRWAN – NOLAND: THAT the meeting notes of the Board of Health Executive Committee meeting of October 21, 2021, be approved as distributed.

CARRIED

6. NEW BUSINESS

- Advice that is subject to solicitor-client privilege, including communications necessary for that purpose

02-22 IN CAMERA

MOVED BY NOLAND – HUSKA: THAT this Board of Health Executive Committee goes in camera to deal with advice that is subject to solicitor-client privilege, including communications necessary for that purpose. Time:4:37 p.m.

CARRIED

03-22 RISE AND REPORT

MOVED BY KIRWAN – NOLAND: THAT this Board of Health Executive Committee rises and reports. Time:5:19 p.m.

CARRIED

It was reported that one item that is subject to solicitor-client privilege was discussed and one motion emanated:

04-22 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

MOVED BY KIRWAN and HUSKA: THAT this Board of Health Executive Committee approve the meeting notes of the October 21, 2021, 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

7. ADJOURNMENT

05-22 ADJOURNMENT

MOVED BY LAPIERRE – NOLAND: THAT we do now adjourn. Time: 5:20 p.m.

CARRIED

______________________________ (Chair)

______________________________ (Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, September 2022

Words for thought

Strengthening Public Health in Ontario: Now and for the Future

The Association of Municipalities of Ontario (AMO)'s Submission to the Ministry of Health

AMO's Submission to the Ministry of Health

Recommendations

1. The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.
2. The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.
3. The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.
4. The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost–share arrangement that existed prior to 2020. Further, the *Health Protection and Promotion Act* must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.
5. The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.
6. The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services*.

Source: AMO Submission to the Ministry of Health

Date: August 26, 2022

Welcome back from what has hopefully been a relaxing and rejuvenating summer. Public Health continues to tackle important public health issues including COVID-19 while addressing its priorities through our Recovery Plan for which a progress report is provided in today's agenda package. As per usual, the September MOH report to the Board is a lengthy one as it highlights a high volume of work over the summer. Please note that PHSD staff has also been encouraged to seek much needed rest and take vacation over the summer months.

General

1. Board of Health

Board of Health meeting

The September 15, 2022, Board of Health meeting will be a hybrid meeting. Board of Health members have the option of joining the meeting virtually, via MicroSoft Teams, or attending the meeting in person at 1300 Paris Street. Although the Boardroom is not yet ready for in-person meetings, a 14-person meeting room on level 3 can accommodate Board of Health members wishing to attend in person. Board of Health members wishing to attend in person are asked to announce their arrival at the main reception whether arriving for the tour at 12:30 p.m. or for the meeting at 1:30 p.m. Members of the media, public and the senior management team members are invited to join the September 15, 2022, virtually via MicroSoft Teams.

Given the upcoming municipal election and term of elected members to the Board of Health per the Municipal Elections Act and Health Protection and Promotion Act, the regular November Board of Health meeting will be held one week earlier on Thursday, November 10, 2022, at 1:30 p.m. Per Board of Health By-Law G-I-30, a motion is included in today's agenda.

Board of Health membership

Claire Gignac has returned to the Board of Health from a temporary leave, June 27, 2022, until August 22, 2022.

There continues to be a vacancy on the Board of Health representing the municipalities within Lacloche Foothills Municipal Association (LFMA) since Glenda Massicotte's resignation on the Board of Health effective April 1, 2022.

Annual Board of Health Self-Evaluation

The annual Board of Health self-evaluation was deferred in 2021 due to the focus on COVID-19 and altered Board of Health meeting schedule.

As part of the Board of Health's commitment to good governance and continuous quality improvement, and in accordance with Board of Health Manual policy C-I-12 and C-I-14, the Board of Health will resume its' annual self-evaluation of its governance practices and outcomes.

Board of Health members are asked to complete the annual 2022 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom – Collaborate – Surveys) by Friday, October 21, 2022. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board meeting.

2. Strategic Engagement Unit and Communications

At the Annual General Meeting of le Centre de santé communautaire du Grand Sudbury in June, Public Health Sudbury & Districts was recognized for our efforts to provide services in French and to delivery programming that has a health equity lens during the Covid-19 pandemic and, as such, was awarded the Prix d'excellence de l'équité en santé (Health equity award of excellence). For several years, Public Health Sudbury & Districts has been committed to providing public health services in French in a culturally competent manner to all Francophone residents in our service area. Our commitment to French-language services and health equity is not just a word in a policy. We take this seriously, and that is why the recognition warmed our hearts so much. Thank you to all et merci au Centre de santé Communautaire du Grand Sudbury pour cet honneur.

As the agency begins to work on pandemic recovery priorities at an accelerated pace, communications with community members and partner agencies are increasing, along with additional opportunities for engagement. While focusing on providing timely and relevant information, various communications channels are used for topics, such as supervised consumption services, oral health, and helping children and adults get up to date with their vaccinations.

3. Annual Medical Officer of Health and Chief Executive Officer Performance Appraisal

Feedback regarding the MOH/CEO's annual performance appraisal, as per Board of Health Policy and Procedure I-VI-10, will be sought shortly from the Board of Health and Senior Management members through an electronic survey in BoardEffect. The deadline to complete the survey will by Monday, September 28.

The review process includes feedback from all Board of Health members and the positions that report directly to the MOH/CEO. This feedback is reviewed by the Board Executive Committee, followed by a meeting between the Boad Chair and the MOH/CEO. A Board Executive Committee meeting will be scheduled for this purpose this fall. The Board of Health is advised once the performance appraisal process is completed.

4. Human Resources

I am pleased to share that Dr. Imran Adrian Khan has returned to Public Health Sudbury & Districts to complete his final eight week Transition to Practice NOSM University rotation before he begins his employment as Public Health Physician/Associate Medical Officer of Health, pending Ministerial approval, as of October 24, 2022.

During this time, Dr. Khan will work with me and with Sandra Laclé, supporting the School Health, Vaccine Preventable Disease, COVID Prevention Division (SVC). Please join me in sharing a warm welcome to Dr. Khan as he joins our PHSD team!

5. Local and Provincial Meetings

The Ministry continues to hold regular meetings relating to COVID-19 vaccine operations and planning, integrated vaccine regional meteings, and COVID-19 public health coordination calls. Regular Ministry meetings are also held regarding Monkeypox.

I continue to attend Northern Medical Officer of Health teleconferences, Council of Ontario Medical Officers of Health (COMOH) meeetings, as well as alPHa Board of Director and COMOH Executive Committee meetings.

I was pleased to join Réseau Access Network during the visit of the Honorable Carolyn Bennett, Federal Minister of Mental Health and Addictions and Associate Minister of Health at the Supervised Consumption Site attended on August 31.

6. Mandatory training for Board of Health members

Baby-Friendly Initiative (BFI)

At this time, Public Health Sudbury & Districts has decided not to apply for BFI re-designation as it is no longer an accountability indicator; however, it will maintain the practices of BFI which are within the scope of public health practice. Specifically, continue to promote, protect, and support breastfeeding through our established programs and services as well as following relevant policies and procedures currently set in place. This includes mandatory training of staff, volunteers and Board of Health members, which will resume in 2023.

Emergency preparedness

The Ontario Public Health Standards require that boards of health effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines. A key component of emergency preparedness is training of Board of Health members and staff. In order to document our commitment to emergency preparedness, Public Health Sudbury & Districts reports percentage of Board of Health members and staff who complete mandatory emergency preparedness training annually.

The emergency preparedness Power Point is attached to the September BoardEffect event and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members. Please email quesnelr@phsd.ca by October 31, 2022, to confirm completion of the annual mandatory training.

7. Infrastructure Modernization Project

1300 Paris

The construction project on Levels 2 and 3 at 1300 Paris Street has been substantially completed, with the few outstanding items being addressed. In-person client services at this location resumed on August 22, 2022, along with the staff members delivering those services. All other staff members who will be working onsite will be welcomed back as of September 6, 2022. This project was completed on budget, and all delays have been managed in an efficient and timely manner.

This construction project provided much needed updates to critical infrastructure and building systems and improves the working spaces to provide staff with increased opportunities for collaboration and team building as the agency adopts a hybrid work model. The renovations are also expected to lead to energy cost savings. The new spaces benefit staff and clients as the agency progresses into its pandemic recovery phase and seeks to once again offer a wider range of public health programs and services to communities and clients across our district, on and off site. The new spaces also support Public Health with ensuring accessibility to all clients and staff.

Demolition has begun on Level 1, with an anticipated construction completion nearing the end of September. Furniture for this area has arrived. The patio repair work is underway, and has just completed the tender phase.

Tour of 1300 Paris for Board of Health members

A tour of the renovated space at 1300 Paris will be available for Board of Health members at 12:30 p.m. on Thursday, September 15, 2022. The Board of Health meeting will begin at 1:30 p.m.

8. Financial Report

The financial statements ending July 2022 show a positive variance of $1,169,137 in the cost shared programs before considering COVID-19 extraordinary expenses. The statements account for $4,733,030 in COVID-19 extraordinary expenses incurred to the end of July. Cost shared funding must be fully utilized prior to utilizing COVID extraordinary funding, therefore the actual variance in cost shared programs at July 31st is $0 with $3,563,893 in COVID extraordinary expenses. The Ministry has approved funding for COVID-19 extraordinary programming in the amount of up to $8,344,000 for 2022, of which we have received $4,867,338 up to July 31st.

9. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks. Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to August 19, 2022, on August 23, 2022. The Employer Health Tax has been paid, as required by law, July 31, 2022, with an online payment date of August 16, 2022. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to July 31, 2022, with a cheque dated August 31, 2022. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

10. 2023 Cost-Shared Operating Budget

The 2023 budget is currently under development and the senior management team will be reviewing the draft in early October. The Board of Health Finance Standing Committee will meet on Monday, October 31, 2022, to review the draft budget.

Following are the divisional program highlights.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Public Health staff continue to support the Municipality of Killarney as they prepare to bring Meals on Wheels to their community by coordinating meetings with all relevant partners.

2. Healthy Growth and Development

Breastfeeding

Throughout the months of June, July and August staff provided 234 in-person and virtual breastfeeding clinic appointments to clients at both the main office as well as the office in Val Caron.

Growth and development

Public Health Sudbury & Districts participated in Better Beginnings Better Future's family fun day at the Indigenous EarlyON Child and Family Centre. The event was held to thank supporting partners, as well as introduce community members to the programs and services that are now offered. These services include: Indigenous EarlyON Child and Family Centre, Donovan EarlyON

Child and Family Centre, EarlyON Baby's Breath Child and Teen Family Centre, Community Closet, Collective Kitchen, Student Nutrition Program, Indigenous Led Program, Positive Discipline in Everyday Parenting and the Good Food Market.

During the months of June, July and August, 136 reminder postcards were sent to families encouraging them to make appointments for their child's 18-month screening with their health care providers. The goal of this reminder is to have more infants screened for milestones that are indicators of healthy growth and development. In addition to this, a social media post was created and posted in August encouraging all parents of children that are 18 months old to book an appointment for their child with their primary care physician.

Health Information Line

During the months of June, July and August, the Health Information Line received 202 calls requesting information on the following topics: breastfeeding, formula feeding, difficulties with essential needs and/or family dynamics as well as some requests for mental health services and medical advice due to onset of symptoms or illness (e.g., gastrointestinal, skin and tissues, or virus).

Healthy Babies Healthy Children

Throughout the months of June, July and August, Public Health Sudbury & Districts continued to provide support to over 200 client families. A total of 1,484 interactions (in-home/virtual visits as well as phone calls) were completed. Staff continue to provide nutrition support to clients who are identified as high nutritional risk by public health nurses.

Healthy pregnancies

During the months of June, July and August, a total of 106 people registered for the Healthy Families team's online prenatal course. This course provides information on life with a new baby, infant feeding as well as the importance of self-care and the changes a new baby can bring to relationships.

Public Health Sudbury & Districts collaborated with the North Bay Parry Sound District Health Unit to develop an on-going data sharing partnership regarding the online prenatal resources and programming developed by PHSD.

Positive parenting

In June 2022, members of the Parent Service Advisory Committee met to discuss the current services available to parents across the catchment area. Each agency shared their current capacity as well as any upcoming opportunities on the horizon or challenges they are currently facing. With the addition of new parenting programs (i.e., Nobody's Perfect, Bounce Back and Thrive, HELP toolbox, and Positive Discipline in Everyday Parenting), it was decided that there is a need for a new resource developed that outlines the variety of options for parents as well as partnering agencies and stakeholders.

3. School Health

After two years of pandemic disruptions, we are returning to a more "normal" school year—with students back in the classroom and with a full school experience that includes extracurricular activities, sports, and assemblies. To support school boards and schools in our service areas, staff prepared a back-to-school package including resources and information for educators on various health topics.

Educator resources and curriculum resources on Public Health Sudbury & Districts' website were updated.

Healthy sexuality

Healthy sexuality was identified as a high priority during School Board Planning meetings for the 2022 – 2023 school year. Staff have updated existing and created new program materials in preparation for the upcoming school year.

During the month of June, staff presented to a group of Grade 7 and 8 students on the topic of birth control and sexually transmitted infections. Staff also responded to requests from schools with information about 2SLGBTQ+.

Mental Health Promotion

During the month of June, staff presented coping strategies for stress and mental health support to a group of Grade 7 and 8 students. Mental Health was identified as a priority topic for all School Boards in the region during planning meetings for the 2022 – 2023 school year.

Public Health Sudbury & Districts facilitated a professional development workshop with the Sudbury Catholic District School Board on September 1, 2022, on the topic of character strengths. Staff also delivered a second professional development session for approximately 20 educators of the Conseil scolaire catholique du Nouvel Ontario on September 2, 2022, on connections and brain development. They also lead the group in a brain architecture activity.

Sudbury has been selected and granted funding by the government of Ontario to develop a Youth Wellness Hub. Compass —the lead agency for child and youth mental health services for the districts of Sudbury and Manitoulin—is guiding the development of the hub in partnership with Public Health Sudbury & Districts. Youth Wellness Hubs serve as "one-stop-shops" for youth ages 12 - 25 to help address their needs relating to mental health, substance use, primary care, education, employment, training, housing, peer support, system navigation and more. There are now Youth Wellness Hubs in 15 communities in Ontario.A news release and accompanying social media was issued on August 10, sharing that a Youth Wellness Hub is coming soon to the Sudbury community.

Flourishing

The School Health Promotion team adopted the *Flourishing and Well-Being Model and Applied Practice Framework* as a lens from which all school health programming and services are developed and delivered. The framework offers a holistic student and school community strengths-based approach that contributes to optimal student development, well-being, and educational outcomesThe more strengths a student has, the greater their capacity to be resilient and flourish when faced with life challenges.

Physical Activity and sedentary behaviour

In the month of June, Public Health Sudbury & Districts participated in a career day in St.-Charles and provided 60 elementary school children with nutrition, physical activity, and sleep resources.

Substance use and harm reduction

During the month of June, Public Health Sudbury & Districts presented to a group of elementary students on substance use and vaping. This presentation reviewed the harmful effects of various substances, including e-cigarettes, vaping and opioids. Substance use was identified as a priority for the 2022 – 2023 school year by most School Boards in the region.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

The Quit Smoking Clinic services are currently on hold, and individuals seeking support are being referred to other programs throughout Ontario. The Quit Smoking Clinic telephone line remains open, and in June, 22 calls were received. In July, an additional seven calls were received via the Tobacco Information Line.

During the month of August, Public Health Sudbury & Districts ran a “No smoking or vaping” patio campaign. This campaign ran from August 8 – 14, 2022, and was advertised through radio throughout Sudbury, Espanola, Manitoulin and Chapleau.

Falls

During the months of July and August, 14 older adults participated in a four-week walking program. Once a week, using urban poles, older adults were lead on a walk through various local trails. The pilot program was done in partnership with the Victorian Order of Nurses and the Junction Creek Stewardship Committee. As part of the pilot program, a pre and post program survey evaluation was conducted and results are currently being analysed. The next steps for the program include recruiting and training new community walking leaders.

Life promotion, suicide risk and prevention

The Suicide Safer Network (SSN) has prepared a proposal to support an Applied Suicide Intervention Skills Training (ASIST) Train the Trainer Workshop in our community. Public Health

Sudbury & Districts has provided the SSN with a short summary to support this project stating why having skilled interveners is critical in our region.

Mental health promotion

On June 4, there was a media request from Sudbury.com to provide input on the increase in mental health calls and police response. Public Health Sudbury & Districts highlighted the commitment to understanding and shining a light on systemic racism, prejudices, and a mental health for all approach, while keeping a focus on the intersecting ways that people experience oppression and trauma. A need for greater education regarding mental health and associated issues within the broader community was also discussed.

A staff member on the Mental Health and Substance Use team is now the co-chair of the Canadian Mental Health Association Mental Health Promotion in Public Health Community of Practice.

Substance Use

In June, meetings reconvened with the Supervised Consumption Site Stakeholder Committee and the Community Drug Strategy Steering Committee. These meetings updated members on initiatives happening in the community and increased awareness of current trends surrounding drug use.

Réseau ACCESS Network- 24 Energy Court site hosted a Ribbon Cutting Ceremony for the Supervised Consumption Site on July 21. This event included a site tour and speech from Dr. Penny Sutcliffe amongst other dignitaries.

Staff have been working on a harm reduction expansion project. Public Health has reached out to communities with an offer to provide needle kiosk bins and harm reduction supplies to communities.

Public Health Sudbury & Districts continues to release monthly overdose prevention social media messaging which is scheduled until the end of the year. The Public Health Sudbury & Districts' opioid surveillance system continues to be updated based on information from the Office of the Chief Coroner. According to preliminary estimates received from the Office of the Chief Coroner, there were 36 opioid-related overdose deaths among residents of Sudbury and districts from January to March 2022. This represents a rate of 18 deaths per 100,000 population, which is higher than any other public health unit in the province.

Harm reduction – Naloxone

Public Health Sudbury & Districts and community partners in our region distributed a total of 1,117 naloxone doses in May, 947 doses in June, and 1,298 doses in July.

On August 17, Public Health Sudbury & Districts received a media request from CBC to provide information on naloxone kits and their distribution in Sudbury and districts.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (TCAN) has hosted TCAN meetings through the summer and most recently finalized plans for the remainder of the 2022 year.

The North East has also joined the other TCANs across the province in planning and preparing for 2023. This has included the coordination of three public health unit level scans focusing on overall needs, prevention needs and protection/enforcement needs regarding vaping on school property. The TCANs also led the development of five situational assessments to be completed in the near future: Age 30+ Smoking and Vaping, Youth Vaping, Youth Smoking, Young Adult Vaping and Young Adult Smoking. A successful knowledge exchange with a focus on current trends in tobacco and vaping use was hosted in June with Public Health Units in partnership with the Ontario Tobacco Research Unit.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases

Over the summer, the team has implemented several efforts to address the backlog of routine vaccinations due to the pandemic response. The team initiated the input of backlogged vaccination records, the promotion and implementation of over 1,700 vaccination appointment opportunities through our catch-up community clinics as well as continued to offer vaccination clinics in our 1300 Paris Street location throughout the renovation process.

Over the summer months, the Sexual Health clinic at our Elm Place location has offered Monkeypox pre-exposure prophylaxis (PrEP) to eligible individuals. Reseau Access Network has also provided Monkeypox PrEP doses. Elm Place Clinic provided 14 doses in July, 53 doses in August. The Mindemoya District office provided one PrEP dose in August. Reseau Access Network provided 11 doses in August. To-date, no post-exposure prophylaxis (PEP) doses have been administered.

2. COVID and Schools

The School Focused Nursing (SFN) team has continued to support our districts' school communities by responding to requests from schools, licensed child care centres, and summer camps with information regarding COVID-19 exposures and infection control measures. The team has collaborated with schools, summer camps and licensed child care centres to communicate the importance of COVID-19 vaccination. SFN staff have been involved in planning and organizing clinics for the recently approved six months to five years COVID-19 vaccinations.

Throughout the summer, the School Focused Nursing team has completed over 450 calls to parents to advise of overdue immunizations for elementary and secondary students and assisting with community catch up clinics for overdue routine immunizations in our districts.

The team has also assisted with back-to-school messaging specific to COVID-19 and continues to collaborate with stakeholders in our school/licensed child care centre communities through monthly meetings, as well as raise awareness about Public Health Sudbury & Districts' COVID-19 index for our service area. Licensed child care centres were also supported by the team regarding non-COVID-19/non-enteric illness, during this reporting period.

Throughout July and August, SFNs completed 135 cold chain inspections for physician offices, pharmacies, hospitals, jails, etc.

3. COVID-19 Vaccine Planning

Throughout the summer, Public Health Sudbury & Districts staff members continued to offer many COVID-19 vaccination clinic opportunities across Sudbury & Districts. Opportunities for COVID-19 vaccinations continue to be offered to Indigenous communities and other priority populations using the mobile bus and pop-up clinics, with recent visits to the Elgin Street Mission barbeques and Sudbury Pride events. Large community clinics in arena halls and commercial centres were planned along with smaller, hyper-localized clinics in libraries and using the mobile vaccination bus. Vaccine-to-vehicle and homebound vaccination were also offered to clients who were unable to attend regular clinics. The combination of clinic types ensured opportunities were available in various neighbourhoods and promoted uptake and accessibility of appointments, including among marginalized groups such as those living in subsidized housing. All clinic offerings also ensured a sufficient number of appointments were available for the newly eligible populations including adults 18 and older who were seeking second booster doses (effective July 14, 2022) and children 6 months to under 5 years seeking to begin their primary vaccine series (effective July 28, 2022).

Throughout the summer months, Public Health Sudbury & Districts administered approximately 65% of all COVID-19 vaccine doses in the Sudbury & Districts area with strong support from local pharmacy partners and some support from primary care, long-term care, and First Nation communities. As of August 24, a total of 89.1% of residents ages 5 and up received their first dose of the COVID-19 vaccine, while 85.7% received their second dose. First booster doses have been administered to 57.3% of residents aged 12 and older while second booster doses have been administered to 19% of residents aged 18 and older. Since the launch of the under 5 COVID-19 vaccination program at the end of July, a total of 3.8% of local children in this age group have received their dose.

As Ontario moves into the post-acute phase of the COVID-19 pandemic, planning for COVID-19 vaccination clinics continues to ensure adequate opportunities for newly eligible populations as

well as to prepare for possible surge scenarios. Baseline and contingency plans have been developed for vaccination clinics for September to December 2022 to ensure some flexibility in the event the program needs to scale up or down based on new directives, community demand, and competing programming needs. While we are planning for unusual circumstances this fall, Public Health is advocating for, and working with, local and provincial partners to build capacity across the health system to align the COVID-19 vaccination program rollout with the influenza program wherein the majority of doses are administered by primary care providers and pharmacies. These efforts are key to build sustainability of the program throughout fall 2022 so regular public health programming can resume.

Health Protection

1. OPHS Required Routine Inspections

Public Health Sudbury & Districts Health Protection Division has experienced a significant number of public health inspector (PHI) vacancies over recent months. Despite on-going active efforts to recruit to fill these vacancies, several temporary and permanent vacancies remain. This situation is not unique to PHSD or to PHIs as a profession.

With our current PHI compliment we are unable to meet OPHS requirements for routine inspections, including some Recovery Priorities. In response, PHSD has applied a risk-based approach to prioritize specific routine inspections in 2022. As a result, low-risk food premises, non-institutional high-risk food premises, Healthy Menu Choices Act, and arena air quality inspections will not be completed per OPHS requirements this year. PHIs continue to respond to all complaints and demand-related work under the OPHS and provincial legislation. Our priority for the remainder of the year is to complete per OPHS requirements routine inspections of institutional based high-risk food premises, Infection Control-related inspections including all Personal Services Settings and premises linked with vulnerable populations (hospitals, long-term care homes, retirement homes, other congregate living settings). We will continue to carefully monitor capacity over time and resume routine programming as soon as possible.

2. Control of Infectious Diseases (CID)

In June, July, and August, staff followed-up with 2,184 new local cases of COVID-19.

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

During the months of June, July, and August, 50 reports of sporadic communicable diseases were investigated. Thirty-nine respiratory outbreaks were declared; COVID-19 was identified as the causative organism for 38 of these outbreaks and Parainfluenza the cause of one outbreak.

Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the months of June, July, and August, four infection control complaints were received and investigated. Eight infection control related requests for service were received.

Infection Prevention and Control Hub

During the months of June, July and August, 16 IPAC follow-up calls were completed as well as 60 IPAC assessments and audits at congregate living settings (CLS). IPAC Practitioners also participated in 28 outbreak management team (OMT) meetings and delivered 10 education sessions in CLSs.

The Ministry of Health is currently completing an evaluation of the IPAC Hub program which will contribute to decision making about a sustainable model for the program. The overall goal of the evaluation is to further build upon work that the IPAC Hubs have completed to-date in enhancing IPAC capacity within CLSs. Staff have actively contributed throughout the evaluation, sharing successes and lessons learned, to inform the overall provincial goal of further building upon the current model for the IPAC Hubs.

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

Sexual health clinic

In June, July, and August, there were 19 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling.

The Elm Place site completed a total of 444 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling, resulting in 693 onsite visits.

Needle exchange program

In June and July, harm reduction supplies were distributed, and services received through 5,577 client visits across the Public Health Sudbury & Districts' region.

4. Food Safety

In June, July, and August, one food product recall prompted an email notification from Public Health to delis, supermarkets and convenience stores informing them of the recall and advising to remove the recalled products from sale. The recalled food products included: Crescent brand Pastrami and Turkey Breast – Tuscan Flavoured, due to possible contamination with *Listeria monocytogenes*.

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

Staff issued 158 special event food service permits to various organizations.

5. Health Hazard

In June, July, and August, 78 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

6. Ontario Building Code

In June, July, and August, 142 sewage system permits, 40 renovation applications, three zoning, and 29 consent applications were received.

7. Rabies Prevention and Control

One hundred and forty-seven rabies-related investigations were carried out during the months of June, July, and August. Four specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

Thirteen individuals received rabies post-exposure prophylaxis following an exposure to wild or stray animals.

8. Safe Water

In June, July, and August, 33 beaches were sampled with a total of 787 samples collected during 151 visits. Re-sampling was conducted in response to six sampling results that exceeded the recreational water quality standard of 200 *E. coli* per 100 mL of water. In June, July, and August two beaches were posted as unsafe for swimming due to elevated levels of *E.coli*.

Public health inspectors investigated 12 blue-green algae complaints in the months of June, July, and August, one of which was subsequently identified as blue green algae capable of producing toxin. A media release was issued notifying members of the public of the possible bloom on July 4, 2022, and a confirmatory new release was issued on July 7, 2022. The bloom was observed at Moonlight Beach on Lake Ramsey. As a result, the beach was posted and the posting will remain for the 2022 season.

During June, July, and August, 188 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 22 regulated adverse water sample results, as well as drinking water lead exceedances at two local schools.

Ten boil water orders, and six drinking water orders were issued. Furthermore nine boil water orders, and six drinking water orders were rescinded.

9. Smoke-Free Ontario Act, 2017 Enforcement

In June, July, and August, Smoke-Free Ontario Act Inspectors charged two individuals for smoking on school property, and three retail employees were charged for selling e-cigarettes to a person who is less than 19 years of age.

10. Vector Borne Diseases

In June, July, and August a total of 8713 mosquitoes were trapped and sent for analysis. During this time, a total of 169 mosquito pools were tested, three for Eastern Equine Encephalitis virus, and 166 for West Nile virus. All pools tested negative for West Nile virus and Eastern Equine Encephalitis.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

A public event featuring findings from the 2SLGBTQ+ community health study “Invisible No More” occurred in June as part of the Queer North Film Festival at the Sudbury Indie Cinema. The event included a screening of three of the digital stories created by study participants from the 2SLGBTQ+ community in Sudbury and Manitoulin districts. Nine study participants attended and participated in the discussion held following the screening. The study was funded through a Louise Picard Public Health Research Grant, and further plans are underway to release the study report and all 13 digital stories this fall with the goal of raising awareness about the experiences of 2SLGBTQ+ community members and identifying further actions that can be taken to create safer and more inclusive services and spaces for all.

Staff have been engaged in the development of a number of internal staff development and knowledge exchange activities and materials to build agency capacity in the areas of racial equity, Indigenous engagement, anti-oppression, and anti-discrimination and to support staff in applying a health equity lens in the planning and implementation of all public health services and interventions. This has included the provision of Land Acknowledgment workshops and the development of activities throughout the month of September to commemorate the National Day for Truth and Reconciliation. An all-staff survey has also been developed on racial equity that will run throughout September to identify gaps and opportunities for further staff development.

Team members continue to meet with Indigenous community health directors to share public health recovery priorities and to learn about community top priorities. Monthly knowledge

exchange meetings have also been established with non-Indigenous agencies and organizations that hold Indigenous portfolios (e.g., Public Health Sudbury & Districts, City of Greater Sudbury, Health Sciences North, Greater Sudbury Police Services) to share lessons learned and identify opportunities for collaboration. Staff were also invited to and attended Mnaamodzawin Health Centre's two-day cultural language camp held at Sheguiandah First Nation in August. The camp was an excellent opportunity to foster relationships and to learn more cultural traditions and Anishnawbemowin. Staff supported coordination of resources from across our agency programming to support the N'Swakamok Native Friendship Centre's back to school blitz targeting young Indigenous families held in August. Staff have also developed plans to engage with Black community members to better understand public health needs and overall impacts from the COVID-19 pandemic.

A registered dietitian from the team worked with colleagues across the province from the Ontario Dietitians in Public Health (ODPH) Food Insecurity sub-group to support training of the food affordability monitoring process for 27 Public Health Units for the new 2022 pilot. The initiative was in collaboration with Public Health Ontario and involved the collection and analysis of food availability data with the goal of improving the tools and process for 2023. The Income Scenarios Spreadsheet developed by ODPH will highlight local food insecurity realities through the intersection of social assistance rates, market-based housing costs, and food costs.

2. Population Health Assessment and Surveillance

The team continues to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19 and public health priorities. Efforts include maintenance of our COVID-19 reporting systems including vaccine, case, and outbreak reporting (tri-weekly web reports, the COVID-19 risk index, and a detailed weekly epidemiologic summary that includes vaccination data). Staff also continue to track vaccine uptake and local population projections to support internal vaccine planning and vaccine planning for First Nations and urban Indigenous communities.

Staff have developed a comprehensive database for the team to use for systematic work planning and for front-line staff to use as a self-serve means to find information that has already been reported or to request a new population health assessment and surveillance product. The team is also continuing to develop internal reports for staff to use in a self-serve capacity to answer program-related questions. The work in this area is anticipated to substantially improve the comprehensiveness and efficiency of population health assessment work as well as the efficiency of accessing relevant, recent, and timely information for program staff.

Essential work continues in non-COVID related analyses, including bi-weekly Acute Care Enhanced Surveillance (ACES) System reports, daily monitoring of data related to suspected opioid overdoses, and the monthly updating of the Community Drug Strategy's opioid

dashboard. Staff continue to work with teams across the agency to support data tracking and management including recent efforts to support health care and retirement facilities outbreak tracking and weekly flu tracking.

3. Research and Evaluation/Effective Public Health Practice

In July 2022, the Ontario Association of Public Health Nursing Leaders (OPHNL) conducted an evaluation of the School-Focused Nurses (SFN) Initiative as part of the OPHNL's ongoing partnership with the Ministry of Health. Locally, Public Health received funding for 12 Public Health Nurse positions as part of this initiative. As part of the evaluation process, the evaluation team invited public health leadership, staff, and School/Education partners to participate in 60-minute, virtual focus groups. Public Health staff supported this provincial evaluation project with the translation and transcription of French-language focus group materials and by facilitating the French-language focus group session with provincial education partners in early July. The results of the evaluation will be provided to the Ministry of Health and OPHNL to inform planning and implementation of future pandemic/outbreak responses, as well ongoing school health program delivery and partnerships between public health and education.

Locally, in June and July 2022, Public Health implemented a process to collect feedback from community partners on local COVID-19 response across various sectors. To gather partner reflections and experiences, sector-specific sessions sought feedback on COVID-19 response activities, including case and contract management, vaccine rollout, public health measures, behaviour change and communications, and enforcement. A total of 16 focus group sessions were completed and 17 respondents completed the online survey. The sessions (and survey) examined enablers and challenges, key lessons learned, and what future steps may be needed to support emergency response. Findings from the partner debrief sessions and survey feedback are being collated into a report which will be circulated with partners to inform future planning and emergency response efforts.

The Effective Public Health Practice Team also continues to support agency planning, evaluation and monitoring. Throughout July and August, a process was created to ensure tracking and reporting of program data for the Ministry of Health Q4 Standards Activity Report. Additionally, the team is working with program managers, directors, and colleagues to showcase progress in the agency’s recovery plans (as identified in the report titled Public Health Sudbury & Districts Recovery Plan Progress Report: March to August 2022).

Planning is underway for student placement opportunities for the fall 2022 term. These include students or residents from a variety of disciplines including nursing, nurse practitioner, medicine, and dietetics.

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 7 Periods Ending July 31, 2022

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	16,836,800	9,821,467	9,909,264	(87,797)	6,927,536
MOH - One Time Mitigation Grant	1,179,500	663,468	663,467	1	516,033
MOH - Unorganized Territory	826,000	481,833	481,836	(3)	344,164
Municipal Levies	9,078,082	5,295,548	5,295,559	(11)	3,782,523
Interest Earned	100,000	54,695	63,277	(8,581)	36,723
Total Revenues:	$28,020,382	$16,317,011	$16,413,403	$(96,392)	$11,606,979
Expenditures:					
Corporate Services:					
Corporate Services	4,844,013	2,884,037	3,106,692	(222,654)	1,737,321
Office Admin.	115,350	30,704	33,508	(2,804)	81,842
Espanola	117,766	67,069	65,224	1,845	52,541
Manitoulin	131,604	74,628	68,797	5,831	62,806
Chapleau	126,876	73,504	68,043	5,461	58,833
Sudbury East	18,104	10,560	10,979	(419)	7,124
Intake	344,251	191,606	190,519	1,087	153,732
Facilities Management	602,893	295,995	278,521	17,474	324,372
Volunteer Resources	3,850	0	0	0	3,850
Total Corporate Services:	$6,304,706	$3,628,104	$3,822,284	$(194,180)	$2,482,422
Health Protection:					
Environmental Health - General	1,408,067	769,130	729,081	40,048	678,986
Enviromental	2,611,582	1,407,442	1,164,645	242,796	1,446,936
Vector Borne Disease (VBD)	88,828	22,864	25,771	(2,907)	63,057
Small Drinking Water Systems	177,834	102,597	88,302	14,295	89,532
CID	748,538	502,469	368,197	134,272	380,341
Districts - Clinical	231,803	132,114	138,183	(6,068)	93,621
Risk Reduction	273,042	18,718	18,700	19	254,342
Sexual Health	1,335,482	765,380	829,570	(64,190)	505,912
MOHLTC - Influenza	0	0	1	(1)	(1)
MOHLTC - Meningittis	0	0	(298)	298	298
MOHLTC - HPV	0	0	(467)	467	467
SFO: E-Cigarettes, Protection and Enforcement	257,999	129,051	116,423	12,628	141,576
Total Health Protection:	$7,133,176	$3,849,765	$3,478,109	$371,657	$3,655,067
Health Promotion:					
Health Promotion - General	1,148,657	615,366	584,887	30,478	563,770
School Health and Behavior Change	1,527,418	871,988	545,638	326,350	981,781
Districts - Espanola / Manitoulin	453,997	259,173	194,637	64,536	259,360
Nutrition & Physical Activity	1,829,249	985,396	698,458	286,938	1,130,791
Districts - Chapleau / Sudbury East	409,065	232,898	151,655	81,244	257,411
Tobacco, Vaping, Cannabis & Alcohol	686,203	366,134	184,437	181,698	501,766
Family Health	1,272,873	716,654	685,799	30,855	587,074
Mental Health and Addictions	933,756	522,434	551,946	(29,511)	381,810
Dental	469,446	260,773	218,487	42,286	250,959
Healthy Smiles Ontario	629,020	349,435	342,183	7,253	286,837
Vision Health	39,511	0	0	0	39,511
SFO: TCAN Coordination and Prevention	544,806	249,125	147,533	101,591	397,273
Harm Reduction Program Enhancement	159,201	90,526	46,938	43,589	112,263
Total Health Promotion:	$10,103,203	$5,519,903	$4,352,596	$1,167,307	$5,750,606
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	285,405	164,759	117,992	46,767	167,413
VPD and COVID CCM	906,843	523,179	936,119	(412,940)	(29,275)
Total SVC:	$1,192,248	$687,938	$1,054,110	$(366,173)	$138,138
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,761,602	1,564,067	1,467,548	96,519	1,294,054
Workplace Capacity Development	23,507	10,134	13,687	(3,553)	9,820
Health Equity Office	14,440	3,345	2,207	1,138	12,233
Nursing Initiatives: CNO, ICPHN, SDoH PHN	477,269	274,882	274,883	(0)	202,386
Strategic Engagement	10,232	304	275	30	9,957
Total Knowledge and Strategic Services:	$3,287,050	$1,852,732	$1,758,598	$94,134	$1,528,452
Total Expenditures:	$28,020,382	$15,538,442	$14,465,698	$1,072,745	$13,554,684
Net Surplus/(Deficit)	$0	$778,569	$1,947,705	$1,169,137	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 7 Periods Ending July 31, 2022

		BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Total Expenditures YTD	Cost Shared Variance YTD (over) /under	Total Variance YTD (over)/under
Revenues & Expenditure Recoveries:								
	MOH Funding	28,020,382	16,317,011	16,423,258		16,423,258	(106,247)	(106,247)
	Other Revenue/Transfers	722,717	328,956	417,592		417,592	(88,636)	(88,636)
	Total Revenues & Expenditure Recoveries:	28,743,099	16,645,967	16,840,851		16,840,851	(194,884)	(194,884)
Expenditures:								
	Salaries	18,578,665	10,719,587	9,598,518	3,495,176	13,093,694	1,121,069	(2,374,107)
	Benefits	5,820,779	3,345,731	3,019,592	396,729	3,416,321	326,139	(70,590)
	Travel	297,058	83,429	93,710	102,341	196,051	(10,281)	(112,622)
	Program Expenses	1,089,217	155,274	154,894	62,319	217,214	380	(61,939)
	Office Supplies	85,584	20,952	20,485	4,005	24,490	467	(3,539)
	Postage & Courier Services	64,972	29,105	28,705	51	28,756	400	349
	Photocopy Expenses	33,228	13,015	14,168	3,343	17,511	(1,153)	(4,496)
	Telephone Expenses	65,266	37,572	38,704	69,395	108,099	(1,133)	(70,528)
	Building Maintenance	349,650	199,441	212,600	51,072	263,673	(13,159)	(64,231)
	Utilities	236,567	100,644	90,093		90,093	10,552	10,552
	Rent	312,365	182,213	283,052	57,048	340,100	(100,839)	(157,887)
	Insurance	145,514	140,514	162,253		162,253	(21,739)	(21,739)
	Employee Assistance Program (EAP)	35,000	20,417	27,888		27,888	(7,472)	(7,472)
	Memberships	29,889	21,573	28,327		28,327	(6,754)	(6,754)
	Staff Development	126,205	40,679	34,103		34,103	6,577	6,577
	Books & Subscriptions	9,345	1,996	1,967		1,967	29	29
	Media & Advertising	130,365	36,277	36,734	28,850	65,584	(457)	(29,307)
	Professional Fees	491,765	196,486	271,732	363,611	635,343	(75,246)	(438,857)
	Translation	48,890	14,142	17,929	40,497	58,427	(3,788)	(44,285)
	Furniture & Equipment	18,020	6,653	9,520		9,520	(2,867)	(2,867)
	Information Technology	774,755	501,698	748,169	58,592	806,761	(246,471)	(305,064)
	Total Expenditures	28,743,099	15,867,398	14,893,145	4,733,030	19,626,175	974,253	(3,758,777)
	Net Surplus (Deficit)	0	778,569	1,947,705			1,169,137	(3,563,893)

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended July 31, 2022

Program		FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs								
COVID and Schools	355		896,000	218,884	677,116	24.4%	*Mar 31/2022*	33.3%
Indigenous Communities	703		90,400	55,992	34,408	61.9%	*Dec 31*	58.3%
Pre/Postnatal Nurse Practitioner	704		139,000	49,548	89,452	35.6%	*Mar 31/2022*	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736		100,000	1,496	98,504	1.5%	*Mar 31/2022*	33.3%
Northern Fruit and Vegetable Program	743		176,100	115,366	60,734	65.5%	*Dec 31*	58.3%
Triple P Co-Ordination	766		64,014	26,219	37,795	41.0%	*Dec 31*	58.3%
Supervised Consumption Site	767		1,094,021	418,825	675,196	38.3%	*Dec 31*	58.3%
Healthy Babies Healthy Children	778		1,476,897	493,252	983,645	33.4%	*Mar 31/2022*	33.3%
IPAC Congregate CCM	780		1,680,000	214,810	1,465,190	12.8%	*Mar 31/2022*	33.3%
Ontario Senior Dental Care Program	786		1,012,400	420,225	592,175	41.5%	*Dec 31*	58.3%
Anonymous Testing	788		61,193	15,338	45,855	25.1%	*Mar 31/2022*	33.3%
One-Time Nursing Initiative	794		492,248	298,347	193,901	60.6%	*Mar 31/2022*	33.3%
Total			7,282,273	2,328,302	4,953,971			

Office of the Regional Chair | Jim Bradley
1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7
Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243
Email: jim.bradley@niagararegion.ca
www.niagararegion.ca

July 29, 2022

Sent by e-mail

Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones,

Re: ADDRESSING PUBLIC HEALTH FUNDING SHORTFALLS IN NIAGARA

I am writing to you on behalf of Niagara Regional Council who, on July 12, 2022, received and approved the enclosed report concerning the growing gap in current provincial funding for Public Health and Emergency Medical Services.

As you know, the majority of Public Health services provided by local public health agencies to the public are funded jointly by the Province and municipal governments, an arrangement that allows for stable, predictable delivery of critical public health services to residents. However, the recent reduction in the Province's share of funding for cost-shared Public Heath services, coupled with the change of several 100% provincially funded programs to cost-shared programs, has placed a new financial burden on municipal governments. Beyond public health, where these changes have led to significant budget challenges in critical areas including supports for newborn infants and their parents, the effects are also being felt in the delivery of mental health programming and Emergency Medical Services (EMS) dispatch.

Niagara's mental health program is 100% funded through provincial funds, allocated via Ontario Health (OH). While OH provides an annual lump sum of $39,500 to cover indirect allocations, the actual expenses incurred by the Region greatly exceed this. In fact, local taxpayers have had to cover a total deficit of nearly **$2 million** over the past five fiscal years.

Furthermore, the annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental

Health budget despite inflation and the pandemic's impact on the cost of health care delivery.

As alluded to in my previous letter in May of 2022, Niagara's EMS service continues to face significant challenges due to the COVID-19 pandemic. In addition to the budget implications of increased offload delays, Niagara EMS's dispatch program is underfunded for its operations, with a deficit of **$1,241,912** over the past five fiscal years. This reflects a three-fold increase in call volume with no increase in funding to increase capacity, leading to staffing challenges to maintain operations, and increased costs through additional sick time of overburdened emergency responders, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be affected unless additional funding is available to increase the staffing complement to match this new call volume.

These shortfalls are also affecting the delivery of our Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS), both funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. This has required these programs needing to reduce their staffing levels to reduce costs by **$201,828** to absorb the impact of inflation over that time. These staffing reductions have resulted in a reduction in service delivery, with the impacts still to be evaluated.

Unfortunately, these challenges are compounded by the lack of increases in base Public Health funding to account for inflation. We very much appreciate the 1% increase in base budget for 2022. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continue to increase with inflation estimated to be 8.1%. Stable and predictable funding with inflationary increases year-to-year is needed to plan and deliver the stable and predictable services that our residents need.

As I'm sure you can appreciate, these funding shortfalls not only make long-term program planning difficult; they form a risk that our residents will not have access to critical public health services when they need them, especially during this critical juncture for the health of our residents. In addition to the continued impact of COVID-19, there is significant catch-up work to be done (e.g. missed grade 7 vaccinations) to recover from the effects of the pandemic, and to ensure the population continues to receive necessary health services. These funding shortfalls endanger that work.

It is my hope that this letter will open a dialogue between the Niagara Region and your respective offices as we search for remedies to these funding shortfalls and leverage our positive working partnerships to ensure that Niagara's residents continue to receive the high-quality public health services they have come to rely on.

Yours sincerely,

Jim Bradley, Chair
Niagara Region

cc: Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
S. Oosterhoff, MPP, Niagara West
W. Gates, MPP, Niagara Falls
J. Burch, MPP, Niagara Centre
J. Stevens, MPP, St. Catharines
Association of Municipalities of Ontario (AMO)
Local Area Municipalities
Ontario Board of Health
Association of Local Public Health Agencies (alpha)
Dr. M. M. Hirji, Acting Medical Officer of Health
R. Ferron, Acting Chief/Director, Emergency Medical Service

Encl: PHD 13-2022 Report – Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
   1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
   1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
   1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
   1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
   1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
  - Mental Health: $1,963,156
  - EMS Dispatch: $1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of $201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%[1].

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sump of $39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from $340,942 to $462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of $1,963,156 over the past five years.

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[1] Consumer price index portal
(https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of $1,241,912 over the past five fiscal years and $150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by $201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health,or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

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Prepared by:
Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

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Recommended by:
M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

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Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.

NEWS RELEASE

Working with Municipalities to Move Ontario Forward

Province announces funding at 2022 AMO conference to support critical public services

August 17, 2022
Ministry of Municipal Affairs and Housing

OTTAWA — The Ontario government is working with its municipal partners to build strong, thriving communities and making significant, additional investments to enhance and protect the critical public services Ontarians rely on everyday.

At the 2022 Association of Municipalities of Ontario (AMO) conference in Ottawa, the Ontario government announced nearly $764 million in funding to assist municipalities with the cost of land ambulance operations. This represents an average increase of five per cent provincially compared to 2021-22 funding levels.

“The people of Ontario are counting on all levels of government to come together and get it done for them,” said Premier Doug Ford. “We will work shoulder to shoulder with our municipal partners to deliver a stronger health system, world class transportation infrastructure and attainable housing for all Ontarians. Because there is only one way to build a prosperous Ontario for everyone, and that is by building together.”

Ontario is supporting efficient local decision-making to help cut through red tape and speed up development timelines. The government introduced the *Strong Mayors, Building Homes Act* that, if passed, would put trust in local leadership by giving the mayors of Toronto and Ottawa more responsibility to deliver on our shared provincial-municipal priorities, including the government’s commitment to build 1.5 million new homes over the next 10 years to address the housing supply crisis.

“The past three years have underscored the important role local governments play in our communities,” said Steve Clark, Minister of Municipal Affairs and Housing. “That’s why we’re working closely with our municipal partners and working to ensure they have the tools and flexibility they need to address local priorities. We will continue to keep the lines of communication open and encourage municipalities to take action as we work together to strengthen our communities and promote economic growth.”

The government is also expanding patient care models for eligible 9-1-1 patients to provide them timely access to appropriate treatment in the community and help reduce unnecessary emergency department visits. Currently, these patient care models enable paramedics to treat and refer mental health and addictions and palliative care patients to appropriate services in the community. The government is working with key partners to expand these models to different patient groups, such as people with diabetes and epilepsy, and

implement a new treat and release model with recommendations to patients for appropriate follow-up care.

Additionally, Ontario is providing approximately $47 million through to the end of 2023 to public health units and municipalities to ensure they have the financial stability to deliver key services across the province during this critical time. This is in addition to continuing the increased investments to support the public health sector's response to COVID-19.

"Ontario's public health system and frontline health care workers have demonstrated remarkable dedication in responding to COVID-19 while continuing to provide exceptional care to Ontarians," said Sylvia Jones, Deputy Premier and Minister of Health. "As we head into the fall, our government is providing funding to support public health units in their critical work and is also expanding patient models of care to enable our world-class paramedics to provide more timely and appropriate care for even more patients at the right place at the right time."

Ontario has invested nearly $4.4 billion over the past three years to grow and enhance community and supportive housing for vulnerable Ontarians and Indigenous people, address homelessness, and respond to COVID-19. This includes over $1.2 billion through the Social Services Relief Fund to help municipal service managers and Indigenous program administrators create longer-term housing solutions and help vulnerable Ontarians – one of the biggest investments made in affordable housing and homelessness supports in the province's history.

"AMO appreciates the Government of Ontario's commitment to making our conference successful. Ontario's 444 municipal governments work with the province to serve the same people. We often work in partnership, through shared funding and service relationships," said Jamie McGarvey, outgoing AMO President and Mayor of Parry Sound. "Good government depends on our ability to work well together. AMO is pleased to provide a meeting place where governments come together and achieve more through collaboration. We provide that role every day. AMO's Annual conference is the most important expression of our role."

Quick Facts

- The government has approved 49 patient care models for eligible 9-1-1 mental health and addictions and palliative care patients in 40 municipalities across Ontario. These models ensure paramedics have more options to provide safe and appropriate treatment, while also helping to protect hospital capacity.
- Ontario's More Homes for Everyone plan helps deliver both near-term solutions and long-term commitments to make it faster to build the homes that families need.
- Ontario is launching a Housing Supply Action Plan Implementation Team to engage with municipalities, the federal government and industry to monitor progress and support improvements to our annual housing supply action plans.

- The government announced it will maintain the overall structure of the $500 million Ontario Municipal Partnership Fund for 2023. Allocations will be announced this fall, in advance of the municipal budget year.
- Ministers, Associate Ministers and Parliamentary Assistants held more than 570 meetings with municipalities and municipal organizations from across Ontario at the 2022 AMO conference. They discussed key priorities including economic recovery, public health, housing and homelessness supports, and transportation infrastructure.

Media Contacts

Victoria Podbielski
Minister's Office
victoria.podbielski2@ontario.ca

Conrad Spezowka
Communications Branch
mma.media@ontario.ca

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July 27, 2022

Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, Ontario
P3E 3A3

Re: Healthy Babies Healthy Children Funding

Dear Dr. Sutcliffe,

At the July 14, 2022 meeting, under Correspondence item b), the Middlesex-London Board of Health moved to endorse the following item:

> **Date:** June 21, 2022
> **Topic:** Healthy Babies Healthy Children Funding
> **From:** Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer, Public Health Sudbury & Districts
> **To:** Ministry of Children, Community and Social Services

The Board of Health acknowledges that the Healthy Babies Healthy Children (HBHC) program, as outlined in the Ontario Public Health Standards and Protocols, is an important intervention for optimizing the healthy growth and development of newborns and children at risk for health inequities. Sufficient resourcing is critical for the effective implementation of this program and a review of base-funding needs is a necessary step.

Sincerely,

Mr. Matt Reid
Board Chair, Middlesex-London Health Unit

cc: Ms. Trudy Sachowski, President, Association of Local Public Health Agencies
Ms. Loretta Ryan, Executive Director Association of Local Public Health Agencies

health@mlhu.on.ca
www.healthunit.com

London Office
110-355 Wellington St. | London, ON | N6A 3N7
tel: (519) 663-5317 fax: (519) 663-9581

Strathroy Office
51 Front St. E | Strathroy, ON | N7G 1Y5
tel: (519) 245-3230

Ministry of Children, Community and Social Services

Children with Special Needs Division

Child Development and Specialized Services Branch

101 Bloor Street West
2nd Floor,
Toronto ON M5S 2Z7
Phone: (416) 314-0811

Ministère des Services à l’enfance et des Services sociaux et communautaires

Division des services aux enfants ayant des besoins particuliers

Direction du développement des enfants et des services spécialisés

101 rue Bloor ouest
2è étage
Toronto (Ontario) M5S 2Z7
Tél :   (416) 314-0811

July 26 2022

Dr. Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, Ontario
P3E 3A3
sutcliffep@phsd.ca

Dear Dr. Sutcliffe:

Thank you for your letter on behalf of the Board of Health for Public Health Sudbury & Districts regarding the Healthy Babies Healthy Children (HBHC) Program. As the Director of the Child Development and Specialized Services Branch in the Ministry of Children, Community and Social Services (MCCSS), it is a pleasure to respond.

MCCSS delivers a range of services to support vulnerable children, youth and families in Ontario. We recognize the importance that the HBHC Program plays in supporting healthy child development and helping children get the best start in life. We also acknowledge that the intensity of need for the program has increased, especially due to the pandemic.

Delivering vital programs and services as efficiently and effectively as possible is a critical priority for us all. The ministry is continuing efforts to improve the quality and sustainability of the HBHC Program to adapt to a changing community context. Resolution #19-22 and your Board’s 2022-23 budget information provide us with insights that will assist in this process.

Thank you for sharing the experiences of Public Health Sudbury & Districts and the Board of Health. I look forward to working with you and other partners to help support efficient and high-quality services for families and children.

Sincerely,

Ziyaad Vahed
Director

July 20, 2022

Ministry of Children, Community and Social Serives
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Support for a Local Board of Health

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Health Children funding. The following motion was passed:

Motion No: 2022-49

Moved by: Alan Barfoot **Seconded by: Luke Charbonneau**

"THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding."

Carried.

Sincerely,

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

June 21, 2022

VIA ELECTRONIC MAIL

The Honourable Merrilee Fullerton
Minister of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Minister Fullerton:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at it's meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

> *THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais
1.866.522.9200

phsd.ca

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,

Original signed by

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

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health

Office of the Regional Chair | Jim Bradley
1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7
Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243
Email: jim.bradley@niagararegion.ca
www.niagararegion.ca

July 22, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Training Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

sent by e-mail

Dear Minister Jones,

On June 23, 2022, Niagara Region's Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Niagara and across the province. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

Niagara has been disproportionately impacted by the toxicity of the unregulated drug supply, particularly in regards to opioids. Since the beginning of the COVID-19 pandemic (March 2020 – September 2021), there have been 259 confirmed opioid-related deaths in Niagara[1,2]. This was a 67.1% increase compared to the 19 months prior to the COVID-19 pandemic (August 2018 – February 2020) [1,2]. From 2018 – 2020, Niagara's opioid-related death rate was almost double the provincial death rate (Figure 1)[1,2]. Preliminary data for 2021 suggests that Niagara's opioid-related death count will surpass previous years[1,2]. In addition to an increase in opioid-related deaths, opioid-related emergency department (ED) visits in Niagara have also increased since the beginning of the COVID-19 pandemic[1]. There were 1,350 opioid-related ED visits in Niagara from March 2020 – September 2021 which was a 24.9% increase compared to the 19 months prior to the COVID-19 pandemic[1].

We are acutely aware of the complexities of substance use and substance use disorders. We are also aware that implementing a concerted, multi-pronged approach involving all levels of government is **urgently** needed to stem the tide of these needless deaths and subsequent grief that is devastating our communities.

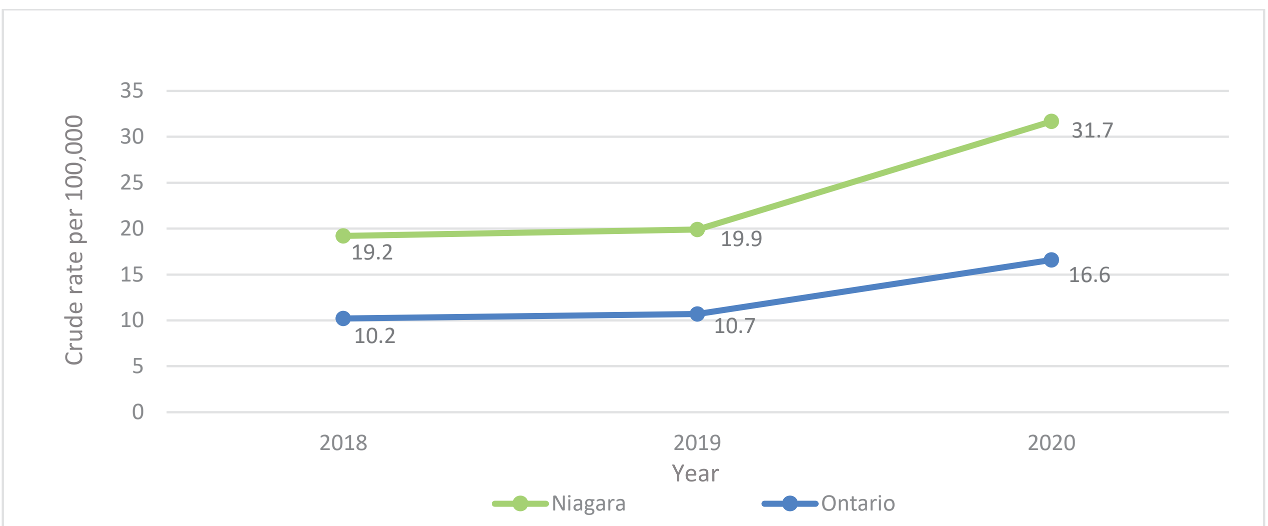

Figure 1. Opioid-related death rates in Niagara compared to Ontario, 2018-20

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2021. https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool.
2. Coroner's Opioid Investigative Aid, 2021; Office of the Chief Coroner for Ontario, 2021; Data for 2021 is preliminary and is subject to change without notice

As such, Niagara Region's Board of Health, urges your government to take the following actions:

1. Create a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options;
3. Revise the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addition Medicine Clinics), and a variety of medication options;
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood;
8. Fund additional and dedicated positions for local public health to support the critical local coordination and leadership of local opioid and substance strategies;

Niagara Region's Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of Health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response.

Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

Jim Bradley
Chair, Board of Health, Niagara Regional Area
Regional Chair, Niagara Region

cc: Premier Doug Ford
The Honourable Doug Downey, Attorney-General of Ontario
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
Association of Local Public Health Agencies
All Ontario Boards of Health

Head Office:
247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:
Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

July 15, 2022

Hon. Sylvia Jones
Deputy Premier and Minister of Health
3rd Floor, 180 Broadway Ave.
Orangeville, ON L9W 1K3

Dear Minister Jones:

Re: Letter of Support – Addressing Substance Use Harms

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms including a letter from Simcoe-Muskoka District Health Unit endorsing a set of recommendations for the province of Ontario and provincial Ministry of Health to help address the escalating opioid crisis province-wide.

Motion (#25R-2022) was passed which included endorsement of the Kingston, Frontenac, Lennox & Addington (KFLA) Drug Strategy Advisory Committee's online petition to reduce the harms to those who use illicit drugs. In addition the motion included a call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services.

The motion also included the following:

> **That the Timiskaming Board of Health endorse the letter from Simcoe-Muskoka District Health Unit (SMDHU) to the Ontario Minister of Health (Appendix A) in response to the Opioid Crisis province-wide (recommendations 1 – 7), and that this be communicated in writing to the Ontario Minister of Health.**

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration for expanding these provisions to all public health unit regions.

Sincerely,

Carman Kidd, Board of Health Chair

Enclosure

C: Michael A. Tibollo, Associate Minister of Mental Health and Addiction
Hon. John Vanthof, MPP, Timiskaming-Cochrane
Association of Local Public Health Agencies
Kerry Schubert-Mackey and Tyler Twarowski Co-Chairs, Timiskaming Drug and Alcohol Strategy

Office of the Regional Chair | Jim Bradley
1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7
Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243
Email: jim.bradley@niagararegion.ca
www.niagararegion.ca

July 19, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness[i] as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be $16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.[ii]

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,

Jim Bradley,
Chair, Board of Health, Niagara Region
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
All Boards of Health

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[i] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)

[ii] The Conference Board of Canada. Available from (https://www.conferenceboard.ca/e-Library/abstract.aspx?did=5780). Published September 23, 2013.

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000 (ESA)* set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.[1]

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[1] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces[2] including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act.* Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of $943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons[1]:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

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[2] Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (alPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)

PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)

Prepared by:
Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:
M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.

Head Office:
247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:
Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

July 15, 2022

Hon. Jean-Yves Duclos
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Duclos:

Re: Decriminalization of Personal Possession of Illicit Drugs

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms.

Motion (#25R-2022) was passed which included the following:

> **That the Timiskaming Board of Health support the call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services…**

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

Sincerely,

Carman Kidd, Board of Health Chair

C: Hon. Carolyn Bennett, Minister of Mental Health and Addictions / Associate Minister of Health
Hon. Anthony Rota, Member of Parliament Nipissing-Timiskaming
Hon. Charlie Angus, Member of Parliament Timmins-James Bay
Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police
Aviva Rotenberg, Executive Director, Canadian Association of Chiefs of Police
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan
Sent: July 6, 2022 1:03 PM
To: 'All Health Units' <AllHealthUnits@lists.alphaweb.org>
Subject: [allhealthunits] Message from the BOH Chair

PLEASE ROUTE TO:
All Board of Health Members

Dear Members,

As the 2022-2023 Chair for the Boards of Health Section of the Association of Local public Health Agencies (alPHa), I would like to introduce myself. I am Carmen McGregor, a second term Municipal Councillor with Chatham-Kent and a member of the Board of the Chatham-Kent Public Health Unit. I have represented the South Western Region PHUs at the alPHa Board since 2015 and I am a Past-President of alPHa. If interested, my bio can be found on the alPHa website.

I would also like to share with you that our alPHa Board of Directors and Executive will continue to work on behalf of members on the key strategic initiatives to contribute to public health policy and to effectively liaise with our partners and stakeholders. Through alPHa's strong, unified public health leadership voice, the 2022-2023 alPHa Board will advocate to remind Ontario's decision makers of local public health's enduring value.

Should you wish to contact me I can be reached through Loretta Ryan, our Executive Director, at Loretta@alphaweb.org. I look forward to representing you over the next year.

Sincerely,

Carmen McGregor
Chair
Boards of Health Section

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org

Office of the Regional Chair | Jim Bradley
1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7
Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243
Email: jim.bradley@niagararegion.ca
www.niagararegion.ca

July 5, 2022

The Honourable Dominic LeBlanc — sent by e-mail
Minister of Intergovernmental Affairs, Infrastructure and Communities
House of Commons
Ottawa, ON K1A 0A6

Dear Minister LeBlanc,

On June 23, 2022, the Niagara Region Board of Health endorsed a motion to urge that two measures be adopted to help protect Ontarians and Canadians from COVID-19 over the long-term:

1. Updating the Ontario Building Code as well as the National Building Code of Canada, and any other applicable building standards, to incorporate higher air quality standards such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes as best available evidence evolves;
2. Furthermore, in order to ensure the benefits are available to existing buildings, our Region is asking for a fund to be established to support small businesses and local organizations to upgrade the ventilation and filtration in their existing buildings, as well as invest in validated air cleaning/disinfection technologies with demonstrated safety and effectiveness, so that current public spaces and workspaces can be made safer from COVID-19 and other respiratory infections, including future pandemics of a respiratory virus.

The motion passed by our Board of Health is enclosed.

Prior to the COVID-19 pandemic, air has been known to play a role in human health by facilitating the transmission of infectious agents such as the influenza virus or pollutants such as cigarette smoke. A range of negative health outcomes are possible depending on the agent, with outcomes ranging from infectious symptoms all the way to exacerbation of asthma in children and cancers. Research is clarifying the much greater role air plays in COVID-19 transmission but it is now clear that a properly performing air handling system represents a critical tool that can help reduce the risk of COVID-19 as summarized by Public Health

Ontario[1] and the Public Health Agency of Canada[2]. As discussed by the Centres of Disease Control and Prevention[3], appropriate ventilation can help reduce the concentration of COVID-19 viral particles present and can be combined with other recommendations including using the highest efficiency filter appropriate and other emerging air cleaning/disinfection technologies.

Although the risk of infectious disease transmission can never be completely eliminated, adding another layer of protection will not only substantially protect those most vulnerable to serious outcomes but will also reduce the need for disruptive measures, such as lockdowns, to protect the health of Ontarians and Canadians. This will help society to remain open with the economy continuing to function as these automatic measures work continuously in the background, while also ensuring our society is more resilient to future respiratory infection pandemics.

As an additional benefit, Health Canada has identified numerous indoor air pollutants which can cause negative health effects typically seen on longer time scales due to chronic nature of low-level exposure. Improving indoor air quality can also have long-term benefits in preventing these diseases from occurring in the first place and by preventing the worsening of pre-existing conditions.

As any amendments to the Ontario Building Code will not apply retroactively, it is important to establish a means to support existing businesses and organizations to make any necessary changes. This will not only help to protect the health of the public immediately but also ensure these benefits are distributed equitably throughout Ontario as opposed to only being available to highly-resourced communities. Improving aged and inefficient air handling systems coupled with other building improvements, such as those listed in the Canada Greener Homes Initiative, could also help meet climate change goals thereby providing further benefits.

[1] Public Health Ontario. Heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19. Toronto, ON: Queen's Printer for Ontario; 2021 Mar. (https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en)
[2] Public Health Agency of Canada. COVID-19: Guidance on indoor ventilation during the pandemic. Ottawa, ON: Government of Canada; 2021 Jan 18. (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html)
[3] Centres for Disease Control & Prevention. COVID-19 – Ventilation in Buildings Atlanta, GA: U.S. Department of Health & Human Services; 2021 Jun 2. (https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)

Simply put, improving the indoor air Ontarians and Canadians breathe is not only good for their health but also for society and the economy. Moreover, it provides an opportunity to advance our climate change objectives.

Thank you for your consideration around this important issue and our Region keenly awaits your response.

Yours truly,

Jim Bradley, Regional Chair
Chair of the Board of Health
Niagara Region

cc: Hon. Chrystia Freeland, Minister of Finance
Hon. Jean-Yves Duclos, Minister of Health
Hon. Mary Ng, Minister of International Trade, Export Promotion, Small Business and Economic Development
Dr. Theresa Tam, Chief Public Health Officer of Canada

Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
Ontario's Boards of Health

Enclosure

5.2 PHD 10-2022

Improving Indoor Air Quality to Sustainably Prevent COVID-19, Improve Health & Keep Society Open for Good

Moved by Councillor Witteveen
Seconded by Councillor Butters

That Report PHD 10-2022, dated June 14, 2022, respecting Improving Indoor Air Quality to Sustainably Prevent COVID-19, Improve Health & Keep Society Open for Good, **BE RECEIVED** and the following recommendations **BE APPROVED:**

1. That Regional Council, as the Board of Health, **DIRECT** the Chair to write to the Provincial Government (Minister of Health; the Minister of Municipal Affairs and Housing; the Minister of Finance; and the Chief Medical Officer of Health) and the Federal Government (Minister of Health; Minister of Intergovernmental Affairs, Infrastructure and Communities; Minister of International Trade, Export Promotion, Small Business and Economic Development; Minister of Finance; and the Chief Public Health Officer) requesting that they urgently:

   1.1 Update building codes to incorporate higher standards of air quality such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes, as best available evidence evolves; and

   1.2 Create a fund to support small business and local organizations to upgrade the ventilation and filtration in their existing buildings, as well as, invest in validated air cleaning/disinfection technologies with demonstrated safety and effectiveness, so that current public spaces and workspaces can be made safer from COVID-19 and other respiratory infections, including future pandemics of a respiratory virus; and

2. That the above correspondence **BE SHARED** with Niagara's Members of Provincial Parliament, Members of Parliament, and all Ontario Boards of Health.

Carried

June 15, 2022

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
Controlled Substances and Cannabis Branch, Health Canada
0301A-150 Tunney's Pasture Driveway
Ottawa, ON K1A 0K9
Email: legislativereviewtvpa.revisionlegislativeltpv@hs-sc.gc.ca

Re: Support for South West Tobacco Control Area Network

On May 27, 2022, at a regular meeting of the Board for the Grey Bruce Health Unit, the Board of Health reviewed the Southwest T-CAN's submission to the Tobacco Control Directorate of Health Canada on ways to strengthen the Tobacco and Vaping Products Act. The submission, presented to the Board of Health for their endorsement, is part of a mandated three-year review of the Act and has a focus on the vaping regulation sections of the Act and their ability to protect young people from the harms of vapour products.

The Board endorses the submission and strongly supports the recommendations to Health Canada, including a ban on all vapour and e-product flavours, implementing a framework to strictly regulate the advertising of vapour products, and restricting the availability of high-concentration vapour products.

Motion No: 2022-41

Moved by: Brian Milne **Seconded by: Luke Charbonneau**

"THAT, the Board of Health endorse the report South West Tobacco Control Area Network (Ontario) Submission to the Legislative Review of the Tobacco and Vaping Products Act."

Carried.

Sincerely,

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Honourable Alex Ruff, MP for Bruce-Grey-Owen Sound
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Ontario Boards of Health

Encl.
/mh

SOUTH WEST TOBACCO CONTROL AREA NETWORK

Appendix B to Report No. XX-22

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
Controlled Substances and Cannabis Branch, Health Canada
0301A-150 Tunney's Pasture Driveway
Ottawa, ON K1A 0K9
Email: legislativereviewtvpa.revisionlegislativeltpv@hs-sc.gc.ca

Southwest Tobacco Control Area Network (Ontario) Submission to the Legislative Review of the *Tobacco and Vaping Products Act*

The Southwest Tobacco Control Area Network (SWTCAN) commends Health Canada for the steps taken to prevent the initiation of vaping by youth, young adults and non-smokers. Since March 2019, the member public health units of the SWTCAN have made submissions providing comments and feedback on the *Tobacco and Vaping Products Act* (*TVPA*) and Regulations. The SWTCAN is pleased to submit further comments to the Department's mandated 3-year review of the *Act* focusing on its vaping regulation sections and their ability to protect young persons from the harms of vapour products.

SECTION 1
PROTECT YOUNG PERSONS AND NON-USERS OF TOBACCO PRODUCTS FROM INDUCEMENTS TO USE VAPING PRODUCTS

Q.1 Are the current restrictions on advertising and promotional activities adequately protecting youth?

Q.2 Are the restrictions within the Act and its regulations sufficient to address potential inducements to use these products by youth and non-users of tobacco products?

Q.3 Are there other measures the Government could employ to protect youth and non-users from inducements to use tobacco products?

Q.4 Does the TVPA contain the appropriate authorities to effectively address a rapidly evolving product market and emerging issues such as the observed increase in youth vaping?

Q.5 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Health Canada Messaging about Vapour Products

Vaping prevalence rates have skyrocketed in recent years, particularly among youth and young adults. The nation-wide prevalence of vaping among students (grades 7-12) has doubled, rising from 10% in 2016-2017 to 20.2% in 2018-2019. (Health Canada, 2018;2019).

Since the 2018 publication of the assessment of vaping ("Public Health Consequences of E-Cigarettes") by the US National Academy of Science, Engineering and Medicine (NASEM), scientific understanding of the various harms now known to be associated with e-cigarette use by young people has significantly increased. As noted by colleagues at Physicians for a Smoke-Free Canada (PSC), the NASEM assessment was based on only one-third of the evidence available today (PSC, 2022). PSC's blogpost on the current status of Health Canada's messaging on vaping and its impact on younger users reads, in part, as follows:

"In its 2018 assessment, the NASEM panel of experts explored the scientific evidence behind 47 conclusions finding that there was conclusive or substantial scientific evidence for only 18, moderate evidence for 8, and limited or no evidence for 21 of the conclusions. Fifteen of the 18 conclusions for which there was strong or substantial level of confidence confirmed potential harms from these products and only two conclusions related to potential benefits of vaping" (PSC, 2022). The NASEM panel of experts concluded that e-cigarette users who entirely quit using tobacco products and transition to vapour products were exposed to fewer of the chemicals found in cigarette smoke and they experienced short-term health consequences in some organ systems (PSC, 2022).

The amount of available scientific evidence regarding the safety and dangers of vapour products is growing, and since 2018 other governments have tasked scientists to conduct reviews. There is a scientific consensus that is building that warns that vaping is dangerous and not particularly useful as a cessation method, especially when purchased and regulated as a consumer product (PSC, 2022). At present, there is no updated authoritative document that has brought together available systematic reviews, meta-analyses and reports from researchers and pertinent health/government agencies; however, according to Physicians for a Smoke-Free Canada (2022), some conclusions can be drawn that warrant significant consideration when considering public health messaging and government legislation:

1. *"E-cigarettes have increased the number of young nicotine users in some countries;*
2. *Young people who use e-cigarettes are more likely to smoke conventional cigarettes;*
3. *Dual use is common and harmful;*
4. *When purchased as consumer products, e-cigarettes are not effective cessation aids;*
5. *E-cigarettes cause damage to respiratory and circulatory systems;*
6. *Other governments have provided more recent scientific assessments." (PSC, 2022)*

The Southwest Tobacco Control Area Network recommends that Health Canada's messaging on vaping and the safety of vapour products be reviewed, revised and updated to reflect all available evidence.

Vapour Product Flavouring and Additives

The plethora of flavours in vapour products has posed significant challenges in public health efforts to halt vapour product uptake, especially by young people. Youth consider the flavour of vaping products to be the most important factor when trying e-cigarettes, and vaping initiation is more likely to occur with fruit, sweet, menthol and cherry flavoured products (Zare et al. 2018). Additionally, when non-traditional flavours are restricted and mint and menthol remain on the market, young people shift their purchasing and consumption preferences toward mint and menthol flavour (Morean et al., 2018; Diaz et al., 2020). The exclusion of menthol and mint flavours from the pending ban on flavours under the *Tobacco and Vaping Products Act* and regulations needs to be revisited. According to Al-Hamdani, Hopkins, and Davidson (2021) and the 2020-2021 Youth and Young Adult Vaping Project, almost all vapour product users consumed a flavoured vape juice both at initiation (91.9%) and at present (90.3%). In addition, in most provinces, berry, mango and mint/menthol were the most reported flavours being used (Al-Hamdani, et al., 2021).

The Southwest Tobacco Control Area Network highly recommends Health Canada to adopt the regulation to ban all vapour product and e-substance flavours, including mint and menthol or a combination of mint/menthol, except for tobacco flavoured products, without delay.

Vapour Product Promotion and Advertising

The current restrictions on advertising and promotional activities do not adequately protect youth. Vaping products should be brought under the same advertising and promotion control framework as tobacco. Advertising at such places as recreational facilities, restaurants, places of entertainment, post-secondary institutions, broadcast media, in print publications and online/social media should be prohibited given the potential for youth exposure. Vapour product advertising should only be information advertising or brand preference advertising, which would align the vaping product promotional framework with the approach applied to tobacco products. A 2019 national Leger poll found that 86% of Canadians believe that the government should apply the same advertising restrictions to vaping products with nicotine as it does to tobacco products in order to protect youth (Leger, 2019). Additionally, there should be a complete ban on offering free or discounted vaping

products. There is a substantial body of evidence that supports price control measures and strong taxation regimes for reducing youth and young adult smoking initiation, as they are more sensitive to price increases (Public Health Ontario, 2017). According to Huang, Tauras and Chaloupka (2013) and research conducted by Corrigan and colleagues (2021), policies increasing the price of vapour products, either through a taxation regime or limiting rebates, discount pricing, and coupons/bulk buying incentives could dissuade relatively few older adult cigarette smokers from switching to e-cigarettes while at the same time, be highly effective at preventing youth and young adults from initiating the use of vapour products.

The Southwest Tobacco Control Area Network highly recommends that Health Canada implement a comprehensive framework that strictly regulates advertising and promotional activities in alignment with current controls in place for tobacco products. Further, the inclusion of product pricing measures and prohibitions on incentive and bulk buying programs are required.

On-Screen Impressions of Smoking and Vaping

For over a decade, staff members from the Southwest Tobacco Control Area Network have been active members of the Ontario Coalition for Smoke-Free Movies (OCSFM) and have closely followed emerging evidence about the impact on youth when they observe tobacco and vapour product use on screen.

OCSFM's extensive experience on this issue, including frequent interactions with colleagues and researchers from the United States has led to the conclusion that frequent exposure of youth to both smoking and vaping on theatre screens, on television and on-line continuously encourages youth to try or continue using both tobacco and vapour products (Truth Initiative, 2021; Bennett et al., 2022; US Surgeon General, 2012).

Prior to the introduction of multiple viewing platforms and ubiquitous streaming services for both movies and episodic series, the on-screen presence of tobacco products was largely limited to combustibles, usually cigarettes, and usually seen in movies in theatres. Smoking impressions and tobacco imagery within movies in North America has very rarely been the subject of a "restricted" movie rating. Internationally replicated research that began in the early 2000s demonstrated that youth were often influenced to start smoking by seeing movie characters smoking on screen (Dalton et al., 2003). The American film industry has significant global influence, and the influence that tobacco imagery within movies has on youth should not be underestimated (Polansky, Driscoll and Glantz, 2019).

By 2016, researchers had confirmed and replicated their conclusions to the point that the World Health Organization called on signatories of the Framework Convention on Tobacco Control (FCTC), of which Canada is one, to implement the following policy measures, in line with the guidelines of article 13, to reduce the impact that smoking in the movies is having on youth tobacco use initiation:

- Require adult ratings for films with tobacco imagery to reduce overall exposure of youth to tobacco imagery in films;
- Certify within movie credits that film producers received nothing of value for using or displaying tobacco products in a film;
- Prohibit the display and identification of tobacco brands in films;
- Make media production companies ineligible for public subsidies and grants if they show smoking or tobacco brands, or identify a relationship with the tobacco industry; and,
- Require strong anti-smoking advertisements to be shown prior to showing films that contain tobacco imagery through all distribution channels (cinemas, televisions, online, etc) (World Health Organization, 2015).

The platforms on which youth can access movies, episodic series and other content today have multiplied since the 2000s. Streamed films and episodic series are readily accessible in the home, in theatres and on various portable media devices. While these products are often preceded by advisories about violence, drug use, explicit sexual content, or mature themes, only Netflix and Disney+ make any mention of smoking. The WHO's policies noted above are entirely disregarded. This disregard takes on even greater importance as new research from the United States shows that when youth see tobacco smoking on-screen, many youth respond by initiating the use of vapour products (Bennett et al., 2022). According to the US Truth Initiative, "…research shows **on-screen exposure to tobacco imagery makes young people more likely to start vaping**. A landmark 2020 study published in Preventive Medicine, found that exposure to smoking images through episodic programming can triple a young person's odds of starting to vape nicotine*"* (Truth Initiative, 2022). The Truth Initiative's

2021 report, *While You were Streaming: Nicotine on Demand* shows that 60% of young people's top 15 favorite streaming and broadcast season shows released in 2020 featured smoking, exposing an estimated 27 million youth to tobacco imagery (Truth Initiative, 2021). The report also highlights the poor performance of Netflix, one of the most popular on-line streaming platforms with viewers of all ages. Despite efforts by the US National Association of Attorneys General to urge US streaming services and creative guilds to limit tobacco depictions in programming appealing to youth, Netflix "remains the worst offender four years in a row based on its new 2020 season releases and popular binge-worthy shows" (Truth Initiative, 2022). Canadian youth watch much the same media content as their counterparts in the United States; therefore, the latest findings should be cause for alarm as there is no evidence-based reason to conclude that Canadian youth are less-susceptible to the influence of frequent exposure to on-screen smoking and (increasingly) vaping.

At present, there are no provincial restrictions in place to prevent – or reduce the likelihood of - youth exposure to on-screen smoking or vaping. While Ontario did at one time have a legislated requirement that film advertising had to contain an advisory of tobacco use if warranted, recent legislation removed that requirement. The 2020 *Ontario Film Content Information Act* cancelled the province's previous film rating system, and now asks "exhibitors" to advise moviegoers about film content, but without prescribed regulations specifying how this requirement should be achieved.

In light of the increasing evidence about the pervasiveness of on-screen smoking and its effect on the initiation of youth smoking and vaping, the Southwest Tobacco Control Area Network recommends that Health Canada explores the enactment of WHO's policy options to address on-screen tobacco and vaping imagery.

SECTION 2
PROTECT THE HEALTH OF YOUNG PERSONS AND NON-USERS OF TOBACCO PRODUCTS FROM EXPOSURE TO AND DEPENDENCE ON NICOTINE THAT COULD RESULT FROM THE USE OF VAPING PRODUCTS

Q.1 Are the current restrictions in the Act and its regulations sufficient to protect the health of young persons from exposure to and dependence on nicotine that could result from the use of vaping products?

Q.2 Are the new restrictions on nicotine concentration levels sufficient to protect youth and non-users of tobacco products from nicotine exposure? If not, what additional measures are needed?

Q.3 Are there other measures that the Government could employ to protect the health of young persons from exposure to and dependence on nicotine from vaping products?

Q.4 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Nicotine Concentration and Uniform Dosing Levels

Data from the 2018-19 Canadian Student Tobacco Alcohol and Drugs (CSTADS) survey showed that 20.2% of Canadian students (approximately 418,000) had used an e-cigarette (with or without nicotine) in the past 30 days (Health Canada, 2019). Students that reported vaping (with or without nicotine) in the past 30 days were vaping regularly, with approximately 40% reporting daily or almost daily use (Health Canada, 2019). CSTADS also showed that vaping had led to an overall increase in nicotine use by youth, which suggested that vaping had not replaced smoking behaviours among young people. In fact, the total prevalence of vaping and smoking among young people was much higher than the prevalence of smoking in that population a decade ago. By far, most of the youth in Canada who vaped were using devices that contained nicotine, with 87.6% of all current grade 7 – 12 students vaping nicotine (Health Canada, 2019). In addition, according to the 2020-2021 Youth and Young Adult Vaping project, of the 3000 individuals between the ages of 16 and 24 who were interviewed, 64.3% reported using vape juice containing the highest possible concentrations of nicotine (50-60 mg/ml) (Al-Hamdani et al., 2021).

Nicotine is a highly addictive substance that poses significant risk, especially to young people. The brain continues to develop until an individual reaches the approximate age of 25. Exposure to nicotine during brain development can result in nicotine addiction, mood disorders, permanent lowering of impulse control, and changes to attention and learning (NASEM, 2018). Other health impacts include increased blood pressure, increasing risk of heart disease and stroke (Gonzalez and Cooke, 2021), and the potential for increased risk of the spread of breast cancer to the lungs (Huynh et al., 2020). The

adverse effects from the use of high concentrations of nicotine include vomiting, headaches, dizziness, nausea and in extreme cases, fainting and nicotine poisoning (NASEM, 2018).

Federal regulation of nicotine levels offers consistent protection from nicotine addiction for youth across Canada, by bringing the current patchwork of provincial regulations into alignment across Canada. The federal regulation to limit nicotine concentration in vaping products to a maximum of 20 mg/ml has been supported by many public health agencies across Canada and is in alignment with the European Union Commission. Nicotine is a highly addictive substance and reported youth preferences for products with the highest levels of nicotine (Al-Hamdani et al., 2021) justifies the requirement for Health Canada to monitor the scientific evidence on an ongoing basis and adjust product limits accordingly.

Another important factor related to nicotine concentration levels is the application of vapour product design standards to ensure the consistent and uniform dosing of nicotine to vapour product users. According to the European Union's (EU) Commission investigating the latest available evidence on vapour products, at present, vapour products are not held to design and manufacturing standards that ensure that the device delivers the same amount of nicotine per puff by the user (European Union SHEER, 2021). Given that cigarettes are engineered to deliver consistent doses of nicotine, it appears logical that e-cigarettes should do the same if they are to effectively replace nicotine delivered from cigarettes.

The Southwest Tobacco Control Area Network supports the immediate enactment of the 20 mg/ml nicotine concentration level maximum for vapour products, along with the development of an annual review of available scientific evidence which would allow for downward adjustments if necessary. Further, it is recommended that Health Canada impose product engineering standards to ensure uniform nicotine dosing so that users know how much nicotine they are inhaling.

SECTION 3

PROTECT THE HEALTH OF YOUNG PERSONS BY RESTRICTING ACCESS TO VAPING PRODUCTS.

Q.1 Are measures in the Act sufficient to prevent youth from accessing vaping products? If not, what more could be done to restrict youth access to vaping products?

Q.2 Are there other measures that the Government could employ to protect youth from accessing vaping products?

Q.3 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Retailer Prohibitions of Sales of Tobacco and Vaping Products

The Middlesex-London Health Unit (MLHU), a member public health unit of the SWTCAN, reported that between 2020 and 2022, they observed an increase in the number of tobacco youth access test shopping failures, as well as an all-time high rate of vapour product youth access test shopping failures. Prior to 2020, MLHU's tobacco and vapour product youth access compliance rates were ~99.9%. Tobacco Enforcement Officers (TEOs) within Middlesex-London are noting an alarming trend. Since October 2021, TEOs and youth test shoppers have completed 200 youth access checks for vapour products that have resulted in 21 failures (89.5% compliance rate), with more retailers yet to be inspected. The majority of the youth access failures were at non-specialty vape stores, including convenience stores and gas stations, using youth test shoppers who are between 15 and 16 years of age -- well below the legal age of 19 years in Ontario.

Under the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)*, only vapour products flavoured with mint, menthol and tobacco can be sold in non-specialty vape stores (e.g. convenience stores, gas station kiosks, grocery stores, etc.); whereas, vapour products that contain other flavours must only be sold in age-restricted specialty vape stores. Furthermore, under the *SFOA, 2017*, vapour products that have a nicotine concentration of greater than 20 mg/ml can only be sold in age-restricted specialty vape stores. In the Middlesex-London area, during this latest round of youth access inspections, many of the vapour products that were sold to youth test shoppers from non-specialty vape stores were flavoured with fruit and candy-flavoured additives, and had a nicotine concentration of greater than 20 mg/ml, despite the provincial legislation. The illegal sale of these products has resulted in the issuance of charges for the sale of prescribed vapour products in a prohibited place and the seizure of these products. Between June 2021 and March 2022, tobacco enforcement officers (TEOs) for MLHU have conducted a total of 5 vapour product seizures, with estimated values ranging from $200 - $25,000 from each establishment. In addition to the loss of merchandise, fines under the *SFOA, 2017* are also applied for each offence;

however, it has become apparent that the fines and seizures of vapour products are an insufficient deterrent.

Under the *SFOA, 2017*, routine non-compliance with tobacco sales offences results in the issuance of an automatic prohibition order under Section 22. At present, there is no automatic prohibition lever that can be applied to retailers who continue to sell vapour products to persons under the age of 19 years, nor for non-specialty vape stores that continue to sell vapour products that should only be available for sale in age-restricted stores in Ontario. Operators have shared with MLHU TEOs that the total revenue from sales of vapour products alone far exceeds both the fine amounts and the risk of product seizures and is viewed as a cost of doing business. Based on the current compliance rate and reported retailer behaviors, current vapour product regulations are insufficient.

The Southwest Tobacco Control Area Network recommends that Health Canada implement an automatic prohibition regime for both tobacco and vaping products under the TVPA modelled after Section 22 of the *Smoke-Free Ontario Act, 2017,* for repeated convictions against retailers including those who:

- **sell tobacco and/or vaping products to persons under the legal age;**
- **sell flavoured tobacco and vaping products prohibited by law; and,**
- **sell vaping products with nicotine concentration levels that exceed 20 mg/ml.**

Reciprocal Relationships and Cooperation Between Federal and Provincial Inspectors

In Ontario, the display, promotion and sale of tobacco and vaping products at retail are regulated by both provincial and federal legislation. The *TVPA* is enforced by Health Canada Inspectors exclusively, who are responsible for monitoring and ensuring compliance with the *Act* and the Regulations. In Ontario, public health unit staff are designated by the authority outlined under the *Smoke-Free Ontario Act, 2017,* to enforce the requirements and restrictions at retail under provincial legislation exclusively, with no authority under the *TVPA.*

This means that if non-compliance with the *TVPA* and/or Regulations are observed by the local public health inspectors, the only recourse available is to refer the non-compliance and possible infraction to the Health Canada Inspectorate. Given the size and scope of jurisdiction that falls to the Health Canada Inspectorate, it is difficult for their Inspectors to respond to the referral in a timely matter. This means that in many cases, vapour products, prescribed by federal law to be “illegal” and subject to federal seizure, remains within the store for continued sale. There is significant consumer demand for this product; therefore, despite warnings issued by provincial inspectors, product will remain on store shelves available for sale or for distribution through other illegal means. In Ontario, there has been some success with reciprocal relationships and collaboration between Ontario Ministry of Finance Inspectors (enforcement of the *Tobacco Tax Act*) and public health staff (enforcement of the *SFOA, 2017*). For example, if illegal tobacco products (under the *Tobacco Tax Act*) are found within a retailer, and a Ministry of Finance Inspector is not within the jurisdiction, under direction of the Ministry of Finance Inspector, the Health Unit Inspector will safely secure the product off site until the Ministry of Finance Inspector can attend to seize the product for their investigation. Not only does this reciprocal and collaborative relationship help to remove illegal products from the marketplace, but it also increases public and retailer perception of a greater enforcement presence, which contributes to greater compliance overall. It is recommended that a similar arrangement be explored between federal and provincial enforcement agencies given the continued availability of flavoured and high nicotine concentration products. Alternatively, the cross designation of provincial and federal inspectorate for sections of the *TVPA* and Regulations that pertain to retail could also be explored.

The Southwest Tobacco Control Area Network recommends that Health Canada engage with provincial Ministries of Health and representatives from local public health enforcement to explore the options that exist to support more timely enforcement action.

Tighten Restrictions for Online Retail Marketing

Besides the availability of vapour products at retail outlets such as convenience stores, gas stations, grocery stores, and specialty vape stores, vapour products are widely available for sale through websites and social media (Hammond, et al., 2015). While many online vendors use age-verification measures during online purchase, people under the age of 18 years are still able to purchase vapour products online (Hammond et al., 2015). In 2017, the Canadian Tobacco and Drug Survey

(CTADS) indicated that more than 75% of youth age 15-19 years who tried a vaping product borrowed, shared or bought it from a friend or relative (Health Canada, 2018). In 2019, the Canadian Tobacco and Nicotine Survey showed that social access of vaping products among those aged 15-19 years had dropped to 58%, and 43% of this age group purchase from retail sources, including online vendors (Health Canada, 2019).

Underage youth who purchase vaping products online either falsely claim to be of legal age when they access the website, or they are not required to show proof of age. A content analysis of internet e-cigarette vendor practices discovered that most vape vendors (over 60%) did not require age verification or relied on ineffective strategies such as checking a box to verify legal age (Williams et al., 2018). Similarly, Gaiha and colleagues (2020) found that more than a quarter of underage e-cigarette users surveyed were not required to verify their age when purchasing e-cigarettes online.

The local experience within the Middlesex-London jurisdiction is in congruence with the evidence. Since resuming in-person learning within Middlesex-London schools in the fall of 2021, approximately 80% of youth are telling TEOs they buy vapour products online. Young people are reporting that they find it easy to get vaping products through online sources. One youth stated that the vapour products are delivered to their mailbox and that he can easily conceal the purchase from his parents because it is his responsibility to pick up the mail after school.

Some specialty vape stores that formerly operated a brick and mortar store within the Middlesex-London jurisdiction have shifted to manufacturing and wholesale, and/or to online-based operation to continue to sell flavoured and high nicotine concentration products to all ages, with less enforcement scrutiny. These products are shipped directly to customers' houses or offered through curbside pickup. This process applies the obligation of age verification to the agents/agencies used for delivery. Enforcement agencies, both at the federal and provincial levels are challenged to be able to effectively monitor retailer compliance with youth access provisions.

Industry brand-incentive programs, like the "Vuse – Click and Collect" program, are also operating within southwestern Ontario. This program allows customers to place their orders online and then pick up the vapour products, including all flavours and nicotine concentrations, at select convenience stores. Programs like this appear to have been able to find legislative loopholes and they contribute to the erosion of progress that had been made to prohibit youth access to tobacco and vapour products and to restrict access to flavoured and high nicotine concentration vapour products.

The *TVPA* prohibits youth access to vaping products in a public place or in a place to which the public has access, which includes online retailing. The *Act* specifies that a person, including a retailer, must verify the age of a person purchasing vaping products, however it does not specify how age verification is to be implemented. The current system on many websites of clicking a box to attest to being of age has obvious pitfalls.

The Southwest Tobacco Control Area Network recommends that Health Canada works with provincial Ministries of Health to implement consistent and strict requirements to regulate online sales, including the following measures:

- **Require online retailers to post information advising prospective customers that the sale of vaping and tobacco products are restricted to persons of legal age;**
- **Require two-step age verification for online retailing - the two-step process should involve two authentication methods performed one after the other to verify identity;**
- **Require online retailers to utilize third-party verification services;**
- **Require tobacco and vapour products to contain a label that states that age verification is required at delivery;**
- **Upon delivery, require that a signature be obtained from the person who ordered the package, confirming they are of legal age, and packages must not be left on doorsteps;**
- **Require that delivery be restricted to prescribed carriers.**

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, 2017). Many provinces have proposed or passed

legislation to tax vapour products, including British Columbia, Alberta, Prince Edward Island, Saskatchewan and Newfoundland Labrador. There exists the opportunity to enact a national tax regime on vapour products to reduce the consumption of vapour products by youth and young adults as they tend to be more price sensitive than adults (U.S. Department of Health and Human Services, 2000). The revenue from taxes from tobacco products along with the revenue from the taxation regime applied to vapour products could be used to fund comprehensive tobacco and vapour product control programming, including prevention and cessation efforts, increased compliance monitoring and enforcement, and ongoing 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 inhibits the manufacturers' ability to use discount pricing and the retail sale of low-cost brands or devices to offset the price increases from taxation (SFO-SAC, 2010). Minimum price polices are effective and widely used to reduce alcohol consumption and harms (Anderson, et al., 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 but set high enough to deter youth and young adult initiation. The 2021 federal budget announced the Government of Canada's intention to introduce a new taxation framework for vaping products in 2022.

The Southwest Tobacco Control Area Network recommends that Health Canada enact a comprehensive, national vapour product taxation and pricing regime without delay, to reduce youth and young adult consumption and associated harms from vapour product use.

SECTION 4
PREVENT THE PUBLIC FROM BEING DECEIVED OR MISLED WITH RESPECT TO THE HEALTH HAZARDS OF USING VAPING PRODUCTS

Q.1 Are the current measures in place sufficient to prevent the public from being deceived or misled about the health hazards of vaping products?

Q.2 What additional measures would help reduce the misconceptions about the health hazards of vaping products?

Q.3 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Appealing Vapour Product Marketing and Unsubstantiated Health Claims

Websites selling vapour products online are ubiquitous and use marketing tactics that are appealing to youth. In 2019, the Ontario Tobacco Research Unit (OTRU) collected samples of flavoured vaping products from online Canadian vape stores and found several examples of flavoured vaping products with attractive packaging, design elements, names and descriptors with youth-appeal (O'Connor, et al., 2019). Furthermore, researchers who conducted a systematic content and legal analysis of the claims made by e-cigarette manufacturers and retailers on their websites concluded that the vast majority of websites made at least one health-related claim, focusing on potential health benefits while minimizing or eliminating information about possible harmful effects of vaping products (Klein, et al., 2016). Grana and Ling's (2014) content analysis of e-cigarette retail websites also discovered that health claims and cessation messages that are unsupported by current scientific evidence are frequently used by vapour product retailers to sell vaping products (Grana and Ling, 2014). 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. Therefore, claims about vapour product efficacy as a cessation tool should be strictly prohibited.

Enforcement reports from Health Canada inspectors reinforce the lack of compliance by online retailers with current promotion and advertising restrictions under the *TVPA*. Between July 2020 and March 2021, Health Canada inspectors conducted inspections of Instagram social media accounts to assess vapour product industry compliance, with a focus on publicly accessible online promotions. Inspectors reviewed 304 accounts on Instagram and observed non-compliance on 53% of the accounts, resulting in the issuance of a warning letter (Health Canada, 2021) Increased enforcement (issuance of fines) and stricter prohibitions on vapour product advertising are required.

The Southwest Tobacco Control Area Network recommends Health Canada to prohibit online vapour product retailers from making health claims, using celebrity and medical professional endorsements, and promoting e-cigarettes as a cessation aid. Increased compliance monitoring and the use of progressive enforcement measures (Part I charges and Part III summonses) are required.

Vapour Product Appearance and Packaging Design

In November 2019, Canada implemented plain and standardized tobacco product packaging regulations. With strict promotion and advertising rules in effect for tobacco products across Canada, the tobacco package became an important marketing tool, using colours, images, logos and distinctive fonts, finishes and sizing. 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. Package design can make its contents appear safe to use, undermining the visibility, credibility and effectiveness of health warnings. The same body of evidence can be applied to the regulation of vapour products and packaging. Devices are being manufactured to look like small, discrete everyday objects, so that youth can vape discretely, hiding their nicotine addiction from parents, employers and teachers. Across southwestern Ontario, the ability to "stealth vape" in school washrooms and classrooms undermine the efforts that school staff and public health unit staff are taking to promote and enforce the *Smoke-Free Ontario Act, 2017* on school property. The devices can be customized, which complements the lifestyle messaging that youth are receiving from the internet and on social media.

The Southwest Tobacco Control Area Network recommends that Health Canada apply a similar plain and standardized packaging regime to vapour products that Health Canada has already applied to commercial tobacco and cannabis products.

SECTION 5

ENHANCE PUBLIC AWARENESS OF HEALTH HAZARDS

Q.1 Have public awareness efforts been effective at educating Canadians about the health risks of vaping products?

Q. 2 What more could be done to educate Canadians about the health risks of vaping products?

Q.3 Are there still knowledge gaps to fill with regard to the health risks of vaping products? If so, what areas should research focus on?

Q.4 What approach should be taken to close the gap between scientific evidence and public perception so that youth and non-users of tobacco products are aware of the health risks of using vaping products, while adults who smoke are aware that they are a less harmful alternative to tobacco if they switch completely to vaping?

Comprehensive Review of Available Scientific Evidence Required

There has been a concerted effort to increase the body of scientific evidence available to assess the potential harms and potential benefits associated with vapour products, in an attempt to keep up with the ever-expanding vapour product market. According to a 2022 published report from Grandview Research, the global vapour product market size was valued at $18.13 billion USD in 2021 and is expected to expand at a compound annual growth rate of 30% between 2022 to 2030; North America dominated the global market with a share of over 40% in 2021 (Grandview Research, 2022). They note that the projected market growth expansion is due to the "rising awareness about e-cigarettes being safer than traditional cigarettes, especially among young people". They go on to explain that the growing online retail market amid the COVID-19 pandemic is also projected to factor into the market growth (Grandview Research 2022). The increase in the availability of vapour products by youth and young adults combined with the apparent belief and pervasive messaging found online that "less harmful" means that vapour products are safe is a significant public health concern.

As noted by Physicians for a Smoke-Free Canada (2022), the 2018 NASEM assessment of evidence on e-cigarette and vapour products relied on only one-third of the evidence that is available today. Since the release of the publication, researchers have developed a greater understanding of the potential harms associated with e-cigarette use, including health harms from dual use of vapour products and cigarettes and the potential for vapour products to aid in smoking cessation. Messaging available on Health Canada web pages require review and revision to incorporate findings from the growing body of scientific evidence.

- ***Dual use of combustible cigarettes and e-cigarettes is common and harmful.***

  Health Canada's webpage on Vaping and Quitting Smoking (2020) states that if individuals switch completely from

smoking cigarettes to using vapour products, individuals will experience short-term general health improvements. The challenge with this messaging is that research has shown that in Canada, 38% of Canadian vapers are people who both smoke cigarettes and vape (PSC, 2021). In addition, the 2020 Canadian Tobacco and Nicotine Survey results showed that although youth and young adults between the ages of 15 and 24 made up only 15% of the surveyed population, they represented 40% of those who reported that they vape. The emphasis on the harm reduction approach clouds the fact that there is scientific consensus that using both vapour products and conventional cigarettes is likely more harmful than only smoking or only using vapour products (PSC, 2022), and youth and young adults are then more susceptible to trying vapour products because 'they aren't as bad as smoking'.

- ***E-cigarettes cause damage to respiratory and circulatory systems.***

  The available scientific evidence regarding the impact of vapour product use on respiratory and circulatory systems has increased substantially, with hundreds of studies examining the health harms in laboratory studies of both animals and humans.

  - Researchers have concluded that the damage caused by vapour products leads to lung and heart disease and stroke (Keith and Bhatnagar, 2021). Vapour product use may also compromise the ability to remove microbial pathogens, increasing the risk of infection from viruses, fungi and bacteria (Keith and Bhatnagar, 2021).
  - In another comprehensive review of cardiovascular effects, findings from Buchanan and colleagues (2020) suggest that vapour product use is associated with inflammation, oxidative stress and haemodynamic imbalance increasing risk of cardiovascular disease (Buchanan et al., 2020).
  - In a review of 38 studies measuring cardiovascular effects of e-cigarettes, "most studies suggest potential for cardiovascular harm from electronic cigarette use, through mechanisms that increase risk of thrombosis and atherosclerosis" (Kennedy et al, 2019).
  - A 2020 review and meta-analyses of vapour product impact on lung health showed that e-cigarette use was associated with a 39% increase in the risk of asthma and a 51% increase in the risk of developing chronic obstructive pulmonary disease; studies conducted within laboratories showed influence on biological processes that contribute to respiratory harm and illness (Wills et al., 2020).
  - According to Lauren Davis and colleagues (2022), based upon a review of the pulmonary effects of long-term vaping product use, they conclude that e-cigarette use is "…likely to result in irreversible parenchymal lung tissue damage and impaired gas exchange, contributing to chronic lung conditions in long-term vapers".

- ***There is insufficient evidence to support/promote vapour products as a cessation tool when sold and regulated as a consumer product.***

  Health Canada's web page on Vaping and Quitting Smoking reads that "quitting smoking can be difficult, but it is possible. Vaping products and e-cigarettes deliver nicotine in a less harmful way than smoking cigarettes". The web page further states that "while evidence is still emerging, some evidence suggests that using e-cigarettes is linked to improved rates of success" (Health Canada, 2020). There has been a growing body of scientific evidence to evaluate the effectiveness of vapour products to help those addicted to tobacco to quit, with mixed results. Physicians for a Smoke-Free Canada (2021) compiled a summary of scientific reports published after both the release of NASEM (2018) and the release of European Union's scientific advisors "Final Opinion on Electronic Cigarettes" (2021). The following conclusions were drawn that warrant further investigation by Health Canada:

  - Published studies to date, including longitudinal data analysis, randomized control trials and meta-analysis of e-cigarettes as consumer products (i.e. not regulated or monitored in a clinical setting), when dual use of smoking and vaping was assessed, found high levels of dual use. Further, those that successfully quit smoking had a high prevalence of sustained use of e-cigarettes (PSC, 2021).
  - Vapour products may be helpful as smoking cessation aids, but the available evidence indicates that this is only observed in clinical settings with strict product oversight. Vapour products may have the potential to be as effective as other approved methods for cessation (e.g. nicotine replacement therapy, varenicline, buproprion, etc.); however, they do not meet minimum threshold levels for safety for widespread use. In Canada, vapour products are regulated, marketed and sold as a consumer product (not a drug). Due to the high risk of dual use, sustained addiction to vapour products, growing scientific consensus regarding respiratory and cardiovascular

harms associated with use, and the high risk of uptake of vapour products by never smokers, a precautionary approach remains prudent (PSC, 2021).

At present, 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. Therefore, until an intensive review of the latest evidence is completed, Health Canada's messaging is confusing and contributing to misperceptions of perceived product safety.

The Southwest Tobacco Control Area Network recommends that Health Canada's messaging on vaping and the safety of vapour products be reviewed, revised and updated to incorporate all available evidence for public consumption and comprehension. Any legislated health warnings on vapour products or product promotional materials should be reviewed to ensure congruence with the growing body of scientific evidence available for vapour products.

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STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

AMO's Submission to the Ministry of Health

August 26, 2022

STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are deeply invested in Ontario's health system and understand the health needs of local communities.

Introduction

Ontario's municipal governments have a vested interest in strengthening the public health system for the residents they serve given their role as governors, co-funders, employers, and in some cases, direct service deliverers. AMO's goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health costs through finding efficiencies to reinvest into services, not by increasing the municipal cost-share contribution.

Grave concerns were raised about proposed structural changes back in Ontario Provincial Budget 2019. Any changes should be carefully designed, based on sound evidence, and not rushed or else they have the potential to weaken, not strengthen, public health with the result that hallway health care may increase, and we will be less prepared for future pandemics.

Much has changed with the COVID-19 pandemic. This requires a fresh look at the public health system given the event of the past two and a half years. While the government appropriately and rightly paused consultations during the COVID-19 pandemic in March 2020, AMO is now asking for the consultations to resume with a COVID-19 lens once the pandemic waves subside. An inquiry would be a best practice to serve as a foundation for further consultation. The pandemic exposed both strengths and areas of improvement, both locally and provincially, and this learning needs to be considered in any future modernization and restructuring of public health.

As well, there are some immediate issues that need solutions in the near term in 2022. This submission outlines AMO's recommendations and proposed next steps for the government to work collaboratively with AMO, the public health sector, and relevant stakeholders. The advice provided through this document was developed based on input from AMO's Health Task Force and approved by AMO's Board of Directors. The Association of Local Public Health Agencies (alPHa) is a member of the task force.

Context

In February 2020, AMO provided a submission in response to the government's consultation on public health modernization. The underlying premise is that that the public health system delivers effective, coordinated, and cost-efficient services to the people of Ontario. Fundamentally, there is a need to preserve what is working well and fix what needs fixing. The system is not broken per se. Changing the system wholesale will cause disruption without clear demonstrated evidence of the benefits.

Further, one size does not fit all. Consistency in service delivery and reducing inefficiencies do not depend on a single governance or leadership type.

Key recommendations to build capacity and better system coordination included:

- incentives for voluntary mergers and sharing services between health units
- exploration of functions that could be done centrally by the province, Public Health Ontario, or other entities
- more back-office integration (e.g., corporate services like IT, legal, HR) and sharing of medical expertise through regional hubs or agreements (e.g., AMOHs, epidemiologists) between PHUs.

Ideally it was asserted that better coordination and communications between public health units with the province should happen without the need for major disruptive structural change. AMO does not believe that the province assuming more control centrally and reducing municipal 'pay for say' would help strengthen the system. Some enabling policy changes and encouragement of voluntary mergers, where required, would serve to better achieve outcomes consistently across Ontario. Lastly, adequate funding to do all for which PHUs are responsible for is critical. These recommendations from 2020 are still fundamentally relevant today.

However, as we all now, much has changed with the onset of COVID-19 and the situation is not fully stabilized as the pandemic continues into its 7th wave and still mutating. What we do know is that local public health agencies pivoted quickly to respond effectively to the pandemic, albeit at the expense of regular non-pandemic programming and services, resulting in a backlog.

Local public health agencies were active and proactive often ahead of provincial guidance, invoking the precautionary principle many times as the system was set up to enable effective responses. Decisions by Medical Officers of Health responding to local circumstances certainly saved lives, including through the issuance of Section 22 orders under the *Health Protection and Promotion Act*. Throughout the pandemic, practices and interventions evolved as local public health agencies learned from each other in a community of practice.

Public health associations, both nationally and regionally, have produced reports with preliminary learnings and calls for deeper evaluation all with a goal of strengthening the public health system in Canada and Ontario. This includes from the Association of Local Public Health Agencies (alPHa) and the Public Health Physicians of Canada (PHPC). AMO supports the calls for reflection with the provincial government.

AMO is providing our best advice to the government with recommendations for urgent action.

Recommendations

1. The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.

2. The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.

3. The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.

4. The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost–share arrangement that existed prior to 2020. Further, the *Health Protection and Promotion Act* must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.

5. The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.

6. The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services*.

*****AMO acknowledges that the province is "providing approximately $47 million through to the end of 2023 to public health units and municipalities to ensure they have the financial stability to deliver key services across the province during this critical time. This is in addition to continuing the increased investments to support the public health sector's response to COVID-19" (source: Ontario Newsroom, August 17, 2022). Clarity is needed from the government about the use of these funds with further assessment by the public health sector of what is actually required to fully fund the delivery of services as mandated under the Ontario Public Health Standards as well as all COVID-related costs at the local level.

Conclusion

Promoting system-wide stability in the immediate term and strengthening public health structures and sustainability over the long term is essential to the health and economic development of our communities and residents. These recommendations offer a way to achieve these goals. AMO looks forward to continuing to work with the province to ensure all the people of Ontario can get the public health services that they need at the right time and in the right place.

Association of Local
PUBLIC HEALTH
Agencies

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

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

July 18, 2022

Hon. Sylvia Jones,
Deputy Premier and Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re. The Future of Public Health in Ontario

On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing to provide you with a summary of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

Local public health agencies provide programs and services, which are mandated under the Ontario Public Health Standards, that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources.

With congratulations on your new mandate from the people of Ontario, we would first observe that there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes, in both ordinary and extraordinary times.

Attached you will find several documents that we have produced over the past five years that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations from each:

- alPHa Resolution A22-2: *Public Health Restructuring/Modernization & COVID-19*
- alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response* report.
- alPHa's Pre-Budget Submission, 2022
- alPHa 2022 Elections Primer
- alPHa's Statement of Principles, the foundation of our responses to the Public Health Modernization consultations that were paused in early 2020.
- alPHa's "What is Public Health?" booklet on who we are, what we do and why it matters.

As the unified voice of Ontario's local public health leadership, we are pleased to share these materials with you at this pivotal time for health protection and promotion in Ontario and we would very much welcome opportunities to discuss these with you and your staff. To arrange a meeting with the leadership of our Association, please contact alPHa Executive Director Loretta Ryan by e-mail at loretta@alphaweb.org or by telephone at 647-325-9594

Sincerely,

Trudy Sachowski,
President

COPY Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Michael Sherar, President and CEO, Public Health Ontario

ENCL.

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.

COMPENDIUM OF RECOMMENDATIONS FROM ATTACHED MATERIALS

alPHa Resolution A22-2 - Public Health Restructuring/Modernization & COVID-19 :

- That prior to continuing with any renewal initiatives and/or implementing lessons learned from COVID-19, a new round of consultation with local public health agencies (LPHAs), alPHa, the Association of Municipalities of Ontario (AMO), the Ministry of Health and other relevant parties be conducted,

- That the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets, and that the Province continues to financially support LPHAs, in an adequate and predictable manner, to implement the Standards and not require municipalities to increase the percentage of their contribution.

- That the current mitigation funding be continued until such time as the cost-shared arrangement is reset to 75/25 for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-19.

- That COVID recovery be supported by 100% one-time funding from the Province to assist LPHAs in addressing non-COVID program deficits.

- That any amalgamation of existing public health units group units together that have similar communities of interest.

- That any reform of public health includes a local governance model.

- That the unique challenges of rural and urban communities be distinctly incorporated in any re-organization or modernization initiatives.

- That any re-organization, modernization or recovery initiatives be implemented with the meaningful participation of First Nations and Indigenous peoples.

- That alPHa is committed to working collaboratively with Ontario Health and health system partners to contribute to a health system that addresses inequities identified prior to and amplified by the COVID-19 pandemic.

alPHa's Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response report.

- **Provincial support for an ongoing pandemic response:** Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.
    - Ongoing provincial coordination of the response between sectors

- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.

- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

- **Provincial support for Local Public Health Agencies:** Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

  - Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.

  - One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.

  - Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

- **Provincial support for evaluation and renewal:** Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

  - Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

  - Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

alPHa's Pre-Budget Submission, 2022

- **Continued support for an ongoing pandemic response**

  - Plan for additional one-time COVID-19 funding allocations for 2022 to support the COVID-19 response and ensure adequate resources and staffing levels for case/contact management, vaccination programs, data collection and analysis, and public communications.

  - Synchronize new funding announcements and their allocation to ensure that local public health agencies have immediate access to the resources required.

  - Enhance central support for local public health implementation, communication, and enforcement of provincial policy directions.

  - Strengthen Public Health Ontario's capacity to provide timely evidence-based scientific and technical advice on public health related topics to government, public health, health care, and related sectors.

- **Enhanced support for local public health recovery and sustainability**

    - Ensure that the total funding envelope is sufficient for all local public health agencies to deliver their entire Ontario Public Health Standards mandate, including consideration of the additional resources required to ensure the ongoing capacity to control COVID-19.

    - Provide additional funding to support recovery efforts and the resumption of routine programming, including closing the gaps for services that have not been provided for nearly 2 years (e.g. routine childhood immunizations, oral health and vision screening programs, substance use).

    - Immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula with assurances that no further changes will be made without extensive analysis and consultation.

    - Consider additional strategic public health investments that should be funded entirely by the Government of Ontario. Low-income oral health programs and enforcement of the *Smoke-Free Ontario Act, 2017* for example were funded this way until 2019.

- **Provincial support for evaluation and renewal**

    - Ensure that Ontario has the capacity to undertake a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

    - Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

    - Ensure that a health equity lens is carefully applied to the analysis, knowing that COVID-19 has disproportionately affected communities with lower socioeconomic status.

- **Preserve the integrity of Ontario's locally based public health system to protect its excellent return on investment.**

    - Recognize that investments in health protection and promotion yield enormous returns on investment including reducing the burden on Ontario's costly health care system.

    - Recognize the differing mandates of public health and health care and ensure that they remain organizationally separate.
    - Recognize the value of public health's existing local community partnerships (e.g. school boards, municipalities, community services) and ensure their preservation.

alPHa 2022 Elections Primer

- **OUR ASK:** Candidates acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

alPHa's [Statement of Principles,] the foundation of our responses to the Public Health Modernization consultations that were paused in early 2020.

- **Foundational Principle**
  - Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.
- **Organizational Principles**
  - Ontario's public health system must remain financially and administratively separate and distinct from the health care system.
  - The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.
  - Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".
  - The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.
  - Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.
- **Capacity Principles**
  - Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.
  - Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

- Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

- **Governance Principles**

  - The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.

  - The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.

  - The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership, or authority.

alPHa RESOLUTION A22-2

TITLE: **Public Health Restructuring/Modernization & COVID-19**

SPONSOR: **Peterborough Public Health**

WHEREAS the Province of Ontario has indicated its intention to "modernize" the process of public health delivery in Ontario; and

WHEREAS the consultations led by Mr. Jim Pine on behalf of the Province were interrupted by the emergence of the COVID-19 pandemic; and

WHEREAS public health has been significantly impacted both in the short and long term by the COVID-19 pandemic; and

WHEREAS there is a need to close the program deficit created during the last 28 months addressing COVID-19; and

WHEREAS there are significant lessons to be learned from addressing COVID-19; and

WHEREAS there is a need to engage municipal partners in any proposed financial changes to funding public health;

THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) send formal correspondence to the Premier of Ontario, the Minister of Health of Ontario, and the Chief Medical Officer of Health of Ontario insisting that, prior to continuing with any renewal initiatives and/or implementing lessons learned from COVID-19, a new round of consultation with local public health agencies (LPHAs), alPHa, the Association of Municipalities of Ontario (AMO), the Ministry of Health and other relevant parties be conducted, and

AND FURTHER THAT alPHa take the position that the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets, and that the Province continues to financially support LPHAs, in an adequate and predictable manner, to implement the Standards and not require municipalities to increase the percentage of their contribution, and

AND FURTHER THAT alPHa promote the following principles as fundamental to addressing modernization and COVID-recovery activities:

- That the recommendations, as outlined in the January 2022 alPHa Public Health Resilience in Ontario be given full consideration by the provincial government;

- That the current mitigation funding be continued until such time as the cost-shared arrangement is reset to 75/25 for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-19.

- That COVID recovery be supported by 100% one-time funding from the Province to assist LPHAs in addressing non-COVID program deficits.

- That any amalgamation of existing public health units group units together that have similar communities of interest.

- That any reform of public health includes a local governance model.

- That the unique challenges of rural and urban communities be distinctly incorporated in any re-organization or modernization initiatives.

- That any re-organization, modernization or recovery initiatives be implemented with the meaningful participation of First Nations and Indigenous peoples.

- That alPHa is committed to working collaboratively with Ontario Health and health system partners to contribute to a health system that addresses inequities identified prior to and amplified by the COVID-19 pandemic.

CARRIED AS AMENDED

Public Health Resilience in Ontario

CLEARING THE BACKLOG, RESUMING ROUTINE PROGRAMS, AND MAINTAINING AN EFFECTIVE COVID-19 RESPONSE

Association of Local Public Health Agencies

January 2022

PUBLIC HEALTH RESILIENCE IN ONTARIO
EXECUTIVE SUMMARY

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. They have prevented COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the Ontario Public Health Standards (OPHS) as their resources were redeployed almost exclusively to the pandemic response. This has resulted in a backlog of public health work that will have immediate and longer-term impacts on population health.

The purpose of this report is to demonstrate the need for additional investments in public health that will be required to clear the backlog, resume routine programs and services, and maintain an effective pandemic response. The content is adapted from an earlier and more detailed draft report that the Council of Ontario Medical Officers of Health (COMOH) submitted to the Chief Medical Officer of Health in early October. This was informed largely by a survey of all 34 public health units that gathered information about program deficits since 2020.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported "surgical backlog" in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children's health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Summary of PHUs self-reported completion of OPHS Standards in the context of the COVID-19 pandemic:

LESSONS LEARNED: PROCESS IMPROVEMENTS AND REINFORCEMENT OF PARTNERSHIPS AND COLLABORATION

The COVID-19 pandemic presented opportunities for public health to demonstrate its resilient and innovative capacity to meet local needs despite major resource challenges. Technological innovation, enhanced coordination with a wide range of partners, improvements to processes such as data analysis, reporting, surveillance, and communications, and the application of data to inform health equity approaches were highlighted. Each of these is expected to yield lasting benefits beyond the COVID-19 response.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include ongoing assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service while giving special attention to the public health needs of populations that have been disproportionally affected. Program areas that address mental health, substance use and harm reduction, child immunization catch-up, food safety inspection, and oral health were cited as priorities for the earliest stages of the recovery.

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

Substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years. Additional and immediate investments will be required as maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources. Recovery will also require addressing high levels of stress and burnout among public health staff to support their personal recovery.

RECOMMENDATIONS

Provincial support for an ongoing pandemic response: Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors
- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

Provincial support for Local Public Health Agencies: Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

Provincial support for evaluation and renewal: Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

PUBLIC HEALTH RESILIENCE IN ONTARIO

INTRODUCTION

Since the beginning of the pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing pandemic response. Led by dedicated local medical officers of health, boards of health, and a diverse and skilled workforce, these agencies have been instrumental in preventing COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, infection prevention and control, communication of credible advice to the public, and leadership of the vaccination campaign. These activities have been crucial to preserving the capacity of Ontario's health care system as well as allowing for cautious and measured steps towards reopening the economy.

The unfortunate consequence of the extraordinary efforts required to limit the spread of COVID-19 and decrease its impact on the population at the local level is that LPHAs have had to suspend a significant proportion of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) and redeploy their resources to the pandemic response.

This has resulted in a backlog of public health work that includes both quantifiable and less quantifiable impacts. Quantifiable impacts include services not performed, such as inspections, immunizations, disease investigations, and family visits to support early childhood development. Less quantifiable are the population health impacts of the reduction of public health programs and services, including health equity, active living and healthy eating, mental health, substance use including addressing the opioid epidemic, and poverty.

The purpose of this report is to summarize the backlog of public health programs and services created by the pandemic response, to outline the requirements for additional investments to support the resumption of these routine activities as the response continues, and to identify key secondary population health impacts of the pandemic that will require additional resources to tackle. Its content is derived almost exclusively from an earlier and more detailed report by the Council of Ontario Medical Officers of Health (COMOH) that was submitted to the Chief Medical Officer of Health in early October.

Information Sources

In the developmental stages of the COMOH report to the CMOH in the late summer of 2021, all 34 LPHAs in Ontario were invited to complete a 62-question survey designed to assess the proportion of resources reallocated to COVID-19 response and the consequent impact on OPHS programs and services requirements. It also asked for an outline of reasons for the program backlog and a ranking of public health topics for priority focus during the recovery stages. The survey also invited LPHAs to submit additional material related to recovery and priorities, which included recovery plans, reports,

presentation slide decks, and reports on indirect harms associated with the COVID-19 pandemic (the pandemic itself, and the public health measures).

Other sources of information also contributed to our understanding of the indirect impacts of the COVID-19 pandemic, the unintended consequences of public health measures used to slow COVID-19 transmission, and the effects of the curtailment of public health services on the health of the population. Discussions involving the Council of Ontario Medical Officers of Health and Ministry colleagues, various letters to the Ministry from Boards of Health on recovery, the Ontario Health dashboard for recovery topics, and public reports released by Public Health Ontario were invaluable to identifying priority population health issues that were aggravated by the pandemic. Mental health, substance use, healthy growth and development, chronic disease, health equity, income, violence/family violence, oral health, and racism emerged as the most significant.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

As noted in the Ontario Public Health Standards, the role of LPHAs is to "support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes", through the core functions of population health assessment and surveillance, health promotion and protection, disease prevention and emergency management.

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

These routine public health supports to population health were significantly diminished throughout the pandemic. The survey data provided by LPHAs revealed that, on average, 74% of their 2020 resources and 78% (to date) of their 2021 resources were allocated to the COVID-19 response, with ranges of 20% to 100% in 2020 and 40% to 90% in 2021. A more fulsome analysis of what factors may have accounted for placement within these ranges was not completed, but the figures below demonstrate a general upward trend in resource diversion to the COVID-19 response between 2020 and 2021.

Figure 1. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2020.

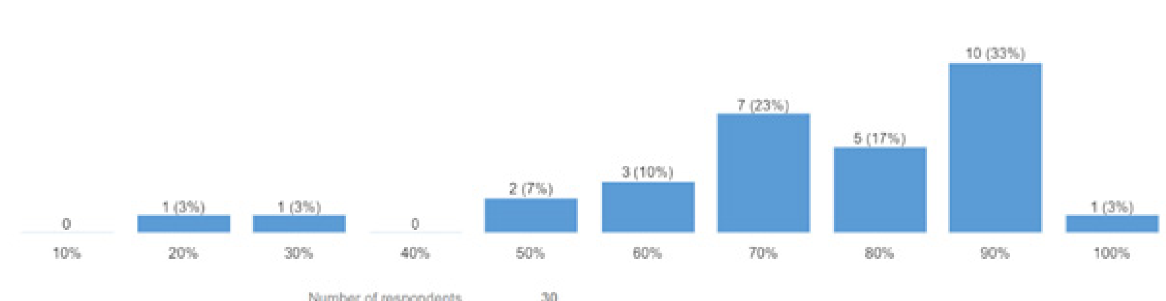
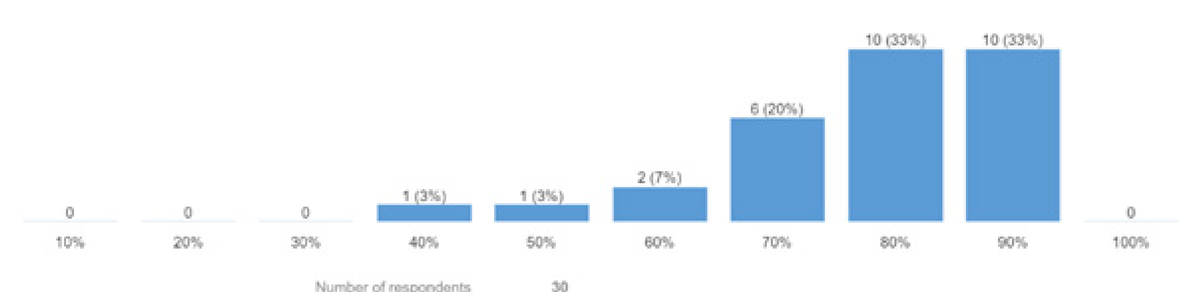


Figure 2. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2021.

In 2021 - approximately what proportion of your PHU resources were allocated to COVID-19 response during the pandemic?



The increase in resource redeployment to COVID-19 responses from 2020 to 2021 reflects the rapidly evolving context of the pandemic, which placed a heavy workload on all LPHAs. When the pandemic began staff were faced with receiving and processing large and rapidly changing volumes of information, adapting guidance and public messaging to emerging science, and developing new processes to engage with community partners, decision makers and the public. As the pandemic evolved, response activities were modified according to the rise and fall of case counts, the emergence of more dangerous variants, and the rollout of an unprecedented and complex vaccination campaign.

In addition to redeployment of existing resources, all LPHAs that responded to the survey reported increasing their staff complement through temporary hiring to manage the demands. In addition to the added financial and administrative procedures, training and orientation of new staff added to the already burdensome load. A clear majority of the LPHAs reported having accessed the provincial workforce for case and contact management to assist with the response. Some also reported that the uncertainty related to funding impacted their ability to make timely decisions regarding the augmentation and allocation of resources to both urgent non-COVID-19 related activities along with the COVID-19 response.

Direct and indirect impacts on PHUs and public health programs and services

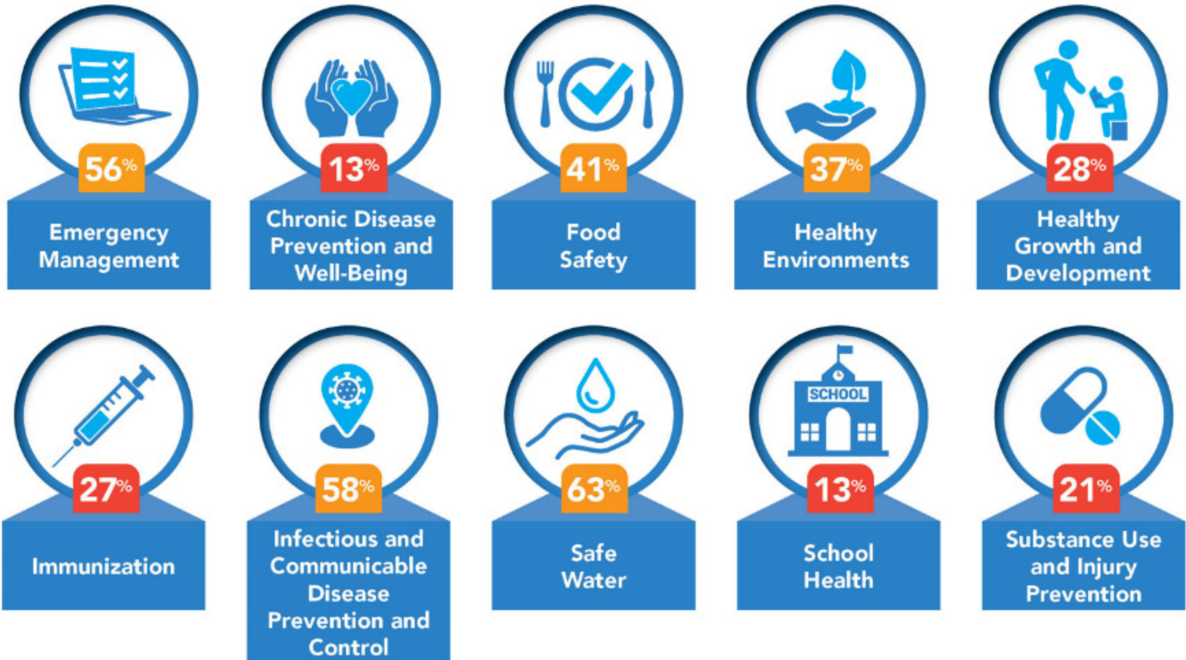
The redirection of resources to COVID-19 response efforts has led to a tremendous backlog of programs and services that will require equally tremendous commitment to resolve. Just like the widely reported "surgical backlog" in health care, the health promotion and protection backlog that has built up over nearly 2 years is certain to have a significant and measurable effect on the health of Ontarians for years to come. In the meantime, the pandemic itself has caused or magnified indirect harms to population health, including health inequities, impacts on mental health, increased substance use, and neglect of chronic diseases.

Specific questions were asked in our survey of LPHAs about the impact of the near-exclusive focus on COVID-19 response on their ability to carry out the full scope of the OPHS. The extent of completion of OPHS mandated activities ranged from 13% to 63%, and many respondents emphasized that most of the

work that was completed under each standard was linked in some way to the COVID-19 response. Non COVID-19 related activities overall were limited. Figures 9 and 10 below illustrate the average deficits for each OPHS Standard calculated from the survey data.

Figure 3: Summary of PHUs self-reported completion of OPHS Foundational Standards in the context of the COVID-19 pandemic

Figure 4: Summary of PHUs self-reported completion of OPHS mandated Program Standards in the context of the COVID-19 pandemic



Other Notable Findings from the Survey

- None of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required to provide COVID-19 response activities including surveillance, case and contact investigation, outbreak and Infection Prevention and Control (IPAC) responses, enforcement, communications, vaccination and responding to public inquiries.
- The Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion but in many cases, the work was modified, response-driven and prioritized. Due to capacity constraints, many health units were required to triage their response to reportable diseases, IPAC complaints and inspections according to the level of risk.
- The Chronic Disease Prevention and Well-being and School Health Standards had the lowest rates of completion, a particular concern given the broad scope and far-reaching influence of each of these on overall population health. Injury prevention, healthy eating and physical activity, immunization, oral health, mental health, substance use, UV exposure, and violence and bullying are just some of the topics that LPHAs are required to address under these two Standards.

Service backlogs specifically related to children's health were also emphasized by respondents to the survey.

- Oral health screening in schools effectively ceased in March 2020 with the onset of the pandemic. Data from 16 LPHA respondents indicated that 2,602 children were screened in schools in the 2020-2021 school year, which is less than 1% of the 301,830 children who received oral health screening in the 2019-2020 school year.
- Healthy Babies Health Children (HBHC): overall, just over three quarters of public health agencies recommended or required the reduction of in-person home visits due to public health measures. In addition, many public health nurses from HBHC were redeployed to COVID-19 response activities creating waitlists and backlog of services for vulnerable families and children. Although many health agencies transitioned to virtual service delivery, when asked what percentage of HBHC families were receiving home visits using interactive video conferencing, 50% of public health agencies (17/34) reported <10% of their families were receiving video 'home visits'.
- School immunizations: 24 health agencies reported that approximately 80% of the school immunization program was not completed during the pandemic so far. Estimates provided by one health unit indicate that this would account for up to 300,000 school-based vaccinations/year that have not been administered across the province.

Overall, the program areas for which there is the greatest deficit are those in health promotion. These programs yield results over longer periods of time, and the effects of deficits in this area may not be immediately observed. Delays in addressing this backlog will magnify these effects, which include impacts on quality and quantity of life years and increased costs to the health care system.

Lessons Learned: process improvements and reinforcement of partnerships and collaboration

The COVID-19 pandemic presented many opportunities for public health to demonstrate its resilient and innovate nature through the enhancements to its traditional delivery of local public health programs and services to meet the local response needs. As reported in the survey and anecdotally through conversations amongst health units, new organizational processes were established, along with improved coordination of public health response among partners in health care and non-health care sectors. These enhancements could be further explored and considered during recovery for the effective and efficient operations of public health.

Improvements to processes because of the COVID-19 response were noted for the following activities by most respondents:

- data analysis, management, reporting, and visualization
- surveillance
- public and partner communications
- stakeholder engagement and collaboration
- public and partner education
- data driven health equity approaches
- emergency management

Some LPHAs noted that their processes for conducting case and contact management and IPAC management were supported by new technologies (e.g., PowerBI for enhanced data visualization, remote call centres, etc.) that will have lasting benefits beyond the COVID-19 response.

Support from the Office of the Chief Medical Officer of Health and Public Health Ontario were also identified as integral to the local response. The professional resources and tools including provincial guidelines, reference materials, legislation, emergency orders, and orders in council were essential to a coordinated public health response. Additional centralized human resources including the provincial workforce for case and contact investigation were also invaluable.

The importance of the existing network of local relationships among LPHAs, local health care providers, municipalities, social services, boards of education, and businesses was simultaneously demonstrated and enhanced during the COVID-19 response. Coordination of efforts to support public health measures, communicate information, implement assessment and testing strategies, and execute the mass vaccination campaign benefited significantly from local collaborative efforts, which will also be essential in the recovery phase.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

The OPHS represents a broad range of often interrelated programs and services that address an equally broad range of population health determinants and outcomes. OPHS guidelines and protocols give LPHAs more detailed information to support their activities. These are Ministry mandated requirements and the basis of the related accountability and funding agreements.

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service

while giving special attention to the public health needs of populations that have been disproportionally affected.

This last point is noteworthy in its recognition that the pandemic and the response to it will have long lasting indirect health impacts on certain populations, which will put additional demands on LPHAs even within their OPHS mandate. Health equity has been identified as a foundational theme for recovery planning and will be a primary consideration in prioritizing activities. The core function of population health assessment will be critical here and given that this was one of the highest program standard deficits, it must be recognized that additional supports will be required to close this gap so that the other program gaps can be properly addressed.

LPHAs were also asked in the survey to rank program recovery priorities to address the public health backlog. The topics prioritized included mental health promotion, substance use and harm reduction including a focus on the opioid crisis, child immunization catch-up, food safety inspection, and oral health. Results are illustrated below in Figure 5.

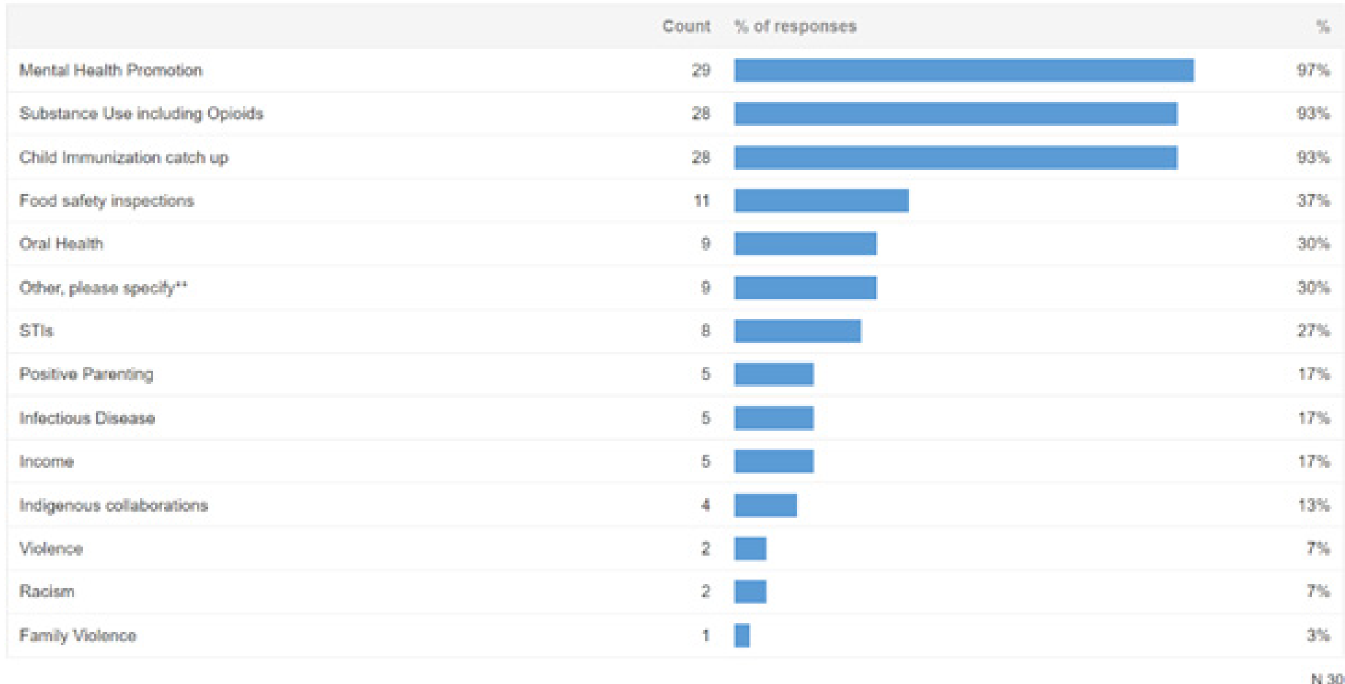
The following specific priorities were identified for attention in the earliest stages of resuming routine activities:

- Continue to provide a sustainable COVID-19 response to prevent transmission with a focus on protecting vulnerable populations.
- Offer school immunization catch-up to students who did not receive their full series of Grade 7 immunizations in the 2021/2022 school year.
- Reinstate/implement public health programs that support Mental Health Promotion as per the 2018 Ontario Public Health Standard Mental Health Promotion Guideline (2018) with special considerations for marginalized populations.
- Reinstate PHUs resources that support the prevention of substance use and local planning related to the opioid epidemic.

It is important to note that geographic and sociodemographic diversity is one of the features of Ontario's locally based public health system and this is recognized in the flexibility built in to the OPHS to allow for the tailoring of programs and services to address local needs and circumstances. It is therefore important to ensure that the relative ranking of priority areas for recovery does not preclude addressing the specific local needs of any given Board of Health.

This variation will also underlie differing states of readiness for and progress towards recovery, and the unpredictability of the future course of the pandemic will necessitate flexibility in planning. In any case, substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. Additional and immediate investments will be required.

Figure 5. Listing of priority topics and public health agencies responses



The following topics have been mentioned in various documents and communications as emerging population health priorities due to indirect impacts of the pandemic and public health measures. Other than Covid-19, please select the top 5 priorities in your catchment area. If your top 5 choices are not listed, please add them in the "Other, please specify" response field.

	Count	% of responses	%
Mental Health Promotion	29		97%
Substance Use including Opioids	28		93%
Child Immunization catch up	28		93%
Food safety inspections	11		37%
Oral Health	9		30%
Other, please specify**	9		30%
STIs	8		27%
Positive Parenting	5		17%
Infectious Disease	5		17%
Income	5		17%
Indigenous collaborations	4		13%
Violence	2		7%
Racism	2		7%
Family Violence	1		3%

N 30

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

All respondent LPHAs indicated that they would need additional dedicated resources to support ongoing COVID-19 response and resumption of routine activities into 2022 and beyond. The pandemic response has clearly demonstrated that LPHAs cannot do both. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

If COVID-19 becomes endemic, we know that the requirement for additional human resources for case and contact investigation, outbreak management, and vaccination will become permanent. We also know that resources will be required to erase the program deficits outlined above. Both will be expenses on top of the typical funding for the basic public health mandate under the OPHS. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding to address each of these obligations would assist LPHAs in developing their budgets for 2022 and beyond. Recognizing that such funding would primarily be used for health human resources, recruitment and retention strategies may also need to be considered.

The demand for additional FTEs for Public Health Nurses, Public Health Inspectors, Immunizers, Contact Tracers, Epidemiologists/Data Analysts, Administrative/Program Assistants, and Management positions was significant and widespread during the pandemic. Some respondents also mentioned the need for Communications staff, Program Planners/Evaluators, and Health Promoters, and even mental health supports for their own staff. While the magnitude of these demands may diminish once the recovery phase begins, maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources.

PHU recovery reports and frameworks also refer to staff experiencing high levels of stress and burnout and cite the importance of supporting public health staff through recovery. Strategies to support the recovery of the public health workforce are outlined in a report from PHO including recommendations for individuals, teams organizational and policy approaches including mental health supports and stigma reduction strategies. (Ontario Agency for Health Protection and Promotion (PHO), 2021).

Recommendations for supporting public health to improve the health of Ontarians

1. **Provincial support for an ongoing pandemic response**

   Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

   - Ongoing provincial coordination of the response between sectors (e.g. education, municipal, acute and long term care, public health, solicitor general, academic, etc.)
   - Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
   - Strengthening Public Health Ontario's capacity to meet its mandate of providing scientific and technical advice to government, public health, health care, and related sectors

2. **Provincial support for Local Public Health Agencies**

   Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

   - Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
   - One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas including public mental health promotion, public health opioid crisis response, and child and school immunization catch-up, other service backlogs including oral health screenings and inspections, and organizational needs related to human resources, infrastructure, and technology.
   - Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

3. **Provincial support for evaluation and renewal**

   Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

   - Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

CONCLUSION

The COVID-19 pandemic has clearly demonstrated the critical importance and proficiency of Ontario's public health system and the need to reinforce it. Lessons from past large scale infectious disease emergencies such as SARS and H1N1 helped to inform Ontario's and LPHAs' preparedness, but no sector was prepared for the scale, complexity, and duration of the response that this pandemic has required. As we have demonstrated here, the effectiveness of the local public health response has come at enormous cost, especially to the routine public health activities that are designed to protect and promote health at a population level every day.

It is anticipated that the need for ongoing COVID-19 response activities will continue for some time, and we can no longer ignore the suite of OPHS mandated activities that improve and protect the health and reduce health inequities well-being of the population of Ontario. COVID-19 programming will therefore need to be balanced with recovery efforts and integrated into existing OPHS accountabilities, and a strong commitment of provincial support, including the provision of sufficient, predictable and sustainable funding, will be required.

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

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

January 19, 2022

The Honourable Peter Bethlenfalvy, MPP
Minister of Finance
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

Dear Minister Bethlenfalvy,

Re: Pre-Budget Consultation 2022

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to provide input on the public health response to COVID-19 and its resumption of routine mandates for your consideration as you prepare the 2022 Ontario Budget.

Every Ontarian continues to be deeply affected by the ongoing COVID-19 pandemic and we understand that this will continue to be a prominent context for the decisions you will make about how to invest Ontarians' tax dollars in the coming year. We also understand the ongoing importance of striking a balance between protecting people from the direct effects of the coronavirus and protecting Ontario's economy from the secondary ones. A healthy economy and healthy people are interdependent, and Ontario's public health sector is a critical link, notably where the priorities you outlined in the *2021 Ontario Economic Outlook and Fiscal Review: Build Ontario* (safely reopening Ontario and managing COVID-19 for the long term, keeping schools safe, increasing access to dental health programs for seniors) are concerned.

Since the beginning of the COVID-19 pandemic, your government has demonstrated a strong commitment to providing financial certainty and resources to public health units to support their fundamental duty to protect the health of the people though case and contact management, outbreak control, implementation of public health measures and guidance, and leadership of one of the most comprehensive and complex vaccination campaigns in Ontario's history.

At the same time, these activities have placed such demands on Ontario's local public health resources that most of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) have all but ceased. This is the public health equivalent of the health care sector's "surgical backlog" and one that will have significant repercussions on population health in this province for years to come, especially as COVID response activities are expected to continue for the foreseeable future.

Many of Ontario's public health units have diverted up to 90% of their available resources to the pandemic response, even after significant human resource expansions and reallocations. With the strong likelihood of COVID-19 becoming a permanent part of public health's daily business, attention needs to be turned to restoring capacity to return to existing OPHS-mandated health protection and promotion activities, which are also the basis for the Annual Business Plans and Accountability Agreements that are required by the Province each year.

Examples of these include the Healthy Babies, Healthy Children program, which provides outreach to vulnerable families; school vaccination programs; smoking cessation supports; food safety inspections; mental health promotion; addressing substance use including the opioid crisis; and the wide range of other activities that are aimed at preventing chronic diseases, which remain responsible for most deaths in Ontario and account for an estimated $10B in direct health care costs as part of a total economic burden of over $20B[i]. Restoring public health's capacity to deliver the totality of the OPHS will be analogous to ensuring that hospitals have the capacity to provide essential surgeries and diagnostic procedures while maintaining their own capacity to respond to the pressures of COVID-19.

This crisis continues to prove the worth of local public health and has clearly demonstrated that a healthy economy is not possible without healthy people. The imperative of sufficient, stable, and predictable investments to ensure that Ontario's boards of health can carry out the comprehensive range of health protection and promotion programs and services that are outlined in the Ontario Public Health Standards is evident, and plans should be made for a comprehensive review of the public health pandemic response after the emergency is over with a view to making specific improvements.

The welcome financial commitment that your government has made to local public health to support its response to this crisis needs to be entrenched and reinforced to ensure that our public health system is able to carry out each of its health protection and promotion duties, both routine and extraordinary, to ensure a healthy population. To achieve this, we present to following recommendations for your consideration as you formulate the 2022 Ontario Budget.

Continued support for an ongoing pandemic response

Maintain ongoing provincial investments in public health science, measures, structures, and resources to support the multi-sector effort to effectively manage COVID-19. The 2022 Ontario Budget should

- Plan for additional one-time COVID-19 funding allocations for 2022 to support the COVID-19 response and ensure adequate resources and staffing levels for case/contact management, vaccination programs, data collection and analysis, and public communications.
- Synchronize new funding announcements and their allocation to ensure that local public health agencies have immediate access to the resources required.
- Enhance central support for local public health implementation, communication, and enforcement of provincial policy directions.
- Strengthen Public Health Ontario's capacity to provide timely evidence-based scientific and technical advice on public health related topics to government, public health, health care, and related sectors.

Enhanced support for local public health recovery and sustainability

Commit to health protection and promotion for all Ontarians through sufficient and sustainable financial investments in local public health that are clearly communicated and committed early in the fiscal year. The 2022 Ontario Budget should:

- Ensure that the total funding envelope is sufficient for all local public health agencies to deliver their entire Ontario Public Health Standards mandate, including consideration of the additional resources required to ensure the ongoing capacity to control COVID-19.
- Provide additional funding to support recovery efforts and the resumption of routine programming, including closing the gaps for services that have not been provided for nearly 2 years (e.g. routine childhood immunizations, oral health and vision screening programs, substance use).

- Immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula with assurances that no further changes will be made without extensive analysis and consultation.
- Consider additional strategic public health investments that should be funded entirely by the Government of Ontario. Low-income oral health programs and enforcement of the *Smoke-Free Ontario Act, 2017* for example were funded this way until 2019.

Provincial support for evaluation and renewal:

Ontario needs to plan for expenditures related to the eventual evaluation of its COVID-19 response and subsequent systemic improvements. It must be prepared to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop a vision for a strong, responsive and resilient public health sector with the capacity to address population health needs. The 2022 Ontario Budget should:

- Ensure that Ontario has the capacity to undertake a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.
- Ensure that a health equity lens is carefully applied to the analysis, knowing that COVID-19 has disproportionately affected communities with lower socioeconomic status.

Preserve the integrity of Ontario's locally based public health system to protect its excellent return on investment.

For more than 180 years, Ontarians have enjoyed a strong, locally based public health system that puts their health and wellbeing at the front and centre. Medical officers of health, boards of health and managers of the major public health disciplines are on the front lines of delivering the upstream programs and services that prevent disease and promote health in every community in Ontario every single day at a fraction of the cost of treating illness.

According to the 2018-19 Ministry Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was $1.267 billion, or about 2% of the total Ministry operating expenses. This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario. The integrity of this successful and cost-effective system must be maintained and reinforced. The 2022 Ontario Budget should:

- Recognize that investments in health protection and promotion yield enormous returns on investment including reducing the burden on Ontario's costly health care system.
- Recognize the differing mandates of public health and health care and ensure that they remain organizationally separate.
- Recognize the value of public health's existing local community partnerships (e.g. school boards, municipalities, community services) and ensure their preservation.

We know that even modest investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. Public Health's broad efforts in the areas of health protection and promotion touch upon where we live, work and play, improving our quality of life and promoting healthy communities across the province. Further investments in these efforts will only strengthen their contributions to your Government's goals of safely reopening Ontario and managing

COVID-19 for the long term, keeping schools safe, increasing access to dental health programs for seniors, cutting hospital wait times and ending hallway health care, and even putting money back in people's pockets by keeping them healthy and able to contribute to the prosperity of the Province of Ontario.

In closing, thank you for the opportunity to present this information as you deliberate on how Ontarians' tax dollars are to be spent in the coming year. We would be pleased to discuss our submission with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Yours sincerely,

Dr. Paul Roumeliotis
alPHa President

COPY:
Hon. Doug Ford, MPP, Premier of Ontario
Hon. Christine Elliott, MPP, Deputy Premier and Minister of Health
Hon. Merrilee Fullerton, MPP, Minister of Children, Community and Social Services
Hon. Stephen Lecce, MPP, Minister of Education
Ernie Hardeman, MPP, Chair, Standing Committee on Finance and Economic Affairs
Dr. Catherine Zahn, Deputy Minister, Health
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Colleen Geiger, President and CEO (A), Public Health Ontario
Matt Anderson, CEO, Ontario Health

Encl: alPHa information sheet: *Why Public Health Matters*:

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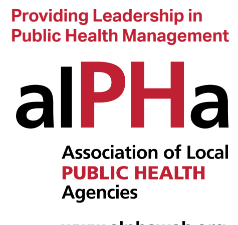
[i] Public Health Ontario, July 2019: Burden of Chronic Diseases in Ontario. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/chronic-disease/cdburden#:~:text=The%20total%20annual%20economic%20burden,inadequate%20vegetable%20and%20fruit%20consumption

PUBLIC HEALTH MATTERS



A PUBLIC HEALTH PRIMER FOR 2022 ELECTION CANDIDATES

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

Candidates acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

7,139,930

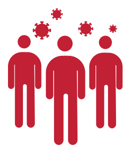
INDIVIDUALS VACCINATED WITH 3 DOSES IN ONTARIO AS OF MARCH 22, 2022

Source: *Government of Ontario*

1,140,865

CONFIRMED COVID-19 CASES IN ONTARIO AS OF MARCH 21, 2022

Source: *Public Health Ontario*



PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:
Identify and isolate cases.

DATA ANALYSIS:
Identify sources of infection and patterns of transmission.

OUTBREAK CONTROL:
Protect vulnerable populations in higher risk settings.

PUBLIC HEALTH MEASURES:
Implement and enforce measures to slow the spread of COVID-19.

ADVICE TO GOVERNMENT:
Provide expert input to inform government actions in the fight against COVID-19.

ADVICE TO THE PUBLIC:
Provide and reinforce expert advice to empower the public in the fight against COVID-19.

VACCINATION EFFORTS:
Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.

Population Health Assessment

Health Equity

Effective Public Health Practice

Emergency Management

Chronic Disease Prevention and Well-Being

Food Safety

Healthy Environments

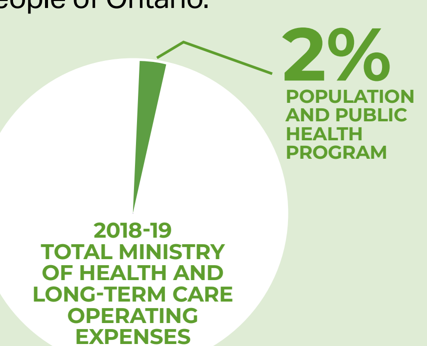
PUBLIC HEALTH **MATTERS**

RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

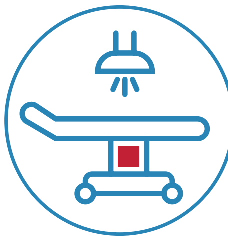
According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **$1.267 billion**, or about **2%** of the total Ministry operating expenses.

This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



IMPACT ON RESOURCES

The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

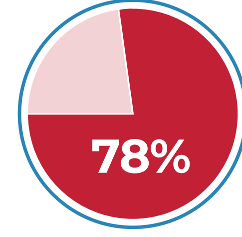


Suspension of routine public health programs and services is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.

The COVID-19 pandemic magnified existing **health inequities.**

This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: Public Health Resilience in Ontario - Executive Summary
Source: alPHa Report: Public Health Resilience in Ontario – Report
Please visit: ***www.alphaweb.org***

Healthy Growth and Development

Immunization

Infectious and Communicable Diseases Prevention and Control

Oral Health

Safe Water

School Health

Substance Use and Injury Prevention

Statement of Principles
Public Health Modernization
November 2019

BACKGROUND

On April 11, 2019 the Minister of Finance announced the 2019 Ontario Budget, which included a pledge to modernize "the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention".

Plans announced for this initiative included regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, adjustments to the provincial-municipal cost-sharing of public health funding and an emphasis on digitizing and streamlining processes.

On November 6, 2019, further details were presented as part of the government's Fall Economic Statement, which reiterates the Province's consideration of "how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities". To this end, the government is renewing consultations with municipal governments and the public health sector under the leadership of Special Advisor Jim Pine, who is also the Chief Administrative Officer of the County of Hastings. The aim of the consultation is to ensure:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

In preparation for these consultations and with the intent of actively supporting positive systemic change, the alPHa Board of Directors has agreed on the following principles as a foundation for its separate and formal submissions to the consultation process.

PRINCIPLES

Foundational Principle

1) Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

Organizational Principles

2) Ontario's public health system must remain financially and administratively separate and distinct from the health care system.

3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.

4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".

5) The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.

6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

Capacity Principles

7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.

8) Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

9) Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Governance Principles

10) The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.

11) The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.

12) The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership or authority.

DESIRED OUTCOMES

- Population health in Ontario will benefit from a highly skilled, trusted and properly resourced public health sector at both the provincial and local levels.
- Increased public and political recognition of the critical importance of investments in health protection and promotion and disease prevention to population health and the sustainability of the health care system.
- Local public health will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at at-risk / vulnerable / priority populations.
- The geographical and organizational characteristics of any new local public health agencies will ensure critical mass to efficiently and equitably deliver public health programs and services in all parts of the province.
- The geographical and organizational characteristics of any new local public health agencies will preserve and improve relationships with municipal governments, boards of education, social services organizations, First Nations communities, Ontario Health Teams and other local stakeholders.
- The geographical and organizational characteristics of any new local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve in order to ensure that local public health needs are assessed and equitably and efficiently addressed.
- Local public health will benefit from strong provincial supports, including a robust Ontario Agency for Health Protection and Promotion (Public Health Ontario) and a robust and independent Office of the Chief Medical Officer of Health.
- The expertise and skills of Ontario's public health sector will be recognized and utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.

What is Public Health

Public health is the science of protecting, promoting and improving the health of people and their communities. It does this by:

- Promoting healthy lifestyles and behaviours and environment
- Advocating for healthy public policy and legislation
- Preventing disease, disability and injury
- Protecting health through inspections of drinking water systems and restaurants
- Monitoring communicable diseases, outbreaks and environmental hazards

Here are some examples of public health in action in your local community:

- Local response to COVID-19 pandemic
- Schoolchildren immunization
- Keeping tobacco products out of children's hands
- Parenting support and education
- Investigation and prevention of outbreaks of food-borne illnesses
- Free dental service for eligible people
- Inspections of restaurants, pools, beaches, and wells

Why Public Health Matters

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies have been at the forefront of the ongoing response.

Local public health has been key in preventing COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

Association of Local
PUBLIC HEALTH
Agencies

Supporting Ontario's local public health units and their boards of health to achieve a strong and effective public health system across all communities.

Email: info@alphaweb.org Website: www.alphaweb.org Twitter: @PHAgencies

Who We Are

Established in 1986, the Association of Local Public Health Agencies (alPHa) is the non-profit organization that provides leadership to Ontario's public health units and their boards of health.

alPHa works closely with the senior leadership of its member health units, including board of health members, medical and associate medical officers of health, and senior public health managers in each of the following public health disciplines:

- nursing
- inspection
- dentistry
- nutrition
- epidemiology
- health promotion
- business administration

alPHa represents the interests of member public health units and lends expertise to members on the governance, administration and management of public health units and their boards of health. The Association also works with governments and other health organizations, advocating for healthy public policy and a strong, effective and efficient public health system in Ontario.

What We Do

Through policy analysis, discussion, partnership 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. alPHa also provides member benefits such as group plans, networking opportunities, and recognition, to name just a few. Here are key activities that we engage in as the voice of Ontario's public health units:

Advocacy – alPHa communicates on behalf of members on public health matters to government and decision-makers. It also develops and disseminates positions and reports on key public health issues and relevant legislation.

Communications – We keep members informed on the latest news and events as well as emerging issues.

Education – alPHa holds timely and informative sessions on matters affecting the governance and delivery of public health programs and services.

Representation – alPHa representatives participate on key public health working groups and committees.

Members of alPHa

Membership is open to all Ontario public health units and their boards of health.

Representatives from member public health units include:

- board of health members
- medical and associate medical officers of health
- senior public health managers in nursing, inspection, dentistry, nutrition, epidemiology, health promotion and business administration

alPHa's members also comprise of the following Affiliate Organizations:

- Association of Ontario Public Health Business Administrators (AOPHBA)
- Association of Public Health Epidemiologists in Ontario (APHEO)
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
- Health Promotion Ontario (HPO)
- Ontario Association of Public Health Dentistry (OAPHD)
- Ontario Association of Public Health Nursing Leaders (OPHNL)
- Ontario Dietitians in Public Health (ODPH)

June 23, 2022

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.

2022 alPHa Conference and Annual General Meeting

The June 14th Conference continued the conversation on the critical role of local public health in the province's Public Health System. Thank you to our more than 150 members who were able to participate. Due to technical difficulties, we were not able to share the welcoming remarks from the Premier, Hon. Doug Ford, at the conference and alPHa would like to take the opportunity to do so now. You can view the Premier's remarks here.

Following the AGM, updates were made to the Resolutions Home Page, including the 2022 file collection where you can find the Disposition of Resolutions document. Individual Resolutions can also be found here: Social Determinants of Health (A22-1&5); Public Health Funding & Policy (A22-2); Infectious Disease Control (A22-3); Substance Use (A22-4&5). Resolution A22-2 has also been added to the Public Health Modernization Resource Page.

In case you missed it, the Annual General Meeting Report, Annual Report, speakers' biographies, and other related conference materials can be found through the website. Conference proceedings will be available in the coming weeks.

Congratulations again to this year's Distinguished Service Award winners: Trudy Sachowski, Dr. Paul Roumeliotis and Dr. Patricia Abbey. The Distinguished Service Award reflects the commitment of the Association of Local Public Health Agencies to recognize the significant contributions made to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health at local and provincial levels. Congratulations to our 2022 Distinguished Service Award recipients! Read more about these outstanding individuals: Distinguished Service Award Recipients.

This year's Conference was kicked off with a Pre-Conference workshop held by Tim Arnold. The workshop, The Secret to Sustainability - *Care for Others AND Care for Yourself,* Outsmarting Change - *Embrace Change AND Preserve Stability, and* The High-Performance Paradox - *Have Expectations AND Extend Grace*, kept participants consistently engaged along with opportunities to participate in interactive breakout rooms. Handouts from the workshop can be accessed here. Thank you to all who attended the session! It could not have been possible without you. Please note alPHa has negotiated up to a 20 per cent discount for alPHa members who wish to access, on their own, any additional workshops offered by Tim Arnold in 2022.

We would like to thank our speakers, moderators, and participants. All of you worked hard to help make the Conference and AGM a success. And please know giving your time to help plan, speak, moderate, or attend is much appreciated. Do not forget to fill out the Conference and AGM Survey. If you do complete it, you will be entered in for a draw for a gift card. Good luck!

Also, there is still time to take part in the ParticipACTION Community Better Challenge. All you have to do is document your physical activity during the month of June. When you do, please let us know by sending an e-mail to: info@alphaweb.org.

Lastly, we would like to thank the Eastern Ontario Health Unit for co-hosting the event, Dr. Paul Roumeliotis for chairing, Andy Morrisson for his technical support, the University of Toronto's Dalla Lana School of Public Health for their generous support, and Obadiah George for his technical assistance as well. Many thanks to Lindsay Koch from NWHU for helping us with the voting process and other conference supports. alPHa would also like to thank Trudy Sachowski for lending her experience from last year's conference to help with this one. A big shout out and much thanks to the alPHa staff who put in countless hours to make these events a success: Loretta Ryan, Gordon Fleming, and Melanie Dziengo.

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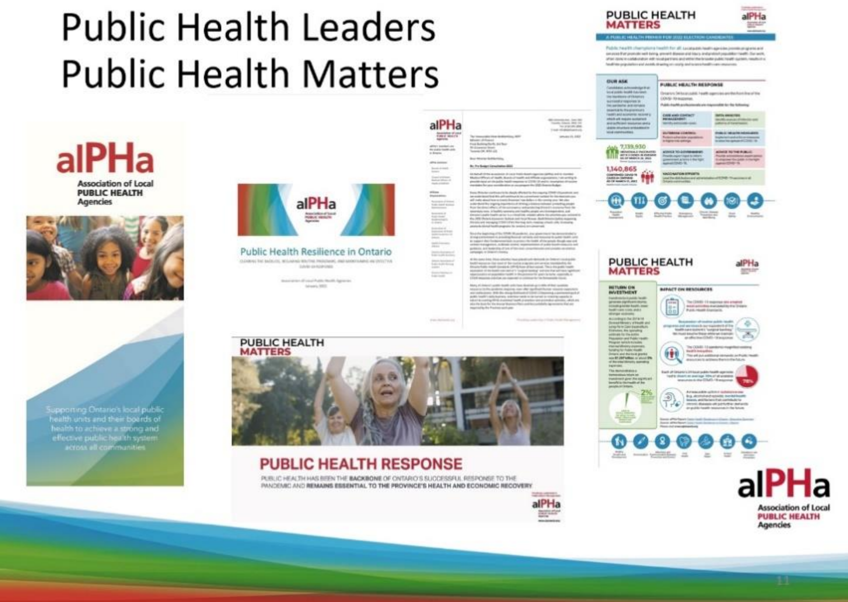
alPHa Board of Directors

A special thanks goes to the members of the 2021 to 2022 alPHa Board of Directors. This Board has well-positioned alPHa to be the voice of the public health system during these challenging times.

This Board was at the helm when alPHa sent in over 30 submissions and made influential and impactful deputations to the provincial government on important local public health issues. In keeping with the Association's leadership role, a report was released on public health resilience that highlights the need for the resumption of programs and services that were all but suspended during the pandemic response. Additionally, the report looked at the importance of clearing this backlog and addressed the indirect public health impacts of the response measures. You can read the full report and its executive summary for more information. In conjunction with this, alPHa released the Public Health Matters video, and the 2022 Elections Primer.

alPHa was fortunate to have a Board of Directors over the past year who were passionate about public health with a uniquely qualified and unified voice for local public health in Ontario. Thank you to the 2021 to 2022 Board for its outstanding leadership.



Leader to Leader – A Message from the alPHa President

The 2022 alPHa AGM, Conference and workshop were resounding successes with record attendance. Many thanks to the strong line-up of speakers, moderators, and event sponsors along with Loretta Ryan, alPHa's Executive Director, her volunteer planning team and staff. Continuing to hold on-line events has allowed alPHa to be nimble and responsive to the membership at a time when meeting in-person has not been possible. As an Association we eagerly look forward to when it is once again safe to gather, and we are able to resume in-person member events.

Over the next year, alPHa will continue to work on behalf of its members on key strategic initiatives to contribute to public health policy and to effectively liaise with our partners and stakeholders. Through alPHa's strong, unified public health leadership voice the 2022-2023 alPHa Board will advocate to remind Ontario's decision makers of local public health's enduring value.

Our 2022-2023 board members have already hit the ground running, and we can't wait to see what they have in store. To learn more about the new Board, click here.

Trudy

Trudy Sachowski, President

Base Budget Working Group Survey

Thank you to everyone who filled out the Base Budget Working Group survey earlier this month. Your feedback will help shape public health in Ontario. We also want to acknowledge the Base Budget Working Group: Dr. Charles Gardner, Trudy Sachowski, Wess Garrod, Cynthia St. John, Dr. Hamidah Meghani, and Loretta Ryan. Many thanks too to staff at Halton Public Health and Public Health Sudbury & Districts for their help with the survey.

What is going on with climate change and health?

Climate-events and health impacts are hitting closer to home each season. Ontario experienced 'Canada's first derecho in decades', impacting roughly 1000 km from southern Ontario to Quebec, and three related tornados on May 21, 2022. The event caused extensive damage to property, agricultural operations, and loss of power to over 900 000 customers leading to significant health hazards. Ten fatalities have been reported. The economic cost is estimated in the tens of millions. Additionally, Ontario experienced three separate heat events activating heat warnings issued by ECCC during May, ahead of the typical 'heat season' which begins at the end of June.

These recent climate-events illustrate how climate change is impacting human health and well-being directly and indirectly. They are a stark reminder of the need for public health action and active involvement in addressing climate change, the biggest threat and opportunity to public health this century, and the need to strengthen public health's capacity to manage climate-health risks. To read more, click here.

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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. A complete online library is available here.

Boards of Health: Shared Resources

A resource page is available on 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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

- 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 Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Public Health Ontario

Variants of Concern

- COVID-19 Omicron Variant Sub-lineage BA.2: Available Evidence and Risk Assessment
- SARS-CoV-2 Omicron Variant Sub-Lineage BA.3
- SARS-CoV-2 Omicron Variant Sub-Lineage BA.4 and BA.5
- COVID-19 Omicron Variant Recombinant Lineage: XE

- SARS-CoV-2 Whole Genome Sequencing in Ontario
- Genomic Surveillance of Emerging SARS-CoV-2 Variant, BA.2.20 in Ontario

Check out PHO's **Variants of Concern** web page for the most up-to-date resources.

Data and Surveillance

- The Impact of COVID-19 Booster Vaccination on Hospitalizations during Omicron: December 15, 2021 to March 27, 2022
- Rapid Review: Post-Acute COVID-19 Syndrome (PACS) in Adults

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

Additional Resources - New

- Monkeypox Resources
- Hepatitis (Acute) – Unknown Origin in Children
- Ontario Lyme Disease Map 2022: Estimate Risk Areas

Upcoming DLSPH Events and Webinars

- June 28, 2022 Finding the Cutoff: An in-person discussion on how biases affect health data
- July 5-7, 2022 The City is (NOT) a Tree: The Urban Ecologies of Divided Cities
- July 13, 2022 Black Health Matters COVID-19: A Discussion of Preliminary Findings (Webinar)
- July 27-28, 2022 10th UCG Edition on Diabetes and Endocrinology Conference

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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. **"NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

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

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News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org

July 19, 2022

This update is a tool that contains important information 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.

Future of Public Health Letter

alPHa has sent correspondence to the new Minister of Health, Hon. Sylvia Jones, alPHa Letter - The Future of Public Health. The July 18, 2022, letter provides several documents (including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

2022 alPHa Conference, AGM proceedings and Resolutions

Thank you again to all of the alPHa members who participated in the 2022 alPHa Conference, AGM, and Pre-Conference Workshop. The proceedings are now posted (log-in required).

The gift card winners for the conference are being announced. Congratulations to Jim Neil from KFL&A who won the door prize and Dr. Larry Oehm from SMDHU who won the prize for filling out the post-conference survey.

Leader to Leader – A Message from the alPHa President - July 2022

alPHa's 2022-2023 Board and the alPHa Executive have indeed 'hit the ground running' since taking office in mid-June.

On behalf of the alPHa membership, your alPHa Board has sent congratulations to the Hon. Sylvia Jones upon her appointment and new mandate as Ontario's Deputy Premier and Minister of Health. Most importantly, alPHa has respectfully advised Minister Jones there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes for all Ontarians, in both ordinary and extraordinary times. This was accompanied by supporting documents that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations.

As the unified voice of Ontario's local public health leadership, alPHa is pleased to share these materials and recommendations with Minister Jones at this pivotal time for the Province of Ontario and to welcome opportunities to meet with her and her staff.

Wishing you a safe, refreshing, and rejuvenating summer!

Trudy

Trudy Sachowski

'A leader is one who knows the way, goes the way and shows the way.'

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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. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

alPHa Letter - Resolution A22-5 - Harm Reduction
July 18, 2022 letter to the Minister of Health that introduces alPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

alPHa Letter - Resolution A22-4 - Opioids
July 18, 2022 alPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

alPHa Letter - Resolution A22-3 - Cooling Towers
July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

alPHa Letter - Resolution A22-1 - Racism & Health
July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

alPHa Letter - The Future of Public Health
July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the welcome letter sent to the new Minister on June 27, 2022.

alPHa Letter - 2022 Resolutions
July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

Next month, alPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called

'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, AMO.

Are you an alPHa member planning on going to the AMO conference, working on briefings for Board of Health members who are attending, or participating as a municipal councillor in a delegation to a Minister? Many alPHa members are using the following alPHa resources to help prepare their key messages on local public health:

- alPHa Resolution: Public Health Restructuring/Modernization & COVID-19 :A22-2_PH_Restructuring.pdf (ymaws.com)
- alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response.* report and executive summary
- Pre-Budget Consultations
- alPHa 2022 Elections Primer
- alPHa's submissions on PH Modernization, including the Statement of Principles
- "What is Public Health?"

Boards of Health: Shared Resources

A resource page is available on 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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

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- 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 Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Public Health Ontario

Public Health Ontario (PHO) has recently announced an open call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, Locally Driven Collaborative Projects (LDCP) funding will be used to fund two to three projects (up to $125,000 per project) that fit within one of the three following priority areas:

- Public health innovations
- Public health programs impacted by the pandemic
- Understanding pandemic impacts on mental health

For full application instructions, examples of project ideas and evaluation criteria, please see the Call for Proposals.

Public Health Ontario Resources

New Routine Monkeypox Epidemiological Report

PHO's new Monkeypox in Ontario report outlines up-to-date information on:

- confirmed and probable/suspected case counts
- case counts broken down by public health unit, gender, and age
- reported symptoms

The report is published twice per week on Tuesdays and Fridays on PHO's monkeypox webpage.

New Weekly COVID-19 Epidemiology Summary

Starting June 16, PHO transitioned to weekly COVID-19 surveillance reporting and released a new, comprehensive weekly epidemiological summary: COVID-19 in Ontario with the aim of providing an overview of key trends in COVID-19. This report is published weekly on Thursdays on PHO's data and surveillance webpage.

Variants of Concern

- SARS-CoV-2 Omicron Variant Sub-Lineages BA.4 and BA.5: Evidence and Risk Assessment
- SARS-CoV-2 Omicron Variant BA.2 and Sublineages of BA.2: Evidence and Risk Assessment
- SARS-CoV-2 Genomic Surveillance in Ontario, June 17, 2022

Response and Recovery

- Focus On: Response and Recovery from Public Health Emergencies: Assessment Activities

Upcoming Events

- July 20: PHO Webinar: Catch-Up of Routine and School Based Immunization

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Upcoming DLSPH Events and Webinars

- July 27-28, 2022 10th UCG Edition on Diabetes and Endocrinology Conference

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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. "NOTE: In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

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- 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

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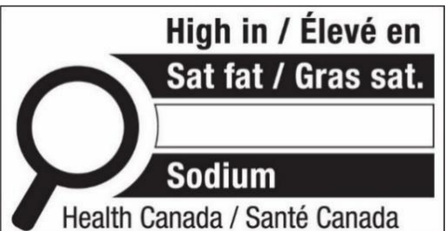
Update on Canada's Healthy Eating Strategy



On June 30, 2022, Health Canada announced new nutrition labelling regulations for packaged foods. By January 2026, a new symbol featuring a magnifying glass will appear on the front of most packaged foods that contain more than 15% of the recommended daily intake of saturated fat, sugars and/or sodium and will complement the Nutrition Facts table displayed on the back. Front-of-package

nutrition labelling is a key part of Health Canada's Healthy Eating Strategy, which aims to improve the food environment in Canada, make it easier for Canadians to make informed food choices, and lower the risk of diet-related chronic diseases. alPHa has communicated its support for the Strategy, with a focus on the pledge to restrict marketing of unhealthy food and beverages to children as per alPHa Resolutions A08-13 and A09-1. alPHa's latest letter (March 4, 2022) on the subject can be viewed here.

RRFSS for summer 2022

Data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data.

There is still opportunity to collect 2022 RRFSS data and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca. To read more, click here.

It is TRAVAX Renewal Time!

It is renewal time for Travax (Travel Health Information Website) subscription licenses for alPHa members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up and take advantage of the special rate for alPHa members. For more information, members can visit www.shoreland.com. To obtain the alPHa member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

News Releases

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August 19, 2022

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.](alphaweb.org)

Leader to Leader – A Message from the alPHa President – August 2022

The recently held Association of Municipalities of Ontario (AMO) AGM and conference had over 2,000 attendees in Ottawa from August 14th to the 17th and presented a tremendous opportunity to profile alPHa, the importance of local public health and our association's public policy positions. As your President, I participated along with Cynthia St. John, CEO, Southwestern Public Health, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health as part of a panel at the conference - 'Public Health COVID Learnings- informing future modernization.' The moderator was Monika Turner, Director of Policy, AMO. The panel discussed the need to have a better understanding of what worked well, what did not, and where improvements can be made, before embarking on any type of public health transformation. The goal was to have the session contribute to

the growing local COVID learnings and insights to better manage the challenges ahead. The room was filled with many attendees, actively engaging. Thank you to all who attended the session. You can read access available speaking notes and slides here.

These events were also a time to reacquaint with and meet municipal leadership who support the work of public health, including those who serve on their local boards of health. Thank you to the members who let us know they used alPHa resources to help prepare their key messages on the importance of local public health during encounters with delegates, meetings with colleagues, and delegations with Ministers. *(See July Issue of Information Break for a list of resources.)* Thank you to Loretta Ryan, alPHa's Executive Director, for her work in ensuring that alPHa representatives and members had the information they needed to make the most out of the conference.

While at the AMO events, I had the opportunity to speak to several board of health members who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. This is done by establishing provisions and ensuring these are in place until new board of health members are appointed. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional and that each board has their own by-laws and policies, as expected, I heard variations on how they will make this happen. Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors, since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially under an Order in Council or as a local representative by their board of health. While some boards will provide limited delegation powers to their MOH/CEO to manage any emergencies between October 24th, 2022, and the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that can not be dealt with during the interim period without the board in place, such as spending limits and budgetary matters etc. With no legislative tools per se on this, alPHa's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures during the municipal election process and leading up to until the new municipal board of health members are in place. If you would like to share, please contact Loretta Ryan, alPHa's Executive Director loretta@alphaweb.org.

Looking forward to touching base in September!

Trudy

Trudy Sachowski

'The leadership role is to build the riverbanks and let the water flow freely.'

Government Announcement at the Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

At the AMO Conference, the provincial government announced *Working with Municipalities to Move Ontario Forward.* To read more about the government's announcement, click here.

Additionally, on August 18th, the government issued a news release *Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery.* The government webpage also includes a quote from Trudy Sachowski, alPHa's President:

"The Association of Local Public Health Agencies (alPHa) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."

Hold the Date: Upcoming alPHa Events

Please hold the date for our Winter Symposium that is taking place on Friday, February 24th, 2023. If you are a Board of Health or Affiliate member, please also hold the date for a Pre-Symposium Workshop happening in the afternoon on Thursday, February 23rd, 2023.

The Conference and AGM (in person) will be from Sunday, June 11th-Tuesday, June 13th, 2023.

If you are a COMOH member, please hold the date for a Section meeting and workshop that is being held on Friday, November 18th, 2022.

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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. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

alPHa Letter - Resolution A22-5 - Harm Reduction
July 18, 2022 letter to the Minister of Health that introduces alPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

alPHa Letter - Resolution A22-4 - Opioids
July 18, 2022 alPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

alPHa Letter - Resolution A22-3 - Cooling Towers
July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

alPHa Letter - Resolution A22-1 - Racism & Health
July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

alPHa Letter - The Future of Public Health
July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the welcome letter sent to the new Minister on June 27, 2022.

alPHa Letter - 2022 Resolutions
July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

Next month, alPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, Association of Municipalities of Ontario, AMO.

Boards of Health: Shared Resources

A resource page is available on 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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Board of Health *(To be revised Fall 2022)*
- Review of Board of Health Liability (PowerPoint presentation)
- Governance Toolkit *(To be revised Fall 2022)*
- 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 Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Public Health Ontario

Reminder! Public Health Ontario Call for Proposals: Consequences of COVID-19 (up to $125,000)

PHO is still accepting applications for its call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, LDCP funding will be used to fund two to three projects (up to $125,000 per project) that fit within one of the three following priority areas:

1. **Public health innovations:** Projects may focus on the evaluation of a COVID-19 innovation, continuous quality improvement, or research to scale up existing innovations.

2. **Public health programs impacted by the pandemic**: Projects may focus on understanding the impact of reduced public health services, programs or strategies.

3. **Understanding pandemic impacts on mental health**: Projects may focus on understanding pandemic impacts on mental health, including harm reduction and prevention in substance use, and may consider specific populations. Project may also focus on understanding and/or strategies related to pandemic mental health impacts for the public health workforce.

Funding Eligibility

- Applications are open to all public health units that meet the following criteria:
- be led by a PHU, in cooperation with at least one other PHU as a co-applicant
- work in meaningful collaboration with local academic and/or community organizations
- meaningfully engage at least one student
- promote health equity
- address a public health issue within the identified priority areas of COVID-19 consequences
- involve research and/or program evaluation activities
- create knowledge that is transferable across the public health system, and share that knowledge by developing and implementing a knowledge exchange plan

For full application instructions, examples of project ideas and evaluation criteria, please download the complete application package and refer to the full Call for Proposals document.

How to Apply

1. Download the complete application package, which includes:

- Project Charter
- Guidance resources to support filling out your application:
    - ◦ Project Teams and Knowledge Users (Section 1.0)

◦ Project Information and Plan (Section 2.0)

◦ Knowledge Exchange and Dissemination Plan (Section 3.0)
◦ Acceptable Use of Funding (Section 6.0)

2. Complete the Project Charter document. Please ensure all sections off the application are filled out.

3. Submit your Project Charter, as your funding application, in Word format by emailing it to LDCP@oahpp.ca **by September 19, 2022**.

If you have any questions about the program or application process, contact LDCP@oahpp.ca.

PHO Events

PHO Webinar: Blastomycosis in Ontario: Public health and clinical considerations (Aug. 22)
PHO Rounds: Coronavirus in the Urban Built Environment (CUBE) (Aug. 23)
PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry (Aug. 30)

TOPHC 2023

Please stay tuned for news about Spring 2023 TOPHC.

Public Health Ontario Resources

Variants of Concern

SARS-CoV-2 Omicron Variant Sub-Lineage BA.4 and BA.5
Impact of SARS-CoV-2 main Protease Mutations on Nirmatrelvir/Ritonavir (Paxlovid) Resistance
SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Data and Surveillance

Vaccine coverage estimates now available for the newly eligible population of adults aged 18 to 59 years old.

Infection Prevention and Control

COVID-19: Personal Protective Equipment (PPE) and Non-Medical Masks in Congregate Living Settings (2nd Edition)
COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes
Use of Portable Air Cleaners and Transmission of COVID-19

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

Additional Resources - New

Monkeypox Resources
Report on live lost to opioid toxicity among Ontarians who worked in the construction industry

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Upcoming DLSPH Events and Webinars

- The 13th International Conference on Maternal and Child Health (MCH) Handbook (Aug 24-25)
- CVPD Fall Symposium: Healthy Aging and Immunization (Sept. 16)

COVID-19 Update

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. **"NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

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

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RRFSS for Aug. 2022

There has never been a greater need for Health Units (HUs) to collect RRFSS data! HUs will be undertaking pandemic recovery planning and will need to have data for this purpose including data on the success of the vaccination roll-out, concerns about the vaccine and improving uptake. In addition, data will be necessary on other health conditions, attitudes and behaviours that were de-prioritised

during the pandemic as the direct and indirect effects of COVID-19 on the population's longer-term health become apparent.

RRFSS data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data. Data collection is also available in a variety of modes: telephone (dual-frame landline and cell phone) and online (panel and convenience samples). There are data collection options to meet most budgets and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

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News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: René Lapierre, Chair, Public Health Sudbury & Districts' Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: September 8, 2022

Re: 2018-2022 Strategic Plan

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
The Ontario Public Health Standards (2021) require that boards of health have a Strategic Plan that establishes strategic priorities for the coming 3 to 5 years. The current iteration of the Public Health Sudbury & Districts (Public Health) Strategic Plan, 2018-2022, will expire on December 31, 2022. In light of the prolonged and intense COVID-19 pandemic response, the present focus on our prioritized recovery activities, as well as the potential impact of the upcoming municipal elections on our Board of Health representation, it is recommended that the current Strategic Plan be extended into 2023 but not beyond December 31, 2023. This extension would allow for a robust engagement with Board of Health (BOH) members, staff, clients, and community partners to inform the next iteration of the Strategic Plan.

Recommended Action:
That the Board of Health for Public Health Sudbury & Districts approve the extension of the 2018-2022 Strategic Plan into 2023, but not beyond December 31, 2023, to permit the engagement and leadership of the Board of Health following the 2022 municipal election.

Background:
The Ontario Public Health Standards (2021) outline requirements for Board of Health to have a Strategic Plan that establishes priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year. Currently, our Accountability Monitoring Plan is used to demonstrate how we are working to achieve the vision, mission, and values of Public Health as part of the organization's day to day work and includes a reporting category that highlights the accountability to the BOH's Strategic Plan.

The development of the 2018-2022 Strategic Plan included an assessment of local health status and a scan of other health unit/organizational strategic plans, along with extensive engagement activities with Board of Health members, staff, community partners, and the public. Key considerations and recommendations from all engagement activities informed the development of the 2018-2022 Strategic Plan. The Strategic plan was launched on January18, 2018.

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[1] 2018–2022 Strategic Priorities:
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: July 14, 2022
R:

It is well known that the work of Public Health over the last 2.5 years has been primarily focused on the local response to COVID-19 pandemic, requiring the redirection of almost 80% of Public Health's resources, and impacting overall public health programs and services. More recently, Public Health has also focused on recovery activities in alignment with the four identified public health program recovery priorities: Getting children back on track, Levelling up opportunities for health, Fostering mental health gains, and Supporting safe spaces, to address the growing backlog of services and unmet community needs. These programming priorities are supported by activities related to "people and processes". Through all these activities, the values and priorities of the 2018-2022 Strategic Plan have continued to guide our work and agency decision-making.

With this current focus of the work of Public Health, along with the potential impacts of the upcoming municipal election on Board of Health membership, it is recommended that the Board of Health support the extension of the current Strategic Plan for up to one year. This would then allow for the implementation of a more extensive engagement approach with all stakeholders, including any new Board of Health members, to inform the next iteration of the Plan, which would also be informed by provincial directions and priorities.

As a next step, a plan for the development of the new iteration of our Strategic Plan will be developed.

Financial Implications:
Nil.

Ontario Public Health Standard:

All

Strategic Priority[1]:

All

Contact:
Krista Galic, Manager, Quality, Monitoring Staff & Student Development, Knowledge and Strategic Services

2018–2022 Strategic Priorities:
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

PHSD STRATEGIC PLAN EXTENSION

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts approve the extension of the 2018 – 2022 Strategic Plan into 2023, but not beyond December 31, 2023, to permit the engagement and leadership of the Board of Health following the 2022 municipal election.

Briefing Note

To: René Lapierre, Chair, Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: September 8, 2022

Re: Board of Health Manual Review

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
As per Board Policy A-III-10, the Board of Health Manual has been reviewed and revisions are recommended for Board of Health approval.

Recommended Action:

> **THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.**

Background:

- As per historical practice, the review process included the Board Secretary request of the most responsible directors to coordinate to review their respective policies, procedures, and by-laws. Proposed revisions are then reviewed by the MOH/CEO for recommendation to the Board for approval.

Board review:

- Pages from the Board of Health Manual that are edited are *appended* to this briefing note for ease of reference.
- During the manual review, housekeeping revisions were identified, including updates to the Ontario Public Health Standards (OPHS) revision date to B-I-13 Services to the Francophone Population, C-I-11 Board of Health Mandate, C-I-12 Board of Health Roles and Responsibilities, and F-IV-10 Disclosure Policy.
- Highlights of proposed substantive revisions include the following:
  - C-II-10 Board of Health Executive Committee Terms of Reference – additional language relating to state of emergency
  - E-I-13 Minutes/Motions Policy. Reference to motion was added
  - F-I-10 Community Stakeholder Engagement – revised to reflect OPHS language
  - By-Law 02-02 – appointed inspectors updated
  - By-Law 04-88 – updated language relating to regrets and absences
  - J-I-10 Ontario Public Health Standards Protocols and Relevant Legislation Information – OPHS reference to the guidelines and the OPHS revision date were updated

Next Steps and Future Directions:

- The Conflict of Interest Procedure will be reviewed as it relates to the Ministry requirements.
- The orientation program for Board of Health members will be reviewed and the Board of Health Manual Policy and Procedure will be updated, as required, during the next Manual review.
- Approved revisions will be updated on the Public Health Sudbury & Districts website.
- The Board of Health Manual is accessible through the BoardEffect application in the Board of Health library and noted as a Handbook. Following Board approval, the updated manual will be posted on BoardEffect.
- The Board of Health Manual will also be updated in SharePoint for staff to access.
- Per A-III-10 the Board of Health Manual will be reviewed in its entirety in two years intervals. Any more pressing revisions will be brought forward separate from the revision cycle.

Strategic Priority: All

[1] 2018-2022 Strategic Priorities:

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

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Vision/Mission/ Plan

Section
Health Unit

Subject
Services to the Francophone Population

Number
B-I-13

Approved By
Board of Health

Original Date
November 15, 2007

Revised Date
June 21, 2018

Review Date
SeptemberNovember 158, 20221

Purpose
The Board of Health is committed to working with our communities to promote and protect health and to prevent disease. Every reasonable effort will be made to provide francophone residents within Public Health Sudbury & Districts' catchment area access to French public health services that are provided in a culturally competent manner.

As per the Ontario Public Health Standards (202118):
Furthermore, boards of health should bear in mind that in keeping with the French Language Services Act, services in French should be made available to French-speaking Ontarians located in designated areas.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Board of Health Mandate

Number
C-I-11

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
November 18, 2021

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Information
The Health Protection and Promotion Act (HPPA) was proclaimed in July 1984. The HPPA is an important piece of legislation for a board of health, as it prescribes the existence, structures, governance and functions of boards of health, as well as the activities of medical officers and certain public health functions of the Minister. The Act and its regulations provide the legislative framework for the "organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario". R.S.O. 1990, c.H.7, s.2

There are many different Regulations under the HPPA, including those that govern food safety, swimming pool health and safety, rabies control, school health, board of health composition and control of communicable diseases.

The Health Protection and Promotion Act (1990) establishes boards of health and invests in them the duty to provide or ensure the provision of health programs and

services to the people who reside within the health unit. The required programs and services include:

- Community Sanitation
- Control of Infectious Diseases and Reportable Diseases
- Health Promotion, Health Protection and Disease and Injury Prevention
- Family Health
- Collection and Analysis of Epidemiological Data

The ~~2018~~ Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (2021) and the related Protocols and Guidelines are published as the guidelines for the provision of mandatory health programs and services by the Minister of Health, pursuant to Section 7 of the Health Protection and Promotion Act.

The ~~2018~~ Ontario Public Health Standards (2021) define responsibilities of boards of health as they pertain to foundational and program standards; accountability and organizational requirements; and transparency and reporting.

In carrying out its mandate, the Board of Health provides a policy framework within which the MOH/CEO defines the health needs of the community and design programs and services to meet these needs. The Board approves all programs and services.

The Board adopts a philosophy and management process that allows it to carry out its mandate in an efficient, effective and economical manner and complement this with a sound organizational structure, which reflects the responsibilities of the component parts.

The primary foci of the Board of Health are planning and policy development, fiscal arrangements and labour relations and accountability and reporting to the Ministry. The Board is not involved in day-to-day management decisions, such as approving vacations, staff training, travel expenses, etc. These day-to-day management decisions are the responsibility of the Medical Officer of Health/Chief Executive Officer and the Board develops policies to guide the Medical Officer of Health/Chief Executive Officer and other senior staff in such decisions.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Board of Health Roles and Responsibilities

Number
C-I-12

Approved By
Board of Health

Original Date
January 25, 2001

Revised Date
November 18, 2021

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Information

Summary
The Board of Health is convened in accordance with the Health Protection and Promotion Act, RSO 1990, and Regulations thereunder. The Board of Health is composed of members appointed to the Board under the Health Protection and Promotion Act, RSO 1990 and Regulations. Municipal members are appointed by Municipal Councils as outlined in Regulation 559.

The Board of Health is the legal authority for the Public Health Sudbury and Districts. The Board of Health is accountable to the community for ensuring that health needs are addressed by appropriate programs and that the organization is effectively governed.

Role
The Board of Health shall superintend, provide or ensure the provision of health programs and services as per Part II (Health Programs and Services), Part III

(Community Health Protection) and Part IV (Communicable Disease) of the Health Protection and Promotion Act, RSO 1990, and per the 2021~~18~~ Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. The Board of Health may also provide any other health programs and services that it feels are necessary or desirable and that are approved by the municipalities in the area.

The Board of Health operates through a formal structure that supports governance through a set of expectations regarding membership, size, terms of office, reporting relationships, and other structural features defined in the Health Protection and Promotion Act, RSO 1990, and regulations. Subject to the requirements of the Health Protection and Promotion Act, RSO 1990, the Board approves the overall structure of the organization.

Responsibilities

The Board of Health is responsible for ensuring the assessment, planning, delivery, management, and evaluation of public health programs and services.

Foundational and Program Standards outlined in the 2021~~18~~ Ontario Public Health Standards articulate goals, outcomes, and requirements that all boards shall provide to promote and protect the health of the population, and reduce health inequities. Protocols and guidelines provide additional direction on how to operationalize each requirement.

Members of the Board of Health ensure procedures are in place to uphold the implementation of the Foundational and Program Standards outlined in the 2021~~18~~ Ontario Public Health Standards. They remain informed about the delivery of OPHS programs and services as well as research and evaluations.

Accountability

Boards of health must be accountable for the work they do, how they do it, and the results achieved. Organizational requirements specify those areas that require reporting or monitoring and are used to demonstrate accountability to the Ministry of Health. The Board of Health must thus demonstrate accountability as it relates to four domains:

- delivery of programs and services;
- fiduciary requirements;
- good governance and management practices; and
- public health practice.

The Board of Health ensures implementation of organizational requirements to show compliance across the four domains as well as requirements that are common to all domains:

- The Board of Health ensures the delivery of programs and services and is accountable for achieving program outcomes in accordance with ministry expectations. For example, the Board of Health shall ensure the development and implementation of a strategic plan that establishes strategic priorities over 3 to 5 years (through the setting of local vision, priorities, and strategies directions).

- Board of health members are responsible for ensuring the efficient use of public resources and ensuring that funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations. For example, the board of health shall ensure that expenditure forecasts are as accurate as possible.
- The Board of Health executes good governance practices to ensure effective functioning of the board and management of the public health unit. For example, the Board of Health shall develop and implement policies or by-laws regarding functioning of the governing body (sub-committees, frequency of meetings, etc.) and shall provide direction to the administration and remain informed about the activities of the organization such as stakeholder and partnership building, workforce issues, financial management, and risk management.
- Board of health members ensure a high standard and quality of practice in the functioning of the organization including delivery of public health programs and services. For example, the Board of Health shall employ qualified public health professionals, support a culture of excellence in professional practices, and ensure a culture of quality and continuous organizational self-improvement.

Members of the Board of Health shall also demonstrate accountability through the submission of planning and reporting document to the Ministry of Health including Annual Service Plan and Budget Submission, performance reports, and an annual report. The Board of Health will also ensure accountability to stakeholders, including the community, by ensuring the development of, and annual reporting for, an organizational accountability monitoring plan.

Transparency and Reporting

A commitment to transparency is key to demonstrate responsible use of public funds and to disclose information that allows the public to make informed decisions about their health. The Board of Health shall ensure public access to key organizational documents, demonstrate contribution towards program and populations health outcomes, and report on performance to demonstrate the impact of public health on creating healthier communities for all.

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health Committees

Subject
Board of Health Executive Committee Terms of Reference

Number
C-II-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
November 18, 2021

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Information

Purpose
The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services.

Reporting Relationship
The Executive Committee reports to the Board of Health.

Membership

Board Members at Large must be assigned annually by majority vote of the full Board.

- Board of Health Chair (1)
- Board of Health Vice-Chair (1)

- Board of Health Members at Large (3)
- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Board Secretary

Board of Health Executive Committee Chair: As elected annually by the committee at the first meeting of the Executive Committee of the Board of Health.

Only Board of Health members have voting privileges. All staff members are ex officio.

Responsibilities

The Executive Committee provides advice to the Board on the development, review, and oversight of Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services, in areas such as: policy, personnel, and property.

The Executive Committee may also undertake specific responsibilities of the Board if so assigned by majority vote of the Board. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee assumes governance of the Board between Board meetings.

Executive Committee shall in between meetings of the Board, exercise the full powers of the Board in all matters of administrative urgency, including state of emergency status decisions, reporting every action at the next meeting of the Board.

Committee Proceedings

The rules governing the procedure of the Board shall be observed by the Executive Committee insofar as applicable.

Meetings are normally at the call of the Chair but may be requested by two or more members of the Executive Committee, subject to approval of the Chair.

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

Unapproved meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Agenda packages are made available to the public via the Public Health Sudbury & Districts website.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent meeting of the Board Executive Committee.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Board of Health Proceedings

Section
Board of Health Meetings

Subject
Minutes and Motions

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Number
E-I-13

Approved By
Board of Health

Original Date
November 15, 2007

Revised Date

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Purpose
Board of Health minutes and motions will be maintained. These minutes will serve as a Record of meeting, as per the *Municipal Act, Section 239, Subsection (7)*:

> A municipality or local board or a committee of either of them, shall record without note or comment all resolutions, decisions, and other proceedings at a meeting of the body, whether it is closed to the public or not. 2006, c. 32, Sched. A, s. 103 (3).

Commented [RQ1]: HPPA:

Minutes

58 A board of health shall keep or cause to be kept minutes of its p

R.S.O. 1990, c. H.7, s. 58.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Communication

Section
Community Liaison

Subject
Community and Stakeholder Engagement

Number
F-I-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
November 18, 2021

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Purpose
The Board of Health believes that it has a paramount role within Sudbury and districts in planning for and ensuring the provision of community-based programs and services for the prevention of disease and the promotion and protection of health. This role can be significantly enhanced by extensive consultation and collaboration with appropriate ministries of government, municipal and district planning authorities, agencies and institutions whose activities are directed at disease prevention and health promotion, and with the general public.

To this end, the Board of Health will ensure that administration develops and implements community engagement and stakeholder engagement strategies to:

- Provide information to the public on the Health Unit's mission, programs and services.
- Collaborate with various levels of government, community agencies and institutions in the provision of human resources, programs and services directed towards disease prevention and health protection and promotion.

- Work collaboratively with community agencies and institutions to coordinate the provision of human resources, programs and services directed towards disease prevention and health protection and promotion.
- Engage in multi-sectoral collaboration with municipalities and other stakeholders in decreasing health inequities in accordance with the *Health Equity Guideline, 2018* (or as current).
- Build and further develop the relationship with Indigenous communities that is meaningful for them and in accordance with the *Relationship with Indigenous Communities Guideline, 2018* (or as current).
- ~~Engage in community and multi-sectoral collaboration with the North East LHIN on population health assessment, joint planning for health services and population health initiatives in accordance with the *Board of Health and Local Health Integration Network Engagement Guideline*, 2018.~~
- Engage with community partners, stakeholders, and the public in the planning, development, implementation, and evaluation of strategies for public health programming and research.
- Collaborate with various agencies and institutions in advocating for healthy public policy.
- Monitor and evaluate these partnerships to determine effectiveness and identify and address gaps.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Communication

Section
Confidentiality

Subject
Disclosure

Number
F-IV-10

Approved By
Board of Health

Original Date
January 17, 2002

Revised Date
June 21, 2018

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Purpose
The Board of Health is committed to public transparency and demonstrates this by surpassing minimum *Ontario Public Health Standards, 20~~18~~21*, requirements for disclosure of information via the following on the release of enforcement and inspection information:

1. Charges: Statistical information on charges (i.e. no identifying information) is released to Board of Health at its regularly scheduled meetings.
2. Convictions: Convictions related to food premises, public pools, public spas, and personal services settings infractions are posted on Public Health Sudbury & Districts *Check Before You Go* website as soon as possible following the conviction and for a period of 12 months from the date on which the conviction was rendered.
3. Orders: Orders pertaining to food premises, public pools, public spas, personal services settings, and tobacco vendors are posted on Public Health Sudbury & Districts *Check Before You Go* website as soon as possible

following the issuance of the order and for a period of 12 months from the date on which the order was rescinded.

4. Requests for information not posted on website: Requests for information not posted on the website are considered on an individual basis in accordance with Public Health Sudbury & Districts policy, the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), and the *Personal Health Information Protection Act* (PHIPA).

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 04-88

Number
G-I-30

Approved By
Board of Health

Original Date
June 23, 1988

Revised Date
November 18, 2021

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

To Regulate the Proceedings of the Board of Health

The Board of Health for the Sudbury and District Health Unit enacts as follows:

Interpretation

1. In this By-law:

   a) “Act” means the *Health Protection and Promotion Act*. S.O. Ontario, Chapter 10 as amended;

   b) “Board” means the Board of Health for the Sudbury and District Health Unit

   c) “Chair” means the person presiding at the meeting of the Board;

d) “Chair of the Board” means the chair elected under the Act, which reads:

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

e) “Committee” means a committee of the Board, but does not include the Committee of the Whole;

f) “Committee of the Whole” means all the members present at a meeting of the Board sitting in Committee;

g) “Council” means the Council of any constituent municipality;

h) “Meeting” means a meeting of the Board;

i) “Member” means a member of the Board;

j) “Quorum” means a majority of the members of the Board who are present at a Board meeting;

k) “Secretary” means the Secretary of the Board of Health.

l) "Absences" means a Board member who is not present at a Board meeting for the purpose of establishing quorum and has not provided notice of their absence or provided their regrets.

General

2. As per section 49. (2) of the Health Protection and Promotion Act, the Board shall have no fewer than three and no more than thirteen municipal members. R.S.O. 1990, c. H.7, s. 49 (2). In addition, the Lieutenant Governor in Council may appoint one or more persons as members of the board of health as long as the number of Lieutenant Governor in Council appointees are fewer in number that the municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).

   Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

3. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.

4. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.

5. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.

6. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.

7. No persons shall smoke in the health unit buildings or on health unit premises.

Convening a Regular Meeting

8. Regular monthly meetings shall be held at a date and time as determined by the Board which is normally the 3rd Thursday of the month at 1:30 p.m. with the exception of March, July, August and December when regular Board meetings are not scheduled.

   It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members.

   The Board may, by resolution, alter the time, day or place of any meeting.

   Board members are expected wherever possible to attend meetings in person.

   Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic means is deemed as present and counted for the purpose of establishing quorum. All members present, either in-person or members participating electronically, will have full participation, including voting rights. Further, electronic participation is also permitted for a meeting which is closed to the public.

   The electronic means will enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

Convening a Special Board Meeting

9. A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called of (participating) council(s) or municipality(s).

   A special meeting may be called by the Chair of the Board of Health.

   The Secretary shall summon a special meeting upon receipt of a signed petition of the majority of Board members, constituting a quorum, for the purpose and at the time mentioned in the petition.

Notice of Meetings

10. The Secretary shall give notice of each regular and special meeting of the Board and of any Committee to the members thereof and to the heads of divisions concerned with such meeting.

    The notice shall be accompanied by the agenda and any other matter, so far as is known, to be brought before such meeting.

    The notice shall be provided to each member no later than one week prior to the day of the meeting.

    Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.

    The notice for calling a special meeting of the Board shall state the business to be considered at the special meeting and not business other than that stated in the notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

    The public is made aware of regular board meetings or board committee meetings through the Public Health Sudbury & Districts website as per the *Municipal Act*, 238 subsection 2.1

Preparation of the Agenda

11. The Secretary, in conjunction with the Medical Officer of Health/Chief Executive Officer, shall have prepared for the use of members at the regular meetings the agenda as follows:

    - Call to Order
    - Roll Call
    - Declaration of Conflict of Interest
    - Delegations/Presentation
    - Consent agenda *which normally shall include*:
        - Minutes of Previous Meeting
        - Business Arising from Minutes
        - Report of Standing Committees
        - Report of the Medical Officer of Health/Chief Executive Officer
        - Correspondence
        - Items of Information
    - New Business
    - Addendum
    - In-Camera
    - Rise & Report
    - Adjournment

12. For special meetings, the agenda shall be prepared when and as the Chair of the Board may direct or, in default of such direction, as provided in the last preceding section so far as is applicable.

13. The business of each meeting shall be taken up in the order in which it stands upon the agenda, unless otherwise decided by the Board.

Commencement of Meetings / Quorum

14. As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board, or Vice-Chair or person appointed to act in their place and stead, shall take the chair and call the members to order.

15. If the person who ought to preside at any meeting does not attend by the time a quorum is present, the Secretary shall call the members to order and a presiding officer shall be appointed by majority vote to preside during the meeting or until the arrival of the person who ought to preside.

16. If there is no quorum within 15 minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present, and the meeting shall then adjourn until such time as quorum is available.

17. Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall within three minutes following such request, record the names of those members present and advise the Chair, if a quorum is, or is not, present.

Rules of Debate and Conduct of Members at the Board

18. The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.

19. Each deputation will be allowed a maximum of one speaker for a maximum of 10 minutes, but a member of the Board may introduce a deputation in addition to the speaker or speakers. Normally, a deputation will not be heard on an item unless there is a report from staff on the item or upon agreement of two-thirds of the Board present.

    The Board shall render its decision in each case within seven days after deputations have been heard.

20. When a member finds it impossible to attend any meeting, the onus is upon the member to advise the Secretary prior to the holding of such meeting of his wishes with respect to items on the agenda or matters appearing therein in which he is vitally interested.

    Three consecutive absences by a member of the Board of Health will be reviewed by the Chair, following which notification will be forwarded to the appropriate municipality or council.

    Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior

notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

21. If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member to fill his place until he resumes the Chair.

22. Every member, prior to speaking to any question or motion, shall respectfully address the Chair.

23. When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak.

24. A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

    No member shall speak to the same question at any one time for longer than ten minutes except that the Board upon motion therefore, may grant extensions of time for speaking of up to five minutes for each time extended.

25. Subject to this section, no member may ask a question of the previous speaker except with the consent of such previous speaker and then only to clarify any part of the previous speaker’s remarks and such question shall be stated concisely.

    When it is a member’s turn to speak, before speaking he may ask questions of the Medical Officer of Health/Chief Executive Officer or Secretary, in order to obtain information relating to the report or clause in question and, with the consent of the speaker, other members of the Board may ask a question of the same official.

    A member’s question shall not be ironical, rhetorical, offensive, contain epithet, innuendo, satire or ridicule, be trivial, vague or meaningless, or contain questions and answers.

26. Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.

27. A member shall not:

- speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
- use offensive words or unparliamentary language at the Board meetings;
- disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;
- leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
- interrupt a member while speaking except to raise a point of order.

28. In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

    If the Board votes in the affirmative, the Chair shall order the member to leave his seat for the duration of the meeting.

    If the member apologizes, the Chair, with the approval of the Board, may permit him to resume his seat.

Questions of Privilege and Points of Order

29. A member who desires to address the Board upon a matter which concerns the rights or privileges of the Board collectively, or of himself as a member thereof, shall be permitted to raise such matter of privilege. A breach of privilege is a wilful disregard by a member or any other person of the dignity and lawful authority of the Board. A matter of privilege shall take precedence over other matters. When a member raises a point of privilege, the Chair shall use the words "Mr./Mrs. ______ state your point of privilege". While the Chair is ruling on the point of privilege, no one shall be considered to be in possession of the floor.

30. When a member desires to call attention to a violation of the rules of procedure, he shall ask leave of the Chair to raise a point of order and after leave is granted, he shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

    Unless a member immediately appeals to the Board, the decisions of the Chair shall be final.

    If the decision is appealed, the Board shall decide the question without debate and its decision shall be final.

31. When the Chair calls a member to order, the member shall immediately cease speaking until the point of order is dealt with then he shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

Motions and Order of Putting Questions

32. A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.

33. Every motion presented to the Board shall be written.

34. Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.

35. When a matter is under debate, no motion shall be received other than a motion:

    - to adopt,
    - to amend,
    - to defer action,
    - to refer,
    - to receive,
    - to adjourn the meeting, or
    - that the vote be now taken.

36. A motion to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.

    A motion to refer shall require direction as to the body to which it is being referred and is not debatable.

    A motion to defer must include a reason and a time period for the deferral and is not debatable.

37. When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and if carried by a majority vote of the members, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.

    A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

38. Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.

    The amendment to the amendment, if any, shall be voted on first, then if no other amendment to the amendment is presented, the amendment shall be voted on next, then if no other amendment is introduced, the main motion, or

if any amendment has carried, the main motion as amended shall be put to a vote.

Nothing in this section shall prevent other proposed amendments being read for the information of the members.

39. When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.

40. After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.

41. Every member eligible to vote at a meeting of the Board, when a vote is taken on a matter, shall vote therein unless prohibited by statute; and, if any member eligible to vote at a meeting persists in refusing to vote, he shall be deemed as voting in the negative.

42. If a member disagrees with the announcement by the Chair of the result of any vote, he may object immediately to the Chair's declaration and require that the vote be retaken.

43. When a member eligible to vote at a meeting requests a roll call vote, all members eligible to vote, unless prohibited by statute, shall vote in alphabetical order with a call for the Chair's vote to be the last taken. A roll call vote and the names of those who voted for and against the resolution shall be noted in the minutes unless the Board is in-camera. The Secretary shall announce the results of the vote.

44. Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. When the Chair proposes a motion, he shall vacate the chair to the Vice-Chair during debate on the motion and reassume the chair following the vote.

45. After any matter has been decided, any member who voted therein with the majority may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same year. For the purposes of this section, the word "year" shall mean the period from January 1st to December 31st in the same year.

Adjournment

46. A motion to adjourn the Board meeting or adjourn the debate shall be in order, except:

- when a member is in possession of the floor;
- when it has been decided that the vote be now taken; or,
- during the taking of a vote;

but no second motion to the same effect shall be made until after some intermediate proceedings have taken place.

47. Every communication intended to be presented to the Board must be fairly written or printed and must not contain any impertinent or improper matter and shall be signed by at least one person.

48. Every such communication shall be delivered to the Secretary before the commencement of the meeting of the Board.

Secretary for the Board

49. It shall be the duty of the Secretary:

- to attend or cause an assistant to attend all meetings of the Board;
- to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of by-laws and resolutions passed by it; and
- to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same.

Appointment and Organization of Committees

50. At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees.

51. The Board may appoint committees from time to time to consider such matters as specified by the Board.

Conduct of Business in Committees

52. The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.

53. It shall be the duty of the Committee:

- to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
- to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and
- to forward to the incoming Committee for the following year any matter undisposed of.

54. The procedures of the Board with respect to:

- incurring of liabilities and paying of accounts;
- contacts and expenditures;
- petty cash;
- tenders and quotations;

shall be in accordance with By-law 01-88 and 01-93.

Corporate Seal

55. The corporate seal of the Board shall be in the form impressed herein and shall be kept by the Executive Officer or the Secretary of the Board.

Execution of Documents

56. The Board may at any time and from time to time, direct the manner in which and the person or persons who may sign on behalf of the board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

Duties of Officers

Chair and Vice-Chair

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

57. The Chair of the Board shall:

- preside at all meetings of the Board;
- represent the Board at public or official functions or designate another Board member to do so;
- be ex-officio a member of all Committees to which he has not been named a member;
- perform such other duties as may from time to time be determined by the Board.

58. The Vice-Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

    When undertaking the duties outlined above, the Vice-Chair shall be paid, in lieu of his regular Board member per diem, a fee as stipulated in Board of Health policies.

59. The Vice-Chair shall preside during in-camera sessions.

60. When it is moved and carried that the Board recess and go in-camera, the Chair shall vacate the Chair and the Vice-Chair shall preside over the Board sitting as a Committee of the Whole

    Board of Health in-camera matters shall be as per F-III-10 Freedom of Information.

    The Vice-Chair shall report the proceeding to the Board and a motion of concurrence shall be voted upon.

Amendments

61. Any provision contained herein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote to give effect to any recommendation contained in a Report to the Board and such Report has been transmitted to members of the Board prior to the meeting at which the Report is to be considered, but otherwise no motion for that purpose may be considered, unless notice thereof has been received by the Secretary two weeks before a Board meeting and such notice may not be waived and in any even no bill to amend this by-law shall be introduced at the same meeting as that at which such report or motion is considered.

Medical Officer of Health

62. The Board of Health may institute arrangements with the Medical Officer of Health to continue to provide medical officer of health services to Public Health Sudbury & Districts during periods of leave so as to ensure that the requirements of the governing legislation continue to be met, and such that no compensation above that provide in the existing employment agreement is paid to the Medical Officer of Health.

    The Medical Officer of Health, wherever possible, will advise the Board of Health Chair if such arrangements constitute an absence or inability to act of the Medical Officer of Health as per Section 69(1) of the Health Protection and Promotion Act;

    Activation of an Acting MOH appointment will be delegated to the MOH with the MOH providing notice of the Acting Appointment to the Board of Health Chair. If the MOH is unable to activate an Acting MOH appointment the activation will be done by the Board of Health Chair. The Acting Medical Officer of Health must provide written consent to the appointment.

    Per Section 68(2) of the HPPA, where the office of the MOH is vacant or the MOH is absent or unable to act, the Associate MOH of the board shall act as and has all the powers of the MOH.

Dismissal of Medical Officer(s) of Health or Associate Medical Officer of Health

63. Per Section 66 of the HPPA, a decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:

- the decision is carried by the vote of two-thirds of the members of the Board; and
- the Minister consents in writing to the dismissal.

The Board of Health shall not vote on the dismissal of a Medical Officer of Health or Associate Medical Officer of Health unless the Board has given the officer:

- reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;
- a written statement of the reason for the proposal to dismiss the officer; and

- an opportunity to attend and to make representation to the Board at the meeting.

MOH/CEO Meeting Notice and Attendance

64. The MOH/CEO is entitled to notice of and to attend each meeting of the Board of Health and every committee of the board, but the Board may require the MOH/CEO withdraw from any part of a meeting at which the Board of a committee of the board intends to consider a matter related to the remuneration or the performance of the duties of the MOH/CEO.

General

65. In this by-law, words importing the singular number of the masculine gender only shall include more person, parties or things of the same kind than one and females as well as males and the converse.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of June 1988.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26th day of February 1990.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1991.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29th day of June 1992.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1993.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of April 1994.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27th day of April 1995.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1996.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of May 1998.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of October 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of October 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of September 2017.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 21st day of June 2018.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 16st day of April 2020.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 17th day of September 2020.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 18th day of November 2021.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 02-02

Number
G-I-60

Approved By
Board of Health

Original Date
March 26, 1998

Revised Date
November 18, 2021

Review Date
September~~November~~ 15~~8~~, 2022~~1~~

Being a By-law of the Board of Health of the Sudbury and District Health Unit to Appoint Inspectors for the Purposes of the Enforcement of the Ontario Building Code Act Respecting Sewage Systems

WHEREAS the Building Code Act, S.O. 1992, Chapter 23 provides that a Board of Health appoint Inspectors as are necessary for the purpose of enforcement of the Act;

WHEREAS the Board of Health for the Sudbury and District Health Unit deems it desirable to appoint Inspectors for the enforcement of the *Ontario Building Code Act* for the purposes of the enforcement of the Ontario Building Code respecting sewage systems in the jurisdiction of the Sudbury and District Health Unit;

NOW THEREFORE the Board of Health for the Sudbury and District Health Unit hereby enacts as follows:

1. (1) The following person is appointed as Chief Building Official:

a) Richard Auld

(2) In the event that the currently appointed person ceases to be the Chief Building Official, another qualified sewage system inspector will be appointed. The following person will be appointed for the position:

a) Burgess Hawkins

(3) The Chief Building Official shall have all the powers and duties as set out in Section 1.1 (6) of the Act.

2. The following persons are appointed Inspectors, whose titles shall be "Sewage System Inspector 3.1 (2)":

(1) Nathalie Barsalou
(2) Laura Bulfon
(3) Travis DeRocchis
(4) Brad Dorman
~~(5) Jonathan Groulx~~
~~(6) Stacey Laforest~~
~~(7)~~(5) Brad Manning
~~(8)~~(6) Michael Maryniuk
~~(9)~~(7) Rachel O'Donnell
~~(10) Cynthia Peacock-Rocca~~
~~(11)~~(8) Ashley Pepin
~~(12)~~(9) Mark Rondina
~~(13)~~(10) Adam Ranger
~~(14)~~(11) Jagdish Sharma
~~(15)~~(12) Alan Ferguson
~~(16)~~(13) Eric Kim
~~(17) Tetyana Samoylenko~~
~~(18) Anya Besharah~~
~~(19)~~(14) Kevin McIntosh
(15) ~~Ryan Auld~~Amber Wismer
(16) Ted Korzeniecki
~~(20)~~(17) Robert Moulton

That this By-law shall come into force and take effect on the 6th day of April, 1998.
Read and passed in open meeting this 26th of March, 1998.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of June 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of February 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2003.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 10th day of September 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of April 2011.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2021.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health Standards

Section
Program Standards

Subject
Ontario Public Health Standards, Protocols and Relevant Legislation

Number
J-I-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
November 18, 2021

Review Date
SeptemberNovember 158, 20221

Information
The Ontario Public Health Standards[i] establish requirements for fundamental public health programs and services, which include population health assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Standards outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur.

The following standards are administered by the Ministry of Health:

- Foundational Standards
    - Population Health Assessment
    - Health Equity
    - Effective Public Health Practice
    - Emergency Management

- Program Standards
  - Chronic Disease Prevention and Well-Being
  - Food Safety
  - Healthy Environments
  - Healthy Growth and Development
  - Immunization
  - Infectious and Communicable Diseases Prevention and Control
  - Safe Water
  - School Health, Oral Health, and Vision
  - Substance Use and Injury Prevention

Note: The Ministry of Children, Community and Social Services is responsible for the administration of Healthy Babies Healthy Children.

Boards of health may deliver additional programs and services in response to local needs identified within their communities, as acknowledged in Section 9 of the HPPA.

Furthermore, boards of health should bear in mind that in keeping with the French Language Services Act, services in French should be made available to French-speaking Ontarians located in designated areas.

The Protocols[ii] that accompany the OPHS are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS and guidelines.

Boards of health need to be knowledgeable about their duties and responsibilities as specified in other applicable Ontario laws, including but not limited to, *the Building Code Act, the Child Care and Early Years Act, the Employment Standards Act, the Immunization of School Pupils Act, the Occupational Health and Safety Act, the Personal Health Information Protection Act, Healthy Menu Choices Act, 2015, the Smoke-Free Ontario Act 2017, the Skin Cancer Prevention Act, and the Safe Drinking Water Act.*

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[i] Ministry of Health website:

i. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf (retrieved August 17, 2022)

~~http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/interactive.html~~
~~(retrieved May 1, 2009)~~

[ii] Ministry of Health website:

i. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx#protocols (retrieved August 17, 2022)

~~http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/ophsprotocols.html (retrieved November 2010)~~

BOARD OF HEALTH MANUAL

MOTION:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.

BOARD OF HEALTH MEETING DATE

MOTION:

WHEREAS the Board of Health regularly meets on the third Thursday of the month; and

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 p.m. Thursday, November 17, 2022, be moved to 1:30 pm on Thursday, November 10, 2022.

Briefing Note

To: René Lapierre, Chair, Board of Health

From: Dr. Penny Sutcliffe, MOH/CEO

Date: September 8, 2022

Re: Saving Lives through Lifejacket and Personal Flotation Device Legislation

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
From 2011-2015 there were 2,213 unintentional immersion deaths in Canada and in 2016 drowning was the fifth most common cause of death by unintentional injury (Canadian Red Cross Society, 2020). Twenty-four percent of drowning deaths in Canada from 2011-2017 occurred while boating (Lifesaving Society Canada, 2020).

The rate of emergency visits that resulted from a drowning or submersion injury related to watercraft in Sudbury & districts area was 3.2/100 000 per year compared to 2.8 in Northern Ontario and 1.5 in Ontario (2012-2021). Furthermore, from 2006-2015 the rate of death that resulted from a drowning or submersion injury related to watercraft in Sudbury & district was 0.4/100 000 per year compared to 0.7 in Northern Ontario and 0.2 in Ontario.

Most of these deaths are preventable with the wearing of lifejackets or personal floatation devices (PFD)[1]. While federal legislation exists requiring that lifejackets or PFDs be on board vessels, there are no legislative requirements for the wearing of a lifejacket or PFD while on a pleasure boat[2].

Recommended Action:
That the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

[1] There is an important difference between lifejackets and personal floatation device (PFD) (Canadian Safe Boating Council, 2019). A lifejacket is a floatation device with the highest level of protection available designed to turn a person in a face up position even when unconscious. They are red, yellow, or orange and have a reflective stripe to ensure maximum visibility in the water. A PFD is a more comfortable floatation device that is designed for constant and recreational wear, but they do not offer the same level of protection as lifejackets.
[2] Including human powered vessels such as canoes, kayaks, and paddle boards

Background:
Based on the most recent national data (2013-2017), 79% of all drowning victims were male, 26% of all drowning deaths occurred while swimming and 24% occurred while boating (Lifesaving Society Canada, 2020). More specifically 54% of boating related drownings happened on a powerboat.

- The most common behavioural risk factors associated with boating drownings were not wearing a lifejacket or PFD and the consumption of alcohol[3]. These risk factors were especially common among teenagers (15-19) and young adults (20-34) (Lifesaving Society Canada, 2016).
- In middle age and older adults, the most common factors in drowning incidents were not wearing a lifejacket or PFD[2] and being alone at the time of the incident.
- Of the nationally reported boating deaths, from 2013-2017, 79%[4] were not wearing a lifejacket or PFD, 35%[5] had consumed alcohol and 31% were alone at the time of the incident (Lifesaving Society Canada, 2020).
- In a 2016 report, the Lifesaving Society Canada found that of those who were known not to be wearing a PFD/lifejacket, at least 34% had a lifejacket present in the boat but were unable to put it on during the incident (Lifesaving Society Canada, 2016, p. 9).
- The ages with the highest rates of drownings are: 65+, 50-64 and 20-34 (1.7/100,000 per year, 1.4 and 1.3, respectively) (Lifesaving Society Canada, 2020).

Locally, there were 8 watercraft-related drowning deaths in Sudbury & districts in the ten-year period from 2006 to 2015[6,7]. Two of these incidents were in the period from 2011 to 2015. Additionally, there were 65 Sudbury & districts resident patients seen in emergency departments for care following watercraft-related near-drownings in the ten-year period between 2012 and 2021. Thirty of those emergency department visits happened between 2016 and 2020. Over the last 10 years of complete data (2012-2021) 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015).

Legislation has been successfully introduced in other jurisdictions to mandate lifejacket and PFD use while on a boat and save lives. In 2012, the state of Victoria, Australia, made wearing a PFD mandatory for all boaters in small recreational boats. In the years following the legislation there has been an increase from 22% to 63% in individuals wearing a PFD when on a boat and a decrease in boaters' death due drownings from 9.8 per year to 3.2 (Canadian Red Cross, 2016).

Currently the laws regulating watercrafts in Canada state that there must be a lifejacket or PFD on board for each person on the watercraft. However, the current laws do not require individuals to wear their lifejacket or PFD while on the watercraft. Bill 76, Lifejackets for Life Act, 2022 passed second reading on February 22, 2022, however, did not proceed before the calling of the 2022 provincial election. The proposed bill:

[3] Other substance use such as cannabis was not reported in any of the data used for this briefing note.
[4] Of cases where the presence of lifejackets or PFDs are known.
[5] Alcohol involvement is likely underestimated since some deaths had unreported alcohol involvement (Canadian Red Cross Society, 2020).
[6] Which represents the latest year of mortality data available
[7] There is no way to know whether lifejackets or PFDs were involved in the incidents.

Requires parents and guardians to ensure that their children who are 12 years of age or younger wear a personal flotation device or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

In Canada, boating under the influence of alcohol or drugs is illegal and enforceable under the *Criminal Code of Canada* (Transport Canada, 2019, p. 45). Legislation in Ontario prohibits the presence of alcohol or cannabis while a boat is underway, however alcohol may be present on a boat if it is sealed or is stored in a closed compartment (Cannabis Control Act, 2017; Liquor Licence and Control Act, 2019).

Several national and local agencies, such as the Canadian Red Cross and local law enforcement agencies, support a legislative versus voluntary approach to the wearing of lifejackets or PFDs while on a boat.

Financial Implications:
No funds are requested.

Ontario Public Health Standard:
Substance Use and Injury Prevention

Contact:
Laura Cousineau, Health Promoter, Health Promotion Division
Raymond Beaudry, Public Health Nurse, Health Promotion Division
Tracey Weatherbe, Manager, Health Promotion Division

References

Bill 76, *Lifejackets for Life Act*, 2022, 2nd Sess, 42nd Leg, Ontario, 2021 (second reading 22 February 2022). Retrieved from https://www.ola.org/en/legislative-business/bills/parliament-42/session-2/bill-76
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Ontario Ministry of Health. (n.d.). *IntelliHEALTH Ontario:Population Estimates.* Retrieved August 30, 2022.

SAVING LIVES THROUGH LIFEJACKET AND PERSONAL FLOTATION DEVICE LEGISLATION

MOTION:

WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and

WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and

WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and

WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;

AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHa), and all Ontario Boards of Health.

Briefing Note

To: René Lapierre, Chair, Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health/CEO

Date: September 8, 2022

Re: Public Health Sudbury & Districts Recovery Plan Progress Update: From Risk to Recovery

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☐ For Information ☐ For Discussion ☒ For a Decision

Issue: The Board of Health for Public Health Sudbury & Districts is responsible for a suite of public health programs and services as prescribed by the *Health Protection and Promotion Act* and, under the legal authority of the *Act*, as detailed in the Ontario Public Health Standards. As the Board is aware, many of its required programs and services were stopped or radically reduced while the agency responded locally to the global COVID-19 pandemic for over two years.

The agency's plan to get back on track was outlined in its Recovery Plan, *Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience,* ***approved by the Board in February 2022***.

Notwithstanding this plan, the Board faces the ongoing challenge of appropriately (re)allocating finite human and financial resources to balance the health risks associated with infection with the virus that causes COVID-19 with the health risks associated with the growing backlog of public health programs and services and unmet community needs.

It is recommended that the Board of Health reaffirm its commitment to addressing these priorities while proportionately investing in the agency's COVID-19 response. The appended report provides an update on progress to date on the priorities identified in the Recovery Plan.

Recommended Action: That the Board of Health pass the motion *Proportionate risk-based approach to balancing recovery priorities and ongoing COVID-19 response activities.*

Background: Public Health is committed to supporting the communities in our service area through increased opportunities for vaccination. Work to reduce the risk of COVID-19, however, must be balanced by our assessment of risks associated with ongoing reductions in other public health programs and services. These include for example, programs critical to health and safety (e.g., fixed premises inspections), programs funded separately and supporting vulnerable families (e.g., Healthy Babies Healthy Children services), or programs and services that are currently backlogged and meet a serious community need (e.g., routine child immunizations or harm reduction programming to reduce local

opioid poisoning rates). Instead, Public Health will aim to strike a balance between maintaining the quality and safety of our four community-focused recovery priorities for the health and well-being of our communities while ensuring a leadership role in COVID-19 vaccination opportunities this Fall.

Since the first case of COVID-19 infection was confirmed in March 2020, Public Health has provided leadership and essential services to manage the pandemic and guide communities to best protect themselves during an unprecedented and ever-changing crisis. Overall, COVID-19 response activities required a redirection of almost 80% of Public Health's resources including the redeployment of close to three-quarters of its staff. These extraordinary efforts required Public Health to stop or radically reduce many of its other critical public health programs and services resulting in a growing backlog of programs and services and unmet community needs.

In February 2022, the Board of Health for Public Health Sudbury & Districts approved the agency's Recovery Plan *Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience*, which signaled to the community its commitment to building back better. The Recovery Plan identified four community-focused recovery priorities: getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe spaces. Since the report's release, most Public Health staff have been repatriated back to their home teams, and time and resources have been dedicated to the planning and implementation of key initiatives to reduce the backlog of programs and services and meeting community needs within each recovery priority. Progress made in the first six months of implementation is outlined in Public Health's *Recovery Plan Progress Report: March to August 2022*. As highlighted in this report, great progress has been made on advancing the key initiatives within all four recovery priorities, but more needs to be done. Public Health remains dedicated to the ongoing work to advance the recovery priorities and to meeting the needs in the communities that we serve.

Concurrently, Public Health remains steadfast in continuing its support to the necessary COVID-19 response activities. In anticipation of increased risk of transmission of the virus that causes COVID-19 in Fall 2022, the provincial government has established vaccination targets for public health units in Ontario. As a result, Public Health has planned for a variety of COVID-19 vaccination clinics. Both baseline and contingency plans have been developed, and contingency plans are based on possible surge scenarios that meet the Ministry-provided targets while ensuring some flexibility in the event of the need to scale programs up or down based on new directives, community demand, or competing programming needs.

Public Health is the overall lead in the COVID-19 vaccination program but one of several partners involved in the administration of vaccines. Other vital partners include local primary care, pharmacies, hospitals, and First Nations. Contingency plans developed in response to possible surge scenarios also require increased participation of partners. However, this increased participation is likely not feasible given the unique challenges faced by some partners in the north, including our area. For example, some rural areas have fewer services or partners available to support local vaccination rollouts or lack pharmacies that administer vaccines altogether. These northern and rural realities pose difficulties in achieving the Ministry-provided targets.

Financial Implications:
Nil

Ontario Public Health Standard:
Foundational Standards: Health Equity, Effective Public Health Practice, Emergency Management

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

Contact:
Dr. Penny Sutcliffe, Medical Officer of Health/CEO

Public Health Sudbury & Districts Recovery Plan Progress Report: March – August 2022

September 2022

In March 2020, Public Health Sudbury & Districts (Public Health) confirmed its first case of COVID-19 infection in its service area. Since this time, Public Health has worked in partnership with many community agencies to protect health by reducing the transmission of the virus in the community and increase protection through immunization. This prolonged and intense focus on COVID-19 response efforts required the redeployment of approximately 75% of Public Health staff. As a result, Public Health accrued a growing backlog of non-COVID-19-related public health programs and services and unmet community needs. In response, Public Health created a Recovery Plan from the COVID-19 pandemic; a plan that would move Public Health and the communities that we serve from risk to recovery to resilience.

Public Health's Recovery Plan identified four overarching community-focused priorities. These recovery priorities include a focus on actions that will have the greatest impact for individuals and groups facing the highest disadvantage and fewest opportunities for health.

The four *community-focused recovery priorities* are:

- Getting children back on track
- Levelling up opportunities for health
- Fostering mental health gains
- Supporting safe spaces

Public Health also identified its *people and processes* as a critical internal recovery priority required to support staff to deliver on community-focused areas of recovery.

Public Health is making progress toward recovery. As work continues to shift from pandemic response to resuming critical programs and services, we are tracking achievements and monitoring outcomes. This report summarizes progress in the four *community-focused recovery priorities* as well as our internal *people and processes* priority. The aim is that together, action on these priorities will put us back on track to optimally support communities through the full scope of public health programs and services.

How this report is organized

This progress report is organized by Public Health's five recovery priorities: getting children back on track; levelling up opportunities for health; fostering mental health gains; supporting safe spaces; and people and processes. Within each **recovery priority**, Public Health's key **initiatives** are highlighted on the left-hand side and **progress to date** is summarized on the right-hand side.

Getting children back on track

Public Health Sudbury & Districts is getting children back on track. Initiating recovery planning for children and families has been a top priority. The pandemic resulted in a significant reduction of public health services and programming in communities and in schools. With concerted efforts, strong partnerships, and community readiness, gaps are being identified and filled, emerging needs are being addressed, and children, families, and communities are starting to recover.

Oral Health Program

Initiatives	Progress to date
Start to offer dental screenings again.	• 7 444 children have been screened.
Reassess dental program clients and ensure issues are addressed and cases are closed or referred.	• 112 children who were noted as at risk for higher rates of tooth decay have been reassessed to determine the status of outstanding dental care. • 496 case management files have been closed.
Promote *Healthy Smiles Ontario (HSO)* and encourage the resumption of dental checkups.	• Developed a multimedia plan, including print ads and posters, TV monitor ads, social media posts, correspondence with community partners, media releases, and local news broadcasts. • Implemented a summer screening program to provide free weekly dental screenings at Public Health offices and during community events in July and August.

Vaccine Preventable Diseases Program

Enter backlogged vaccination records.	• Approximately 2 000 entries have been completed.
Vaccinate overdue Grade 7 and 8 students.	• 2 572 vaccine doses were administered through co-administration at COVID-19 clinics, in-house clinic appointments, and school-based clinics in May and June. • 54% (927 of 1 723) of youth in grades 8 and 9 who were overdue for their meningococcal vaccination were vaccinated during the 2021-2022 school year.
Vaccinate overdue children under the *Child Care and Early Years Act (CCEYA)* and the *Immunization of School Pupils Act (ISPA)*.	• 4 532 catch-up vaccinations were administered in-house and through community clinics.
Engage with health care providers for vaccination catch-up.	• Three Advisory Alerts were issued to support vaccination efforts in March, May, and June on topics that included resumption of routine immunization services, updated eligibility criteria for two publicly funded vaccines, and updated guidance for routine immunization services during COVID-19.
Engage with school boards for vaccination catch-up.	• School boards were informed about community clinic opportunities for sharing with families. • Public Health delivered in-school clinics in May and June with support from school boards.
Develop and implement media campaign targeting those overdue for vaccination.	• Over 500 clients were contacted to book an appointment for their overdue vaccines. • Social media and the agency's website were used to encourage vaccination.

School Health

Offer professional development opportunities on the topics of resiliency, mental health promotion, substance use, and sexual health to staff in all local school boards and licensed child care centres.	• Brain Architecture presentations were delivered in August and continue in September.

Offer grade appropriate classroom chats in all school boards on resiliency, mental health promotion, substance use, and sexual health.	• Classroom chats on resiliency, mental health promotion, and sexual health were offered and delivered in Spring 2022.
Develop school community approach for *Reaching In Reaching Out (RIRO)/Bounce Back & Thrive (BBT)*.	• Offers were extended to all school boards and positive interest expressed; delivery is being planned.
Offer *RIRO* to all school staff and licensed child care centre staff.	• Offers were extended to school boards and licensed child care centres via the Early Years Planning Network; delivery is being planned.
Offer *BBT* to parents and guardians of children 0 to 8 years attending schools and early learning agencies.	• Offers were extended through school boards and the Early Years Planning Network; delivery is being planned.

Family Health

Address backlog in family health programming.	• All services have been re-established for over 200 active Healthy Babies Healthy Children clients, including services to six families that were on a waitlist.
Reinstate programming to address intensity of family needs in communities.	• *Bounce Back and Thrive* staff training has been completed. • A new hybrid model of the *Preparation for Parenting* program is being developed after partners identified this as a gap in the community. • *Positive Parenting* programming has been reinstated.
Address volume of phone calls from community members.	• Staff responded to 2 815 calls from the *Health Information Line* between January 2020 and June 2022. • The agency's website and parenting4me.com website are available to families.
Engage and consult with all local family health community partners and stakeholders to meet increased intensity of needs in the community.	• Family needs and service gaps were identified by Public Health and Parent Service Advisory Committee partners.

Public Health Sudbury & Districts is making significant progress supporting the recovery of children and families in our communities, but there is still more work to be done. With the resumption of school and in-person learning, programs and services for children will get back on track. New and pre-pandemic community supports for parents and caregivers will continue to be initiated and delivered. Partnerships in all sectors—municipal, education, health, and non-profit—will remain critical for maintaining the momentum of this recovery priority.

Levelling up opportunities for health

The pandemic negatively impacted priority populations. Work to level up opportunities for health is an important priority for Public Health Sudbury & Districts. Participation and inclusion from those most affected by the pandemic is an important part of recovery. Partners have been meeting, planning, and initiating programs and services to fill gaps, address emerging needs, and provide direct in-person supports exceeding pre-pandemic levels to catch up and recover.

Health and Racial Equity

Engage with marginalized groups and other priority populations (such as racialized groups) and partners who serve them across Sudbury and districts.	• Engaged with Black community leaders and associations to raise awareness about COVID-19 and discuss COVID-19 protective measures and vaccine opportunities. • Drafted an engagement plan to better understand experiences and priorities of Black communities. • Public Health and partners are working to identify health-related needs of newcomers. • Public Health, First Nations, and Urban Indigenous organizations are working to identify mutual recovery priorities. • Hosted meetings with the Greater Sudbury homelessness sector partners to identify how best to provide COVID-19 vaccinations to populations in need. • Resumed work to raise awareness about the experiences of the 2SLGBTQ+ community.

Develop an understanding of the impacts of the pandemic and the increased intensity of service needs compounded by the pandemic among marginalized groups.	• Indigenous partners validated and provided input about the agency's recovery priorities; partners are being engaged about needle exchange and harm reduction program agreements. • Public Health participated in a provincial research project about the impact of COVID-19 on queer people's health; results are forthcoming and will be used for planning.
Develop and disseminate media campaigns amplifying the voices of those with lived and living experiences of discrimination and racism and marginalized groups disproportionately affected by the pandemic.	• Showcased digital stories from Public Health research at the *Queer North Film Festival* in June about 2SLGBTQ+ community member experiences in Sudbury and districts. • Public Health and partners are in discussions about identifying opportunities for collaborative initiatives to raise awareness about racism and discrimination.
Implement allyship training for Public Health staff.	• Disseminated a survey to establish an agency-wide baseline of knowledge, comfort, experiences, and perceptions related to racial equity to help assess and guide agency practices and internal racial equity training, including the implementation of allyship training. • Developed an internal health equity knowledge exchange series highlighting racial equity, Indigenous engagement, anti-oppression, and anti-discrimination, to informally build agency capacity.
Implement food literacy initiatives targeting priority groups and informed by local partners and community members.	• Reengaged with the Greater Sudbury Food Policy Council and discussions are taking place about the development of a strategic plan. • Public Health participated in testing the validity and reliability of online food costing for monitoring food affordability in partnership with the Ontario Dietitians in Public Health (ODPH), report dissemination and presentations will follow. • A research project on social justice and food insecurity with the Northern Ontario Dietetic Internship Program is underway.

Municipal and Indigenous Leadership Engagement

Increase collaboration and engagement with municipal partners and collective contributions to community safety and well-being plans and associated recovery plans in all communities in Sudbury and districts, including First Nation partner participation.	• An engagement plan to facilitate and strengthen collaborations with municipal partners has been developed. • Development of a public health orientation for municipal partners is underway. • Public Health monitoring of local municipal activity related to recovery priorities is ongoing.
Increase understanding of unmet community needs resulting from the pandemic and subsequent development of plans and implementation of actions to address these needs.	• Impacts of the pandemic are being discussed with First Nation and Urban Indigenous partners.
Improve population health initiatives overall to address health of community members.	• Engagement with partners continues to advance equity, diversity and inclusion, anti-racism, and Indigenous reconciliation through initiatives such as Greater Sudbury's Compassionate City; Greater Sudbury's Local Immigration Partnership; the Northern Ontario School of Medicine's Indigenous Youth Vaccine Hesitancy project; and the COVID-19 vaccination program to build capacity within Indigenous and First Nations through ongoing engagement and training.

Levelling up opportunities for health is ongoing. Issues leading to inequitable opportunities for health are firmly rooted in our social and structural systems. There are no easy or quick solutions for recovery. They are longstanding issues that were exacerbated by the pandemic. Significant work on this priority has been completed, but more work needs to be done. Engagement at all levels and with multiple sectors will continue to be critical as planning evolves and words turn into actions. Persons with lived experience will be important partners to ensure programs and services are reaching and supporting those most impacted by the pandemic.

Fostering mental health gains

Public Health Sudbury & Districts recognizes the toll of the pandemic on mental health. Everyone has been affected either directly or indirectly. Recovery will take time, but it has started. Through planning and engagement with community partners and persons with lived experience, progress is being achieved.

Community Engagement

Re-engage local partners and local planning tables, and committees to determine priority mental health needs in Sudbury and districts and to develop action plans to address increasing needs due to the pandemic.	• **Local and provincial planning and knowledge sharing committees have resumed, including the System Priority Table (SPT), the Child and Youth Mental Health Planning Committee (CYMHPC), the Centre for Addiction and Mental Health (CAMH) Mental Health Promotion in Public Health Community of Practice, and the Suicide Safer Network (SSN).** • **Internal planning committees have resumed, including the Psychological Health Wellness Committee (PHWC) and the Public Mental Health (PMH) committee.**
Amplify the voices of people with lived and living experience with mental health and use to understand community needs resulting from the pandemic and empower them to share pandemic impacts with other service providers in the community.	• **In consultation with Northern Initiative for Social Action (NISA), the Empowerment Council concept—an organized forum for those with lived and living experience to effectively contribute to the development of community programming—built before the pandemic, is being revived and reviewed to better address the current capacity and climate of social services with support from people with lived experience.**
Strengthen community actions to create equitable access to spaces that are safe and inclusive for all residents including Indigenous and racialized individuals living with mental illness.	• **Work is ongoing towards the Suicide Safer Network (SSN), the Youth Hub, Indigenous engagement, racial equity, health equity, and empowerment initiative.**

Create meaningful relationships with Indigenous communities to assist with implementing recovery-related interventions and strategies for mental health and substance use.	• Planning for the allocation of needle kiosk bins and harm reduction supplies to communities. • Engagement with Indigenous partners about the needle expansion project is ongoing. • Indigenous communities in Chapleau are being engaged about initiating a community substance use survey.
Use population health data to fully understand the scope of local needs related to mental health and substance use.	• CAMH's Evidence Exchange Network (EENet) is being used to determine best practice interventions for mental health and substance use needs across the lifespan. • Ongoing review of reports from the National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI), and the Office of the Chief Coroner for Ontario, by Public Health staff.
Offer anti-stigma training related to mental health to staff and community partners.	• Resource development for the anti-stigma training for Public Health staff has been completed. • A comprehensive training plan is being drafted as part of mental health literacy programming.

Partner Engagement

Establish an external community of practice to support the development of strategies to address the impact of the pandemic on mental health and substance use amongst youth and young adults.	• Public Health staff have resumed participation with the CAMH Mental Health Promotion in Public Health Community of Practice.
Increase understanding of best practices to prevent and address children's mental health and substance use issues as a result of the pandemic.	• Public Health staff have resumed participation in the Child and Youth Mental Health Planning Committee (CYMHPC) meetings; discussion will help facilitate planning for issues resulting from the pandemic.
Provide support for the initiation of a local children's mental health Youth Hub.	• Public Health is supporting the development of a Youth Hub with a host of community partners.

Fostering mental health gains will take time and work will be ongoing. Progress is being achieved and next steps have been readied for action and implementation. Mental health is an identified priority for many sectors and agencies in Ontario including Ontario Health, social services, education, local municipal governments, etc. Collective action is critical as recovery in this priority area cannot be achieved in silos. Partners and stakeholders throughout Sudbury and districts are collectively working to support and enhance community mental health in the wake of the pandemic and Public Health is ready to support where we can.

Supporting safe spaces

The pandemic hindered access to public and communal spaces enjoyed for leisure and used for programs and services. Public Health Sudbury & Districts has an important role to support safe spaces throughout its service area. Much of this work is guided by public health legislation; however, locally work involves identifying community needs and working with partners to find local solutions. The pandemic exacerbated existing issues resulting in the need for creative recovery planning.

Fixed Premises Inspections

Resume inspection of food premise facilities in accordance with Ontario Public Health Standards (OPHS) frequency and timelines.	• 100% of all year-round high-risk premises inspected in the first third of the year; 55% completed in the second third. • 100% of the 570 year-round medium-risk premises inspected in the first half of the year; 7% of all 690 year-round and seasonal medium-risk premises completed so far in the second half. • Nearly half of the compliance inspections required for 516 low risk food premises are complete.
Resume inspection of personal service settings in accordance with OPHS frequency and timelines.	• Almost one third of all personal service settings have been inspected.

Resume inspection of recreational water facilities in accordance with OPHS frequency and timelines.	• 100% of the 42 public pools and spas have been inspected to date. • 11% of all Class C recreational water facilities (that is, low-risk splash pads) have been inspected.
Resume inspection of licensed child care settings as outlined in the OPHS (excluding food premises located within the facility).	• Approximately 90% of all licensed child care settings have been inspected to date.
Routine inspections of facilities for health hazards including but not limited to arenas, work camps in unorganized territories, migrant farm worker housing, recreational camps, funeral homes, and residential facilities.	• 100% of work camps, migrant farm worker housing, and recreational camps have been inspected.

Harm Reduction

Engage community partners in Sudbury and districts, including the Community Drug Strategy partners, to address the increase in opioid overdoses and deaths in the area during the pandemic. In addition, collaborate to establish supervised consumption and treatment services in Greater Sudbury and mobilize a partnership to explore service needs in the districts.	• A Supervised Consumption Site (SCS) is set to open in Greater Sudbury in September. • The Opioid Surveillance Dashboard for Greater Sudbury is updated monthly; the dashboard is continuously monitored, and Drug Warnings and Alerts are issued as needed. • District office staff are supporting the creation of an opioid poisoning response plan with partners. • Training and onboarding of organizations for the use of naloxone kits continues. • The Greater Sudbury Community Drug Strategy Steering Committee meets regularly.
Onboard additional partners for needle distribution to address increased intensity of need.	• Communication with partners across Sudbury and districts is ongoing about expanding the needle exchange program.

Complete an assessment and evaluation of best practices for public health prevention interventions to address the opioid crisis.	• Need and interest for a Community Drug Strategy in Chapleau is being explored. • Discussions are taking place with the Canadian Research Initiative Misuse (CRISM) Ontario Node about conducting an evaluation of Greater Sudbury's Supervised Consumption Site.
Develop and implement a media campaign to address opioid use, stigma, and services offered.	• A series of campaigns through a variety of media platforms is currently being developed to promote awareness of risk factors regarding substance use, harm reduction best practices, and stigma.

Sexual Health

Address needs of priority populations seeking sexual health services, including addressing the backlog of needs resulting from a reduction in services during the pandemic.	• Sexual health services have resumed for all populations. • Counselling appointments and treatment have also resumed. • New venues are being explored for the delivery of sexual health services. • Some sexual health services have resumed in Public Health's district offices.
Address backlog of sexually transmitted infections (STI) follow-ups.	• All STI follow-ups are up to date.
Ensure resources are in place to address increasing intensity of support needs of individuals experiencing bloodborne infections.	• Planning is underway for awareness campaigns and education and skill-building activities targeting youth, young adults, priority populations, and health care providers.

Recovery to support safe spaces has made tremendous strides forward, but this work is not finished. Public Health Sudbury & Districts continues to meet with partners and implement new and creative delivery models emerging from the pandemic, such as combining in-person and virtual service options for clients.

People and processes

People and processes refers to the important functions related to policies, procedures, human resources, and staff development. Administrative responsibilities were not immune to the effects of the pandemic. Backlog accumulated as public health resources were divested to pandemic response efforts. Recovery catch-up work is being undertaken.

Address staff recovery, including staff mental health, corporate culture, and change management.	• Public Health Sudbury & Districts' Psychological Health and Wellness (PHWC) committee validated a five-year workplan, reviewed priorities from the 2019 visioning session, and developed a plan to address identified backlog; the committee is meeting regularly. • Mental health related internal communications (Insight posts) are issued weekly, and virtual breaks are scheduled weekly. • The Public Health High Five campaign was refreshed. • A request for proposal was issued for external services to support staff mental health and resiliency. The successful proponent has been identified and planning for delivery of services is underway. • Management training on Building a Healthy Culture was offered. • The Hybrid Work Project Team hosted staff drop-in sessions to support preparedness for changes to the new future state. Staff continue to use the online Staff Discussion Board for questions about work arrangements, and updates on key projects are communicated via email. • A Quality & Monitoring Specialist and Health Promotion Worker were hired to support recovery.
Address the backlog of human resource legislative and policy requirements.	• Updates to policies and procedures in the General Administrative Manual are ongoing and progressing. These include requirements for staff immunizations and hybrid work. • Actions to update the workplace violence and harassment policy and prevention program continue as required by the Ministry of Labour.

Address the backlog with asset management system, software upgrades, security training and compliance, and records management.	- **Activities to support the repatriation of Public Health staff back to the Paris Street location are underway.** - **Policy and procedure for security training is completed.**

The COVID-19 pandemic has taken a toll on Public Health capacity. As we move forward, Public Health will continue to invest in the mental health and resiliency of its people. We will also continue to update our processes to ensure we are a system ready to handle future public health emergencies.

Conclusion

Public Health Sudbury & Districts is working toward addressing the impacts of the pandemic on communities and its workforce. Our initial work is focused on priorities that have emerged from the pandemic—all with a view to resuming the full scope of public health programs and services. We undertake this work while continuing our pandemic response as required by current circumstances. This Progress Report highlights achievements and emphasizes the tremendous support received from partners on this journey towards recovery. Throughout the remaining months of 2022, the list of accomplishments will continue to grow, and our communities will continue to benefit. The next Progress Report is anticipated in early 2023.

PROPORTIONATE RISK-BASED APPROACH TO BALANCING RECOVERY PRIORITIES AND ONGOING COVID-19 RESPONSE ACTIVITIES

MOTION:

WHEREAS the initial response in the first two years of the COVID-19 pandemic required Public Health Sudbury & Districts (Public Health) to stop or radically reduce many of its public health programs and services, resulting in a growing backlog of public health programs and services and unmet needs in the communities served by the Board; and

WHEREAS in February 2022, the Board of Health approved Public Health's plan to get back on track by addressing the recovery priorities outlined in its Recovery Plan, *Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience*; and

WHEREAS as demonstrated through Public Health's *Recovery Plan Progress Report: March to August 2022*, progress to advance our identified recovery priorities through key initiatives has been made, however, additional backlogs and unmet community needs remain; and

WHEREAS the Board of Health faces the challenge of appropriately (re)allocating finite human and financial resources to balance the health risks associated with the ongoing pandemic with the health risks associated with the growing backlog of public health programs and services and unmet community needs; and

WHEREAS the COVID-19 vaccine surge scenarios provided by the provincial government for fall planning purposes will require significant increases to local vaccination capacity; and

WHEREAS without substantial increases in local vaccination capacity of other providers (e.g., pharmacy, primary care, acute care), Public Health staff will again need to be redeployed in large numbers to meet the fall vaccine surge scenario, stalling our work on the community-focused recovery priorities and our ability to mitigate non-COVID-19 health risks;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts reaffirm its commitment to using a risk-based approach to ensure a proportionate response to COVID-19 while balancing its response to the recovery priorities outlined in its Recovery Plan.

ADDENDUM

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

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

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____________