BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

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AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, April 16, 2020, 6:30 p.m.
Webinar

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Ms. Tino Kasi
Ms. Arielle Kayabaga
Mr. Ian Peer
Mr. Bob Parker
Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: February 27, 2020 – Board of Health meeting
March 26, 2020 – Board of Health meeting

Receive: February 27, 2020 - Governance Committee Meeting
March 5, 2020 – Finance & Facilities Committee Meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	x	x	x	Finance & Facilities Committee Meeting Update: March 5, 2020 (Report No. 015-20)	March 5, 2020 Agenda Minutes	To provide an update on the March 5, 2020 Finance & Facilities Committee meetings. Lead: Kelly Elliott, Chair, Finance & Facilities Committee
2	x	x	x	Relocation Advisory Committee Meeting Update (Verbal)	April 16, 2020 Agenda	To provide a verbal update on the April 16, 2020 Relocation Advisory Committee meeting. Lead: Ian Peer, Chair, Relocaiton Advisory Committee
3			x	Further Adjustments to Health Unit Services During Pandemic (Report No. 016-20)		To provide an update of the required changes to service delivery during this pandemic. Lead: Christopher Mackie, Medical Officer of Health and CEO
4			x	Ontario Poverty Reduction Strategy Consultation (Report No. 017-20)	Appendix A	To provide information on the Health Unit's response to the Ontario Poverty Reduction Strategy Consultation. Lead: Heather Lokko, Director, Healthy Start, and Maureen Rowlands, Director, Healthy Living
5			x	Public Health Inspector Enforcement Actions and Inspection Activities – Q4 and 2019 Summary (Report No. 018-20)		To provide an update on Public Health Inspector enforcement actions for 2019. Lead: Stephen Turner, Director, Environmental Health and Infectious Diseases
6		x	x	Association of Local Public Health Agencies (alPHa) Resolution: Regulatory Measures to Address The Harms, The Availability And Youth Appeal of Vapour Products (Report No. 021-20)	Appendix A	To provide an update on the alPHa resolution "Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products Through Regulations"; receive direction to endorse and submit the resolution document to alPHa, asking Health Canada and the Ontario Ministy

						of Health to enact policy measures that mitigate youth access and appeal of vaping products. Lead: Maureen Rowlands, Director Healthy Living Division
7			**x**	Medical Officer of Health / CEO Activity Report for March (Report No. 019-20)		To provide an update on the Medical Officer of Health/CEO activities for March. Lead: Dr. Chris Mackie, Medical Officer of Health/CEO
8			**x**	Medical Officer of Health / CEO Activity Report for April (Report No. 020-20)		To provide an update on the Medical Officer of Health/CEO activities for April. Lead: Dr. Chris Mackie, Medical Officer of Health/CEO
9			**x**	Verbal Update: COVID-19		To provide an update on COVID-19. Lead: Dr. Alex Summers, Associate Medical Officer of Health
Correspondence						
10			**x**	March and April 2020 Correspondence		To receive correspondence items a) though s).

OTHER BUSINESS

- Next Board of Health Meeting: May 21, 2020

CONFIDENTIAL

The Relocation Advisory Committee will move in-camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, February 27, 2020, 7:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance (recessed door)
MLHU Boardroom

MEMBERS PRESENT:
Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Dr. Michael Clarke
Ms. Arielle Kayabaga (via teleconference)
Mr. Ian Peer
Mr. Bob Parker
Mr. Matt Reid

REGRETS:
Ms. Tino Kasi
Ms. Kelly Elliott

OTHERS PRESENT:
Dr. Christopher Mackie, Medical Officer of Health/CEO (Secretary-Treasurer)
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Mr. Dan Flaherty, Manager, Communications
Ms. Heather Lokko, Director, Healthy Start
Mr. Alex Tyml, Online Communications Coordinator
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Mr. Brian Glasspoole, Manager, Finance
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Cynthia Bos, Manager, Human Resources
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance
Ms. Brooke Clark, Community Health Nursing Specialist
Ms. Michelle Sangster Bouck, Program Evaluator
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Ms. Suzanne Vandervoort, Manager, Best Beginnings
Ms. Isabel Resendes, Manager, Best Beginnings
Ms. Mary Lou Albanese, Manager, Infectious Disease Control
Mr. Jordan Banninga, Manger, Program Planning and Evaluation
Mr. Andrew Powell, Manager, Safe Water Rabies and Vector-Borne Disease

Chair Cassidy called the meeting to order at 7:00 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Cassidy inquired if there were any disclosures of conflicts of interest. None were declared.

Chair Cassidy noted that it was Dr. Michael Clarke's last meeting. Dr. Mackie thanked Dr. Clarke for his wisdom, insight, and leadership, and Chair Cassidy provided remarks on Dr. Clarke's contributions to the Board of Health over the past three years.

APPROVAL OF AGENDA

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the **AGENDA** for the February 27, 2020 Board of Health meeting be approved.*

Carried

MINUTES

It was moved by Mr. Peer, seconded by Mr. Parker, *that the **MINUTES** of the January 23, 2020 Board of Health meeting be approved.*

Carried

REPORTS AND AGENDA ITEMS

Finance & Facilities Committee Meeting Update: February 6 and 13, 2020 (Report No. 005-20A & 005-20B)

Ms. DeViet introduced the reports reviewed at the February 6 and February 13 Finance & Facilities Committee meetings.

2020 Terms of Reference and Annual Reporting Calendar (Report No. 001-20FFC)
The Finance & Facilities Committee approved its Terms of Reference and Reporting Calendar for 2020.

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the Board of Health approve Report No. 001-20FFC re: "Finance & Facilities Committee – Terms of Reference and 2020 Reporting Calendar."*

Carried

Staff Reimbursement – Mileage (Report No. 003-20FFC)

It was moved by Ms. DeViet, seconded by Mr. Reid, *that the Board of Health approve increases to employee mileage reimbursement rates, effective January 1, 2020, to $0.55/km for the first 5,000 km and $0.50/km thereafter.*

Carried

Annual Service Plan (Report No. 002-20FFC)

It was moved by Ms. DeViet, seconded by Mr. Parker, *that the Board of Health:*

1. *Approve the 2020 Proposed Budget in the gross amount of $35,309,015, as appended to Report No. 002-20FFC re: "2020 Proposed Budget";*
2. *Forward Report No. 002-20FFC to the City of London and the County of Middlesex for information; and*
3. *Direct staff to submit the 2020 Proposed Budget to the Health Unit's funding agencies in the formats they require.*

Carried

One-Time Funding Requests to the Ministry of Health (Report No. 007-20FFC)

It was moved by Ms. DeViet, seconded by Mr. Reid, *that the Board of Health:*

1. *Approve Appendix A, outlining One-Time Funding Requests totalling $531,055; and*
2. *Direct staff to submit the funding requests in the 2020 Annual Service Plan to the Ministry.*

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Carried

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Governance Committee Meeting Update: February 27, 2020 (Verbal)

Ms. DeViet, Chair of the Governance Committee, provided an update on reports reviewed at the Governance Committee meeting earlier this evening.

Q4 2019 Activity Report – Strategic Plan Update (Report No. 001-20GC)
The Governance Committee received this report for information.

Terms of Reference and Reporting Calendar (Report No. 002-20GC)

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the Board of Health:*
1) *Approve the Governance Committee Terms of Reference (Appendix A); and*
2) *Approve the 2020 Governance Committee Reporting Calendar (Appendix B).*

Carried

Governance By-Law and Policy Review (Report No. 003-20GC)

It was moved by Ms. Elliott, seconded by Ms. Kayabaga, *that the Board of Health:*
1) *Receive Report No. 003-20GC re: "Governance By-Law and Policy Review" for information; and*
2) *Approve the governance by-laws and policies as appended to this report.*

Carried

Board of Health Self-Assessment (Report No. 004-20GC)

It was moved by Ms. DeViet, seconded by Mr. Parker, *that the Board of Health approve the Board of Health Self-Assessment Tool appended to this report and approve initiation of the Board of Health self-assessment process for 2020.*

Carried

Annual Privacy Program Update (Report No. 005-20GC)
The Governance Committee received this report for information.

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the Board of Health receive the **MINUTES** of the February 6, 2020 Finance & Facilities Committee meeting.*

Carried

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the Board of Health receive the **MINUTES** of the February 13, 2020 Finance & Facilities Committee meeting.*

Carried

Public Health Modernization – Board of Health Submission (Report No. 006-20)

Dr. Mackie introduced Dr. Summers and Mr. Banninga, who took the lead on drafting the Health Unit's Public Health Modernization submission.

Dr. Summers provided context for this report and thanked the Board of Health and Health Unit staff for their contributions and feedback, which helped to inform the recommendations to be sent to the Province as part of MLHU's Public Health Modernization submission. Dr. Summers also acknowledged Mr. Banninga for his efforts in putting this report together.

Mr. Parker noted one small grammatical error and was advised to follow up with Dr. Summers.

Discussion ensued on the following items:

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- The proposed size of regional jurisdictions, should the provincial government move forward with amalgamations following the consultations with public health units.
- How to frame the issue of jurisdictional direction in the Health Unit's Public Health Modernization submission.
- Board members' experiences at the consultation session, led by Jim Pine, in London.

It was moved by Dr. Clarke, seconded by Ms. DeViet, *that the Board of Health:*

1) *Receive Report No. 006-20 re: "Public Health Modernization – Board of Health Submission" for information;*
2) *Review and approve Appendix A: "Public Health Modernization – Recommendations of the Middlesex-London Health Unit"; and*
3) *Direct staff to forward the submission in the various formats available to the Ministry of Health.*

Carried

Service-Seeking Client Experience Survey Results (Report No. 007-20)

Ms. Lokko introduced the report and provided context. She then introduced Ms. Brooke Clark and Ms. Michelle Sangster Bouck, who shared the results from Phase 1 of the client experience survey.

Discussion ensued on the following items:

- The positive personal interactions reported to have occurred between staff and clients.
- Whether or not this survey required ethics clearance or approval.
- The different between research and program evaluation projects with regard to ethics requirements.
- Formalizing this process so that results can be published once the final phases of the survey are complete.

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the Board of Health receive Report No. 007-20 re: "Service-Seeking Client Experience Survey Results" for information.*

Carried

Initial Results of Modification of Eligibility Criteria for the Healthy Babies Healthy Children (HBHC) Program (Report No. 008-20)

Ms. Resendes and Ms. Vandervoort introduced the report and provided context.

Discussion ensued on the following items:

- Ensuring that modification of eligibility criteria has no negative impacts on clients, since this is looking at exclusionary versus inclusionary criteria.
- Clarification of the colour coding used on the screening tool.
- Who performs the screening and how is the client identified in the hospital.

It was moved by Ms. DeViet, seconded by Mr. Reid, *that the Board of Health:*

1) *Receive Report No. 008-20 re: "Initial Results of Modification of Eligibility Criteria for the Healthy Babies Healthy Children (HBHC) Program" for information;*
2) *Endorse continuing with the current modified eligibility criteria for the HBHC Program for six months to gather additional data and explore the suitability of further modification; and*
3) *Endorse communication with the Ministry of Children, Community and Social Services regarding the intent to modify eligibility criteria for the Healthy Babies Healthy Children program for six months.*

Carried

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Vector-Borne Disease Program: Summary Report (Report No. 009-20)

Mr. Stephen Turner introduced the report. Mr. Andrew Powell provided context and answered questions regarding the expanded Lyme disease risk area around Komoka.

Discussion ensued on the following items:

- Actions that could be taken to reduce tick populations and provide a buffer between tick habitats and human activity.
- How the Health Unit can share this information most effectively with residents and County staff.
- What the identification of a risk area means in terms of raising awareness, both with residents and local healthcare providers.
- How the Health Unit will work with local healthcare providers to provide information relating to testing, case definitions, and educational opportunities, such as hosting another Lyme disease webinar for healthcare providers to help raise awareness of case definitions and about signs and symptoms in patients.

It was moved by Mr. Parker, seconded by Mr. Peer, *that the Board of Health receive Report No. 009-20 re: "Vector-Borne Disease Program: Summary Report" for information.*

Carried

Laptop Purchases – Contract Award (Report No. 013-20)

Mr. Joe Belancic introduced the report and provided context. He reviewed the list of computer devices in need of replacement at MLHU.

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the Board of Health:*

1) *Receive Report No. 013-20 re: "Laptop Purchases – Contract Award" for information; and*
2) *Approve entering into a contractual agreement with Insight Canada for the purchase of laptop computers.*

Carried

Critical Injury Investigation Results and Follow-Up (Report No. 010-20)

Ms. Cynthia Bos introduced the report and provided context. She presented an overview of the Health Unit's investigation into a recent employee injury.

Dr. Mackie thanked Ms. Bos and the Occupational Health and Safety team and committee for their diligent work, which resulted in no issues being identified or orders issued following a recent visit by the Ministry of Labour.

It was moved by Mr. Peer, seconded by Mr. Brennan, *that the Board of Health receive Report No. 010-20 re: "Critical Injury Investigation Results and Follow-Up" for information.*

Carried

Summary Information Report – February 2020 (Report No. 011-20)

Dr. Mackie provided context for the report.

It was moved by Ms. DeViet, seconded by Mr. Parker, *that the Board of Health receive Report No. 011-20 re: "Summary Information Report – February 2020" for information.*

Carried

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Medical Officer of Health / Chief Executive Officer Activity Report for February (Report No. 012-20)

Dr. Mackie provided context for this report and drew members' attentions to the report's Appendix. Dr. Mackie advised that he participated in the launch of a ULab connected with the Presencing Institute of the Sloan School of Management at MIT, which is a group he was asked to join recently, to work towards the UN Sustainable Development Goals in London, Ontario. Dr. Mackie pointed out that the sustainable development goals outlined in the Appendix may help to guide Board and Health Unit personnel as we consider the strategic planning framework, which we aim to begin looking at this spring.

Discussion ensued on the following items:

- Sustainable development goals at the provincial and national levels, and progress reporting for 2030.
- That it would be great to share work on these sustainable development goals with Ottawa.

It was moved by Mr. Parker, seconded by Mr. Peer, *that the Board of Health receive Report No. 012-20 re: "Medical Officer of Health/Chief Executive Officer Activity Report for February" for information.*

Carried

<u>Verbal Update – Coronavirus</u>

Dr. Summers provided an update on 2019 novel coronavirus and observed that it is now referred to as COVID-19. He also noted the expanded list of countries affected by COVID-19 and the updated case definitions, all of which have been updated on the Health Unit's website. Dr. Summers reviewed the local response at this time, noting that the risk to residents of London and Middlesex remains low and that the main burden of illness remains higher for seasonal influenza at this time. He reviewed the current number of cases at the national, provincial, and local levels, and noted that internally, the Health Unit's Incident Management System remains activated to manage ongoing operational needs and to monitor COVID-19 in the community. The Health Unit is currently working on this issue with community, hospital, and healthcare providers.

Discussion ensued on the following items:

- The propagation of fake news and the importance of providing the public with authoritative, validated, consumable information on COVID-19.
- That the Health Unit is continuing to update its website and provide up-to-date information as it becomes available.
- Comparison of coronavirus to the common cold or influenza, and whether or not there is any value in making such comparisons.
- Characteristics and parameters for evaluating how infectious an infectious disease is.
- How the virulence of a disease can help to determine the scale of the response required—challenging to determine when a virus is new and its virulence unknown.

It was moved by Dr. Clarke, seconded by Mr. Reid, *that the Board of Health receive the verbal update from Dr. Summers on coronavirus.*

Carried

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CORRESPONDENCE

It was moved by Mr. Reid, seconded by Mr. Peer, *that the Board of Health receive items a) through p).*

Carried

Dr. Mackie provided context for item q), noting that the Health Unit is eager to bring this motion forward to the Board so that it may be brought to the Association of Local Public Health Agencies (alPHa) annual general meeting in June. He added that it is important that government understand the consequences that may result from dramatic changes to public health budgets and how this can affect the health of our communities.

Discussion ensued on the future of public health funding and systems, both federally and provincially.

It was moved by Dr. Clarke, seconded by Mr. Reid, *that the Board of Health endorse item q) re: Sufficient Public Health Funding (resolution to be submitted to the Association of Local Public Health Agencies annual general meeting in June*).

Carried

OTHER BUSINESS

Annual Confidentiality Attestation and Conflicts of Interest Declaration

Dr. Mackie introduced Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance, and asked each Board member to sign the confidentiality attestation and conflicts of interest declaration with which they were provided this evening.

UPCOMING MEETINGS

- Next Finance & Facilities Committee meeting: March 5, 2020 @ 9:00 a.m.
- Next Relocation Advisory Committee meeting: March 19, 2020 @ 6:00 p.m.
- Next Board of Health meeting: March 19, 2020 @ 7:00 p.m.
- Next Governance Committee meeting: June 18, 2020 @ 6:00 p.m.

CONFIDENTIAL

At 8:18 p.m., it was moved by Ms. DeViet, seconded by Mr. Brennan, *that the Board of Health move in-camera to consider matters regarding identifiable individuals, litigation or potential litigation, including matters before administrative tribunals, affecting the Middlesex-London Health Unit, a trade secret or financial information, supplied in confidence to the local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons, or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value, to approve the confidential minutes of the January 23, 2020 Board of Health meeting, and to receive the minutes of the February 6, 2020 Finance & Facilities Committee meeting.*

Carried

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At 9:18 p.m., it was moved by Mr. Reid, seconded by Mr. Peer, *that the Board of Health rise and return to public session.*

Carried

At 9:18 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 9:19 p.m., it was moved by Mr. Reid, seconded by Mr. Peer, *that the meeting be adjourned.*

Carried

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MAUREEN CASSIDY
Chair

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CHRISTOPHER MACKIE
Secretary-Treasurer

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PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, March 26, 2020, 6:00 p.m.

Access the webcast by following this link: https://www.healthunit.com/live-streaming

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MEMBERS PRESENT: (via teleconference)	Ms. Maureen Cassidy (Chair) Ms. Aina DeViet (Vice-Chair) Mr. John Brennan Ms. Kelly Elliott Ms. Tino Kasi Mr. Bob Parker Mr. Ian Peer Mr. Matt Reid
REGRETS:	Ms. Arielle Kayabaga
OTHERS PRESENT: (via teleconference)	Dr. Christopher Mackie, Medical Officer of Health/CEO (Secretary Treasurer) Ms. Lynn Guy, Executive Assistant (Recorder) Mr. Dan Flaherty, Manager, Communications Mr. Alex Tyml, Online Communications Coordinator Dr. Alexander Summers, Associate Medical Officer of Health Ms. Laura Di Cesare, Director, Healthy Organization Ms. Heather Lokko, Director, Healthy Start Ms. Maureen Rowlands, Director, Healthy Living Mr. Stephen Turner, Director, Environmental Health and Infectious Disease

Chair Cassidy called the meeting to order at 6:00 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Cassidy inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Ms. De Viet, seconded by Mr. Reid, *that the **AGENDA** for the March 26, 2020 Board of Health meeting be approved.*

Carried

BUSINESS

VERBAL UPDATES:

1. COVID-19

a. Prioritizing of programs and redeployment of MLHU Staff

Dr. Mackie was first to talk to this update.

He noted that in the last 3 weeks, cases have increased considerably. Recognizing that all programs and services are important and essential, the Health Unit needed to look at how to reorganize and reprioritize the work, as well as redeploy staff.

The work that needs to continue but with some modifications includes:

- Rabies work – Investigations
- Reportable diseases and case management
- Inspections – including migrant farm locations, scale to what businesses are open
- Tobacco enforcement
- High risk home visits
- Quit clinic
- Prep Clinic – specialized clinic
- Dental - clinical emergency service for children
- Travel clinic – by appointment
- birth control – by appointment
- STI Clinic – by appointment
- TB treatment – by video

Dr. Summers provided an update on the IMS structure, which is a substantive reorganization of Health Unit staff to allow staff to better respond to the work around COVID-19 and the 20 local cases that have been reported. The Health Unit has moved to a 7 day a week structure to focus on the COVID-19 response.

The IMS structure consists of the following 7 main lead sections:

Incident Command – Dr. Alex Summers
Planning – Ms. Alison Locker
Operations – Ms. Mary Lou Albanese
Logistics – Ms. Nicole Gauthier
Communications – Mr. Dan Flaherty
Liaison – Mr. Steve Turner
Safety – Ms. Lilka Young

Dr. Summers provided additional details in respect to the breakdown of each section and the work that is done within those sections. He also noted that the staff within the IMS structure have changed to better meet needs throughout the teams.

Some staff have moved to shift work and additional managers were required to manage these new shifts.

Discussion ensued in regard to the following:

How are staff coping? – There has been mixed reaction. Change is difficult, and while there have been feelings of frustration, dealing with unreasonable expectations in the community, screening procedures, personal proactive equipment requirements, redeployment, most staff are engaged in meaningful work, focused on task, and working hard. Many staff are working remotely.

Has MLHU completely moved to Citi Plaza? – Yes, the Health Unit has moved. The clinics are closed this week to set up. Everything is coming along really well.

How are staff coping with stress and is there a way to check in to see how they're doing? – There are many opportunities for staff to check in, and for managers to reach out to staff. Concerns that are brought

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forward are dealt with in a timely manner. Staff who are working primarily on-site can easily check in with Managers and other staff, redeployed staff have many opportunities as well. Some staff have expressed a feeling of positive connection and unity within the Health Unit and hope that it will continue after COVID-19 is resolved.

b. Progress on the Local Response

Dr. Summers noted that as of today there are 20 confirmed cases. Not all were travel related.

Within the Health Unit, active screening has begun as has a review of health and safety needs for staff.

To stop the spread in the community, public health interventions have been begun, such as school closings, restaurant closings, play grounds etc.
Social media, local partners have played an instrumental role.
Health Unit staff are providing aggressive case and contact management for each COVID-19 case.

In partnerships with hospitals, 2 assessment centres have opened. One is located at Oakridge Arena and the other is at Carling Heights.
More testing swabs have been obtained so more testing is occurring and new testing sites have opened.

Dr. Summers advised that over the next little while it will be important to continue – physical distancing, aggressive case and contact management and closely look at how things are trending.

Discussion ensured in regard to the following:

It is too soon to tell how long this will last but physical distancing is helping.

If people continue to take this seriously, this area could see cresting in the next few weeks.

Now that more testing equipment has been found, the assessment centre can test and have identified positive cases.

Dr. Mackie noted that interesting opportunities have been developing through electronic systems. One such system was developed by Health Unit staff for case and contact management. It is now being used at other health units and will soon be offered to others.

The Health Unit is also working with partners on a provincial resource to monitor returning travelers on a daily basis. This could include approximately 13,000 people. The use of a robo-call system is being investigated to assist with daily contact required for the returning travelers. To assist with COVID-19 work, Western University has offered the use of 3rd and 4th year medical students.

For Primary Care Physicians – The Input Health System in SW Ontario allows real time quick glance at how to manage patients and can be updated in real time. The Ontario Health Team is leading and has asked MLHU to assist with the tool.

Dr. Mackie noted that having better information from border agents would help. Having a list of returning travelers would be good so that public health could begin follow-ups as soon as possible.
Dr. Summers reiterated that internal capacity has been found through the reorganization and streamlining of services.

Chair Cassidy stated that to say staff have risen to the occasion is an understatement. She asked that Dr. Mackie and Dr. Summers thank staff.

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It was moved by Mr. Peer, seconded by Ms. Elliott, *that the Board of Health receive the verbal updates from Dr. Mackie and Dr. Summers on COVID-19 for information.*

Carried

CONFIDENTIAL

At 6:48 p.m., it was moved by Ms. DeViet, seconded by Mr. Reid, *that the Board of Health move in-camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.*

Carried

At 6:57 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 6:57 p.m., it was moved by Mr. Reid, seconded by Mr. Parker, *that the meeting be adjourned.*

Carried

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MAUREEN CASSIDY	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

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PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
GOVERNANCE COMMITTEE

Thursday, February 27, 2019, 6:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance (recessed door)
MLHU Boardroom

MEMBERS PRESENT:	Ms. Aina DeViet (Committee Chair) Ms. Maureen Cassidy Mr. Ian Peer Mr. Bob Parker
REGRETS:	Ms. Arielle Kayabaga
OTHERS PRESENT:	Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder) Dr. Chris Mackie, Medical Officer of Health/CEO Dr. Alex Summers, Associate Medical Officer of Health Mr. Brian Glasspoole, Manager, Finance Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance Ms. Kendra Ramer, Manager, Strategic Projects Ms. Cynthia Bos, Manager, Human Resources Ms. Heather Lokko, Director, Healthy Start

Dr. Mackie called the meeting to order at 6:02 p.m.

ELECTION OF CHAIR, GOVERNANCE COMMITTEE

Dr. Mackie invited nominations for Chair of the Governance Committee for 2020.

Ms. Cassidy nominated Ms. DeViet. Ms. DeViet accepted the nomination.

Dr. Mackie invited nominations three more times. None were heard.

It was moved by Ms. Cassidy, seconded by Mr. Parker, *that Ms. Aina DeViet be named Chair of the Governance Committee for 2020 by acclaimed vote*.

Carried

DISCLOSURE OF CONFLICT OF INTEREST

Chair DeViet inquired if there were disclosures of conflicts of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the* ***AGENDA*** *for the February 27, 2020 Governance Committee meeting be approved*.

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the* ***MINUTES*** *of the November 21, 2019 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Q4 2019 Activity Report – Strategic Plan Update (Report No. 001-20GC)

Dr. Mackie introduced the report. Ms. Ramer answered questions.

Committee members commended Health Unit staff for keeping projects on track in the midst of a very busy time of year, and for their efforts during MLHU's move to Citi Plaza.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Governance Committee receive Report No. 001-20GC re: "Q4 2019 Activity Report – Strategic Plan Update" for information.*

Carried

Terms of Reference and Reporting Calendar (Report No. 002-20GC)

Dr. Mackie introduced the report and noted that the Finance & Facilities Committee Terms of Reference would be coming forward later this evening as part of the FFC meeting update.

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Governance Committee:*

1) *Receive Report No. 002-20GC re: "Governance Committee Terms of Reference and Reporting Calendar";*
2) *Recommend that the Board of Health approve the Governance Committee Terms of Reference (Appendix A); and*
3) *Recommend that the Board of Health approve the 2020 Governance Committee Reporting Calendar (Appendix B).*

Carried

Governance By-Law and Policy Review (Report No. 003-20GC)

Dr. Mackie directed members' attentions to Appendix A, which details the recommended changes to the four policies before the committee this evening.

Dr. Mackie thanked Ms. Gauthier for her tremendous work and effort in reviewing the Governance Policies and providing a summary of the changes proposed.

The following by-laws/policies (see Appendix B) were reviewed by the Governance Committee:

- G-030 MOH/CEO Position Description
- G-290 Standing and Ad Hoc Committees
- G-380 Conflicts of Interest and Declaration
- G-B30 By-law No. 3 – Proceedings of the Board of Health

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Governance Committee:*

1) *Receive Report No. 003-20GC re: "Governance By-Law and Policy Review" for information; and*
2) *Approve the governance by-laws and policies as appended to this report.*

Carried

Board of Health Self-Assessment (Report No. 004-20GC)

Dr. Mackie introduced the report. He added that Health Unit staff members value the Board's input through the self-assessment process, and appreciate detailed feedback to help them continue to move work forward. Therefore, they are hopeful for a good rate of participation on this year's survey.

Discussion ensued on the following items:

- The self-assessment process, and the types of questions that will be included.
- That the self-assessment will again be shared electronically this year.

DRAFT

It was moved by Mr. Parker, seconded by Mr. Peer, *that the Governance Committee:*

1) *Receive Report No. 004-20GC re: "Board of Health Self-Assessment"; and*
2) *Recommend that the Board of Health approve the Board of Health Self-Assessment Tool appended to this report and approve initiation of the Board of Health self-assessment process for 2020.*

Carried

Annual Privacy Program Update (Report No. 005-20GC)

Dr. Mackie introduced the report and provided context. He directed questions to Ms. Gauthier.

Discussion ensued on the following items:

- That MLHU does not experience many privacy breaches relative to the high number of contacts to which staff have access.
- That the report was commendably thorough.

It was moved by Ms. Cassidy, seconded by Mr. Parker, *that the Governance Committee receive Report No. 005-20GC re: "Annual Privacy Program Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee will be on Thursday, June 18, 2020, at 6:00 p.m.

Ms. DeViet noted that she will not be able to attend the next meeting.

Dr. Mackie provided an update on the strategic planning process, which staff will begin thinking about in the coming months, and discussed some early ideas around framework. This information will come as an update to the Governance Committee meeting at the June meeting.

ADJOURNMENT

At 6:18 p.m., it was moved by Ms. Cassidy, seconded by Mr. Parker, *that the meeting be adjourned.*

Carried

________________________________	________________________________
AINA DEVIET	**CHRISTOPHER MACKIE**
Committee Chair	**Secretary-Treasurer**

DRAFT

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MLHU Boardroom
Middlesex County Building
399 Ridout Street North, London
Thursday, March 5, 2020 9:00 a.m.

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair, Board of Health)
Ms. Aina DeViet (Vice-Chair, Board of Health)
Ms. Tino Kasi

REGRETS: Ms. Kelly Elliott (Committee Chair)
Mr. Ian Peer

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Brian Glasspoole, Manager, Finance
Mr. Joe Belancic, Manager, Procurement and Operations

At 9:00 a.m., Chair Cassidy called the meeting to order.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Cassidy inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Ms. DeViet, seconded by Ms. Kasi, *that the **AGENDA** for the March 5, 2019 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Kasi, seconded by Ms. DeViet, *that the **MINUTES** of the February 6, 2020 and February 13, 2020 Finance & Facilities Committee meetings be approved.*

Carried

NEW BUSINESS

4.1 Board of Health Remuneration (Report No. 008-20FFC)

It was moved by Ms. DeViet, seconded by Ms. Kasi, *that the Finance & Facilities Committee review and recommend that the Board of Health receive Report No. 008-20FFC re: "2019 Board of Health Remuneration" for information.*

Carried

4.2 Q4 Financial Update and Factual Certificate (Report No. 009-20FFC)

Mr. Glasspoole provide an update on the Q4 financials. He noted that currently there is a project $400,000 surplus, which will be applied to relocation-related expenses pre the Board of Health's decision in May related to the Q1 Financial Update that came through FFC then.

DRAFT

Dr. Mackie noted that there was an update to the factual certificate in regard to civil action. Legal costs relating to complaints against the Health Unit, insurance coverage, and at what points such complaints may be deemed frivolous or vexatious, were discussed.

Ms. Kasi requested that the Health Unit send decisions regarding these complaints to the Board of Health.

It was moved by Ms. Kasi, seconded by Ms. DeViet, *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 009-20FFC re: "Q4 Financial Update and Factual Certificate."*

Carried

4.3 Visa / Vendor Payments (Report No. 010-20FFC)

Dr. Mackie provided details relating to the report.

It was moved by Ms. DeViet, seconded by Ms. Kasi, *that the Finance & Facilities Committee receive Report No. 010-20FFC re: "Visa/Vendor Payments" for information.*

Carried

4.4 Public Sector Salary Disclosure (Report No. 011-20FFC)

It was moved by Ms. Kasi, seconded by Ms. DeViet, *that the Finance & Facilities Committee recommend that the Board of Health receive Report No. 011-20FFC re: "Public Sector Salary Disclosure Act – 2019 Record of Employees' Salaries and Benefits" for information.*

Carried

<u>OTHER BUSINESS</u>

Next meeting: Thursday, April 2, 2020 9:00 a.m.

<u>CONFIDENTIAL</u>

At 9:11 a.m., it was moved by Ms. DeViet, seconded by Ms. Kasi, *that the Finance & Facilities Committee move in-camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons, or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value, and to approve confidential minutes of its February 6, 2020 meeting.*

Carried

At 9:34 a.m., it was moved by Ms. Kasi, seconded by Ms. DeViet, *that the Finance & Facilities Committee return to public session.*

Carried

At 9:34 a.m., the Finance & Facilities Committee returned to public session.

<u>ADJOURNMENT</u>

At 9:34 a.m., it was moved by Ms. Kasi, seconded by Ms. DeViet, *that the meeting be adjourned.*

Carried

DRAFT

At 9:35 a.m., Chair Cassidy *adjourned the meeting*.

__________________________________	__________________________________
MAUREEN CASSIDY **Chair**	**CHRISTOPHER MACKIE** **Secretary-Treasurer**

DRAFT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 015-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 April 16

FINANCE & FACILITIES COMMITTEE MEETING – MARCH 5, 2020

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, March 5, 2020. A summary of the Committee's discussions can be found in the draft minutes.

Reports	Recommendations for Information and Board of Health Consideration
Board of Health Remuneration (**Report No. 008-20FFC**)	It was moved by Ms. DeViet, seconded by Ms. Kasi, *that the Finance & Facilities Committee review and recommend that the Board of Health receive Report No. 008-20FFC re: "2019 Board of Health Remuneration" for information.* Carried
Q4 Financial Update and Factual Certificate (**Report No. 009-20FFC**)	It was moved by Ms. Kasi, seconded by Ms. DeViet, *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 009-20FFC re: "Q4 Financial Update and Factual Certificate."* Carried
Visa / Vendor Payments (**Report No. 010-20FFC**)	The Committee received this report for information.
Public Sector Salary Disclosure (**Report No. 011-20FFC**)	It was moved by Ms. Kasi, seconded by Ms. DeViet, *that the Finance & Facilities Committee recommend that the Board of Health receive Report No. 011-20FFC re: "Public Sector Salary Disclosure Act – 2019 Record of Employees' Salaries and Benefits" for information.* Carried

This report was prepared by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 016-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 April 16

FURTHER ADJUSTMENTS TO HEALTH UNIT SERVICES DURING PANDEMIC

Recommendations

It is recommended that the Board of Health receive Report No. 016-20 re: "Further Adjustments to Health Unit Services During Pandemic" for information.

Key Points

- In March 2020, health unit services were prioritized to redeploy resources to respond to the COVID-19 pandemic, with urgent client services maintained.
- Several services are now being offered in innovative ways that reduce or eliminate risk to clients and staff.
- Additional prioritization and adjustment of service delivery processes is underway, to promote client and staff safety and conserve personal protective equipment for when it is most needed;
- further adjustments may be implemented, if required.

Background

Early it its COVID-19 response, the Middlesex-London Health Unit (MLHU) prioritized its services to allow for the redeployment of employees to address the coronavirus pandemic. To determine which services would remain in place, senior leaders weighed the potential costs of withdrawing urgent public health services with the potential risks to staff and clients in continuing to operate.

For urgent services that continued, steps were taken to adjust service delivery methods and processes to ensure the safety of clients and staff. Criteria considered when making adjustments included: 1) implementation feasibility, 2) adherence to infection prevention and control practices, and COVID-19 guidance being provided by MLHU to others, and 3) alignment with client-centred care principles. These initial adjustments were made in consultation with Program Managers, direct service provider staff, and relevant Incident Management System (IMS) sections (Incident Manager, Safety, Operations).

Further Adjustments to Health Unit Services

IMS Continuity of Operations and the Medical Officer of Health have determined additional prioritization and adjustment of service delivery processes to further enhance client and staff safety and conserve personal protective equipment for when and where it is needed most. These additional steps are currently being implemented; further adjustments will be made, if required.

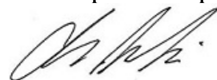
The chart below outlines clinical services that remain in place during the pandemic. Each of these services engages in active screening, point-of-care risk assessment, and the appropriate use of personal protective equipment. Urgent tobacco enforcement, public health inspections and consultations, and other prioritized environmental health services continue, with processes adjusted as needed to ensure employee and community member safety. Processes in receiving have also been altered to ensure staff and courier safety, and staff and clients interacting at reception are protected by a physical barrier.

Team	Service Meeting Criteria for PPE Use	Current	Further Adjustments
IDC	TB Clinic	Clinic offered monthly	Continue to offer clinic monthly
	TB Direct Observed Therapy (DOT)	In-person visits daily	Move to video-DOT (V-DOT) as default, with in-person visits only when a strong case
VPD	Vaccine Distribution	Processes adjusted to ensure staff/courier safety	Continue with adjusted processes
	Immunization Clinic	All immunization services offered in clinics twice a week	Continue with all services offered in clinics 2x/week (paid vaccines not priority)
SH	Family Planning Clinic	Clinic offered 4x/week, with service recently being provided by OTN for several clients	Clinic offered 2x/week by OTN only, and 2x/week with in-person appointments
	STI Clinic	Clinic offered 3x/week	Offer clinics 2x/week with longer hours. Cancel monthly PREP clinic and incorporate clients in STI clinic.
	Needle Exchange	Processes recently adjusted to ensure physical distancing	Continue with adjusted processes
	Dispensary	Available daily; fixed physical barrier	Continue to offer daily; keep physical barrier
CO& CCS	Outreach	Outreach provided by 4 staff	Outreach provided by 3-4 staff
BB	HBHC & NFP Home Visits	Processes recently adjusted so most services provided by phone, with 10-15 home visits/week; launching OTN use	Consider phone / OTN as default approach; only provide home visits if there is a strong case.
EY	Breastfeeding Home Visits	Processes recently adjusted so most services provided by phone, with 10 home visits/week; launching OTN use	Consider phone / OTN as default approach; only provide home visits if there is a strong case.
OH	EESS Clinic	Clinic offered 1x/week	Continue to offer clinic weekly
CDPTC	Quit Clinic	Clinic offered 3x/week; processes recently adjusted to provide service by phone, and ensure physical distancing on NRT pick-up/drop-off	Continue to offer clinic 3x/week. Consider phone / OTN as default approach; continue with adjusted pick-up/drop-off processes

Conclusion

Ensuring urgent public health services remain available during the COVID-19 pandemic is critical for the health of our community. MLHU has adjusted services and processes as needed to meet its priorities of keeping staff and clients safe, and conserving personal protective equipment for when it is most needed.

This report was prepared by IMS Continuity of Operations.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 017-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 April 16

ONTARIO POVERTY REDUCTION STRATEGY CONSULTATION

Recommendations

It is recommended that the Board of Health receive Report No. 017-20 re: "Ontario Poverty Reduction Strategy Consultation" for information.

Key Points

- On January 30, 2020, the Government of Ontario announced an opportunity for stakeholders and members of the public to provide feedback on the next five-year Ontario Poverty Reduction Strategy. The deadline for submissions was March 30, 2020.
- The Health Unit had an opportunity to contribute to the development of evidence-informed programming and policy to help reduce poverty in Ontario.
- Health Unit staff prepared a response to the online service provider survey (attached as Appendix A).
-

Background

Social determinants of health, such as food access, income, housing, and employment, are strongly influenced by government public policy decisions. The Association of Local Public Health Agencies and the Ontario Pubic Health Association both have identified the involvement of public health in social determinants of health as a fundamental component of public health work. Currently, the Government of Ontario is leading a consultation process on the development of its third Ontario Poverty Reduction Strategy.

In 2009, the Government of Ontario passed Bill 152, the *Poverty Reduction Act, 2009*, Chapter 10, An Act respecting a long-term strategy to reduce poverty in Ontario. Bill 152 requires that the government develop a poverty reduction strategy that is updated at least every five years with consultation from key stakeholders, including other levels of government, members of the private, public, and non-profit sectors, and individuals, including individuals living in poverty.

The following principles have been identified as essential to an effective and ethical poverty reduction strategy:

- Importance of all Ontarians;
- Importance of communities;
- Recognition of diversity;
- Importance of support and involvement of families;
- Respect;
- Involvement;
- Commitment and cooperation; and
- Importance of the third sector (non-profit, charitable, and volunteer organizations).

The following components would help a poverty reduction strategy be effective:

1. A specific poverty reduction target;
2. Initiatives designed to improve the economic and social conditions of persons and families living in poverty; and
3. Indicators to measure the success of the strategy that are linked to the determinants of poverty, including but not limited to income, education, health, housing, and standard of living.

The Middlesex-London Board of Health submitted a written response (Report No. 099-13) for the previous Ontario Poverty Reduction Strategy consultation process in 2013.

Government of Ontario Seeks Feedback for a New Ontario Poverty Reduction Strategy

On January 30, 2020, the Government of Ontario issued an opportunity for stakeholders and members of the public to provide feedback for the next five-year Ontario Poverty Reduction Strategy. The deadline for submissions was March 30, 2020. Stakeholders could respond to an online survey, with separate surveys for individuals and for service providers and employers, and/or submit a written response.

The government was requesting feedback on:

1. Encouraging job creation and connecting people to employment;
2. Providing people with appropriate supports and services;
3. Lowering the cost of living and making life more affordable; and
4. The current Poverty Reduction Strategy.

Opportunity for Action

The Health Unit's Health Equity Advisory Taskforce (HEAT) and the Healthy Living Division collaboratively prepared a response to the service provider survey (see Appendix A) based on evidence, political climate, need, impact, and recommendations from Report No. 070-19 re: "Monitoring Food Affordability and Implications for Government Public Policy Action" and the alPHa-OPHA joint response to the Canadian Poverty Reduction Strategy Consultation in 2017. The Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA) also submitted a joint response to the Ontario consultation; however, this submission was not yet public at the time MLHU's response was completed.

Conclusion

With its strong understanding of the importance and impact of the social determinants of health on individual, family, community, and population health, public health is well positioned to inform a provincial poverty reduction strategy. In addition to this recent submission to the Government of Ontario, MLHU will continue to identify opportunities to address health inequities, such as poverty, and to inform healthy public policy to enhance population health.

This report was prepared by the Healthy Living Division and the Office of the Chief Nursing Officer.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

Appendix A to Report No. 017-20

2020 Ontario Poverty Reduction Strategy Consultation
Online Survey for Service Providers

Section 1: encouraging job creation and connecting people to employment

1. What can employers do to help people living in poverty find a job and get hired? Choose all that apply.

- [x] Offer networking or mentoring opportunities
- [x] Share job postings to reach a wider, more diverse audience
- [x] Clearly list all necessary skills in job advertisements
- [ ] Offer tips for applying for jobs
- [ ] Make it easier for people to apply and interview for jobs (for example, by offering a flexible interview schedule)
- [x] Create specialized recruitment tracks for people who often face barriers during hiring (for example, people with disabilities, immigrants, youth who have been involved with the criminal justice system)
- [x] Build partnerships between private and non-profit organizations to offer skill-building and training programs
- [x] Offer co-op placements, internships or apprenticeships to help people gain skills and experience
- [x] Reduce barriers to recognizing work experience from outside of Canada
- [ ] Other (please specify)

2. What do you think are the best ways to create jobs for people who are living in poverty? You can only choose up to three.

- [ ] Create local or regional plans to help companies grow and help people build successful careers
- [ ] Develop strategies to hire locally for infrastructure projects
- [ ] Create or support social enterprises (organizations that use business strategies to achieve a social or environmental impact) that hire people who have challenges finding employment
- [x] Offer incentives that encourage employers to hire people facing challenges getting jobs (for example, tax credits for employers)
- [x] Create incentives for employers to offer paid on-the-job training or internships
- [x] Provide resources and reduce red tape for entrepreneurs, including those with low-income
- [ ] I’m not sure
- [ ] Other (please specify)

3. What challenges have you observed employers face when they are searching for employees? Choose all that apply.

- [ ] Not enough people apply
- [x] Applicants do not have the right skills or qualifications
- [x] Competition from other employers for the same employees
- [ ] Employers are uncertain about where to advertise job openings to attract adequately skilled individuals
- [ ] Employers have difficulty recruiting applicants because of the location of the job
- [x] Employers do not have the resources or ability to assess non-Canadian experience
- [x] Employers do not have enough knowledge, resources, or networks to attract people with disabilities to apply
- [ ] I'm not sure
- [ ] Other (please specify)

4. What are the best ways to help people who are experiencing poverty stay employed? You can only choose up to three.

- [ ] Wages
- [ ] Accommodation for disabilities
- [x] Flexible work arrangements (for example, being able to work from home and get time-off for appointments)
- [ ] A workplace that is inclusive and welcoming to diverse people
- [ ] Skills training or upgrading
- [ ] Building Canadian work experience
- [ ] Career counselling
- [x] Physical health benefits and supports (for example, drug, dental, vision care)
- [ ] Mental health and addictions supports and services
- [ ] Access to affordable child care
- [ ] Access to care for dependents who are not children (for example, senior care or family member with a disability)
- [x] Providing or covering the costs of transportation
- [ ] Coaching and mentoring
- [ ] A workplace that is supportive of cultural and faith-based activities
- [ ] Support for people experiencing abuse, violence, or harm including gender-based violence
- [ ] Other (please specify)

Section 2: providing people with the right supports and services

5. What services does your organization offer? Choose all that apply.

- [ ] A safe place to stay during the day
- [ ] A safe place to stay at night
- [ ] Help finding housing
- [x] Help connecting with community programming or civil society, including not-for-profit and non-governmental organizations
- [x] Emotional support and social connections
- [ ] Help getting clothing and personal care items and services (for example, a shower)
- [x] Help getting healthy food
- [x] Health care
- [x] Mental health and addictions supports and services
- [ ] Help with accessibility needs (for example, independent living support and assistive devices)
- [ ] Help with tasks like opening a bank account or getting a health card
- [ ] Help taking care of family members (for example, child care, senior care)
- [x] Help with raising children (for example, parenting, child development, navigating the school system and making sure children are succeeding in school)
- [x] Help getting culturally appropriate supports and services
- [ ] Employment services (for example, career counselling, help searching for a job and job matching)
- [ ] Support to pursue educational opportunities
- [x] Access to transportation that is accessible, affordable, timely and safe
- [ ] Legal supports
- [ ] Help to settle in Ontario after immigrating
- [x] Help keeping safe from abuse, violence or harm
- [ ] I'm not sure
- [ ] Other (please specify)

6. What are the most effective ways your organization provides information about your programs, services and resources to low-income people? You can only choose up to three.

- [x] Word of mouth (through family, friends, mentor or coach)
- [x] People working in community organizations or government offices (for example, front line staff, case manager)
- [x] Online
- [ ] Posters and pamphlets in the community (for example, in a library, community centre, coffee shop, grocery store)
- [ ] Media (newspaper, radio, television)
- [ ] Social media
- [ ] I'm not sure
- [ ] Other (please specify)

7. What strategies would most help local service providers work together to offer services to people experiencing poverty? You can only choose up to three.

- [ ] Formal agreements between service providers and community partners on how they will work together
- [ ] Shared training and learning opportunities
- [x] Shared or similar intake and assessment processes
- [ ] Joint case management or planning processes
- [x] Procedures for sharing information beyond formal protocols (for example, sharing of case-specific information with relevant service providers with consent)
- [ ] Offering supports in the same physical location (co-locating)
- [ ] Resource sharing (for example, office space, technology, staff)
- [ ] Dispute resolution processes for cases across different service providers
- [x] Cross-sector committees to support local planning to coordinate and deliver services
- [ ] Collaboration on programs and projects for joint funding
- [ ] Co-developing solutions so organizations are working towards the same outcome
- [ ] I'm not sure
- [ ] Other (please specify)

Section 3: lowering the cost of living and making life more affordable

8. Does your organization help clients or the people you represent learn about government benefits and tax credits?

- [ ] Yes
- [x] No
- [ ] Prefer not to answer

Section 4: poverty reduction in your community

9. What are the most significant barriers to improving economic mobility in your community? You can only choose up to three.

- [ ] Housing
- [ ] Homelessness
- [ ] Cost of household items
- [ ] Income
- [x] Employment
- [x] Education
- [ ] Health
- [x] Mental health and/or addictions
- [ ] Availability and access to transportation
- [ ] Availability and access to care for dependents and children
- [ ] Social belonging, ability to fully participate in the community
- [ ] Community and personal safety
- [ ] Vulnerability to crime, violence, abuse and trafficking
- [ ] Inequality
- [ ] Changing economy and job market
- [ ] Other (please specify)

10. Do you have an innovative idea to help reduce poverty in Ontario or an example of a local poverty reduction initiative that is working well? Please explain in 400 words or less. Do not include any confidential information.

The Nurse-Family Partnership® (NFP) is an intensive home visiting program for young, low-income, first-time mothers. The NFP has been evaluated in three randomized controlled trials (RCTs) in the United States, which have demonstrated positive effects on the outcomes of pregnancy, children's subsequent health and development, and parents' economic self-sufficiency (including the achievement of education and employment). The NFP's strong evidentiary foundation has led to international implementation and evaluation.

Steps are currently underway to adapt and evaluate the NFP to the Canadian context, including an RCT in British Columbia. In Ontario, The Middlesex-London Health Unit holds the NFP license and has Memorandums of Understanding with the other NFP implementing public health units in Ontario, including: City of Toronto (Public Health Division), Regional Municipality of York (Public Health Branch), Regional Municipality of Niagara (Public Health Branch), and City of Hamilton (Public Health Services). Capacity to add additional health units in Ontario under MLHU's license will be dependant upon results of the RCT.

11. Do you have any additional comments about developing the new strategy, measuring poverty or the 2014-19 Poverty Reduction Strategy? Please explain in 400 words or less.

The Middlesex-London Board of Health recommends addressing the root causes of poverty and expanding the scope of the Strategy to take a broader, population health approach. A population-based approach that addresses adequate incomes may be more effective than an approach targeting a subset of the population. While employment is an ideal poverty alleviator for many, income security provides a fundamental safety net regardless of employment status and impacts health care costs for everyone.

We strongly urge the Government of Ontario include continued social assistance reform in the Strategy. Specifically, the Middlesex-London Board of Health recommends that the Government of Ontario: 1) Continue to include episodic and short-term disabilities within the disability definition for the Ontario Disability Support Program (ODSP). Using a more restrictive definition of disability would limit access for people who may be unable to periodically support themselves due to the episodic nature of their health condition, disproportionately affecting individuals living with addictions or mental illness. 2). Proceed Bill 60, "An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission", to the Standing Committee on the Legislative Assembly to set evidence-based social assistance rates premised on local living costs. The gap between income and the cost of basic needs has increased over time and varies across Ontario. Increasing incomes for people on social assistance would substantially improve health and reduce health care costs.

The Middlesex-London Board of Health also recommends aligning the Strategy indicators with indicators in *"Opportunity for All – Canada's First Poverty Reduction Strategy"* to allow for meaningful comparison and ensure ongoing collection and dissemination of data. In addition to the Low-Income Measure (LIM), included in the first and second Strategies, the Middlesex-London Board of Health recommends reporting on Canada's Official Poverty Line, formerly the Market Basket Measure (MBM), the Low-Income Cut-Off (LICO), and household food insecurity (HFI). LIM, MBM, and LICO are well-established measures of both relative and absolute poverty that should also be stratified by key socio-demographic factors relevant to poverty (e.g., single parents, recent immigrants, racialized populations, Indigenous people, and people with disabilities). HFI is a key measure of deprivation that is strongly associated with health outcomes and health care utilization. Indicators should be tracked at the provincial, regional, and local levels to enable organizations, such as local public health agencies, to identify and prioritize programming based on social determinants of health data.

Section 5: organizational profile

We want to learn about your organization to better understand the different perspectives of service providers across Ontario.

12. Does your community or organization provide services or represent people who are living in poverty?

- [x] Yes
- [ ] No
- [ ] Prefer not to answer

13. What age groups are your services targeted towards? Choose all that apply.

- [x] Prenatal (pregnancy)
- [x] 0-4 years old
- [x] 5-6 years old
- [x] 7-11 years old
- [x] 12-18 years old
- [x] 19-29 years old
- [x] 30-64 years old
- [x] 65-74 years old
- [x] 75+ years old
- [ ] Prefer not to answer

14. What gender identities are your services targeted towards? Choose all that apply.

- [x] Women or girls
- [x] Men or boys
- [x] Our services are not targeted by gender identity
- [ ] Prefer not to answer
- [ ] Another gender identity (please specify):

15. Are your services targeted toward people who are First Nations (status or non-status), Métis, or Inuit? Choose all that apply.

- [ ] First Nations (status or non-status)
- [ ] Métis
- [ ] Inuk/Inuit
- [ ] No, we do not have services targeted towards people who are Indigenous
- [ ] Prefer not to answer

☑ Other (please specify): Programs and services provided by our organization are open to and available for Indigenous populations. We are currently in the process of implementing an organizational reconciliation plan that will enable us to more effectively support Indigenous populations.

16. Are your services targeted towards people who identify as Francophone?

☑ Yes

☐ No

☐ Prefer not to answer

17. Which race category best describes the groups that you provide services to? Choose all that apply.

☑ Black (African, Afro-Caribbean, African-Canadian descent)

☑ East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian descent, other Southeast Asian descent)

☑ Indigenous (First Nations, Métis, Inuk/Inuit descent)

☑ Latino (Latin American, Hispanic descent)

☑ Middle Eastern (Arab, Persian, West Asian descent, for example, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)

☑ South Asian (South Asian descent, for example, East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)

☑ White (European descent)

☐ Prefer not to answer

☐ Another race category (please specify)

18. Are your services targeted towards people who identify as immigrants, refugee claimants or non-status persons?

☑ Yes

☐ No

☐ Prefer not to answer

18a. What groups do you provide services to? Choose all that apply.

☑ Naturalized Canadian citizens (people who have immigrated to Canada and applied to become a Canadian citizen)

☑ Permanent residents, 0-5 years

☑ Permanent residents, 5-10 years

☑ Permanent residents, more than 10 years

☑ Refugee claimants (in the process of making a refugee claim)

- [x] International students
- [x] Temporary foreign workers
- [x] Persons who do not have immigration status in Canada
- [ ] Prefer not to answer
- [ ] Other (please specify)

19. Are your services targeted towards people who identify as living with a disability or disabilities?

- [ ] Yes
- [x] No

20. Are your services targeted towards people who identify as lesbian, gay, bisexual, transgender, queer or two-spirited (LGBTQ2S+)?

- [x] Yes
- [ ] No
- [ ] Prefer not to answer

21. Are your services targeted towards parents?

- [x] Yes
- [ ] No
- [ ] Prefer not to answer

21a. Are your services targeted to people who identify as lone parents? Choose all that apply.

- [ ] Female lone parents
- [ ] Male lone parents
- [x] All lone parents
- [ ] Our services are not targeted toward lone parents
- [ ] Prefer not to answer

22. What is the size of your organization?

- [ ] 0-4 employees
- [ ] 5-19 employees
- [ ] 20-49 employees
- [ ] 50-99 employees
- [ ] 100-299 employees
- [x] 300-499 employees

- [ ] 500 or more employees
- [ ] Prefer not to answer

23. Approximately how many people does your community or organization serve annually?

- [ ] 0-50 people
- [ ] 51-100 people
- [ ] 101-500 people
- [x] Over 500 people
- [ ] I'm not sure
- [ ] Prefer not to answer

24. What best describes your organization? Choose all that apply.

- [ ] Indigenous community or organization
- [ ] Indigenous government
- [ ] Municipality or municipal organization
- [ ] Provincial government or provincial agency
- [ ] Federal government or federal agency
- [ ] Non-profit organization that provides services and supports
- [ ] Advocacy organization
- [ ] Cultural organization
- [ ] Faith-based organization
- [ ] School or school board
- [ ] Research or think tank
- [ ] Foundation
- [ ] Prefer not to answer
- [x] Other (please specify): Public Health Unit

25. What are the primary areas of work for your organization? Choose all that apply.

- [ ] Anti-racism
- [ ] Child care
- [ ] Child welfare
- [ ] Community centre
- [ ] Community living
- [ ] Community safety
- [ ] Convening/collaboration
- [ ] Disabilities
- [ ] Education

- [ ] Employment
- [ ] Entrepreneurship
- [ ] Family services
- [ ] Financial literacy
- [ ] Food
- [ ] Granting
- [ ] Health
- [ ] Homelessness
- [ ] Housing
- [ ] Income support
- [ ] Legal support
- [ ] Literacy and basic skills
- [ ] Mental health and addictions
- [ ] Microfinance
- [x] Public health
- [ ] Recreation
- [ ] Research and advocacy
- [ ] Settlement and language training services
- [ ] Skills training
- [ ] Violence against women
- [ ] Youth services
- [ ] Other (please specify)

26. What are the first three characters of your organization's postal code?
N6A

27. Please provide the name of your organization. You may leave this blank.
Middlesex-London Health Unit

28. If you would like to receive more information about the Poverty Reduction Strategy, please provide a contact email address. Leave this blank if you don't want to receive more information.

health@mlhu.on.ca

Your privacy matters

Your information is being collected to help us create the next Ontario Poverty Reduction Strategy. Your responses will be reviewed by the Government of Ontario and may be used for

the purposes of planning, administering, monitoring and evaluating the Ontario Poverty Reduction Strategy.

Some of the information shared may be used by the Government of Ontario and their service providers to measure website analytics, performance and to improve our services.

If you have provided us with your organization’s email address, it may be used to provide you with further information about the Poverty Reduction Strategy. It will not otherwise be placed on mailing lists.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 018-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2020 April 16

PUBLIC HEALTH INSPECTOR ENFORCEMENT ACTIONS AND INSPECTION ACTIVITIES – Q4 AND 2019 SUMMARY

Recommendation

It is recommended that Report No. 018-20 re: "Public Health Inspector Enforcement Actions and Inspection Activities – Q4 and 2019 Summary" be received for information.

Key Points

- In 2019, Public Health Inspectors (PHIs) conducted more than 6,000 inspections of restaurants, personal service settings, pools, drinking water systems, and other facilities.
- Establishments within the City of London and Middlesex County were generally found to be in good compliance throughout the year.
- Enforcement actions included the issuance of provincial offence notices (tickets) as well as orders made under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Inspection activities included compliance inspections, re-inspections, on-site education, and consultations.

Background

Beginning in 2019, the Environmental Health and Infectious Diseases (EHID) division at MLHU began to provide regular updates to the Board of Health pertaining to inspection and enforcement activities. Public Health Inspectors (PHIs) conduct inspection work, onsite education, and enforcement actions in a variety of establishments in the City of London and Middlesex County in accordance with the *Health Protection and Promotion Act* (HPPA) and the Ontario Public Health Standards (OPHS).

Inspections are grouped into categories of non-critical and critical infractions. Critical infractions must be addressed by the operator to the PHI's satisfaction at the time of inspection or be subject to further actions, such as fines or orders under the Act.

Inspection reports are available to the public at http://inspections.healthunit.com/Portal/Enforcements. In addition to the inspections identified in this report, PHIs also conduct inspections of seasonal farm housing, recreational camps, group homes, and special event vendors. Summaries of these inspection results are available to the public upon request.

Observations

In Q4 2019, 1,761 inspections were completed by MLHU PHIs across the Middlesex-London region. In 90 instances, a reinspection was required to ensure that recommendations to the operator were implemented. Over the 2019 calendar year, a total of 6,373 inspections were completed, requiring 450 re-inspections. This resulted in a re-inspection rate of 5.1% in Q4 2019 and 7.1% overall for the year. The Q4 reinspection rate was slightly

lower than for the first six months of 2019, which had a rate of 8.8%. A total of 37 enforcement actions were taken by PHIs in 2019, which included provincial offence notices (tickets) and orders made under the authority of the HPPA.

Barber shop inspections were not completed in 2019, as they were identified as low-risk services. Due to competing demands, the Infectious Disease Control team was focusing its activities on higher-risk personal service settings.

Reported Actions

Q4 2019

Type of Inspection	Total Inspections	Non-Critical Infractions	Critical Infractions	Enforcement Actions
Child Care	**46**	**5**	**0**	**0**
Food (Institutional and Other)	**146**	**22**	**19**	**0**
Food Safety	**1,196**	**808**	**514**	**3**
Infection Control	**41**	**7**	**0**	**0**
Personal Service Settings	**211**	**14**	**57**	**0**
Recreational Water	**111**	**57**	**28**	**3**
Drinking Water	**10**	**0**	**0**	**0**

2019 Total

Type of Inspection	Total Inspections	Non-Critical Infractions	Critical Infractions	Enforcement Actions
Child Care	**141**	**29**	**0**	**0**
Food (Institutional and Other)	**434**	**92**	**68**	**0**
Food Safety	**4,262**	**3,474**	**1,958**	**14**
Infection Control	**57**	**10**	**0**	**1**
Personal Service Settings	**592**	**54**	**149**	**0**
Recreational Water	**841**	**701**	**145**	**22**
Drinking Water	**46**	**0**	**0**	**0**

Summary

Overall, compliance with regulations by operators of inspected premises was found to be good throughout 2019. PHIs continue to work collaboratively with operators by educating them about how to achieve regulatory compliance through safe operating practices. In some instances, and despite continued efforts to achieve a safe operating environment, PHIs were required to escalate their interventions through the use of enforcement tools such as tickets and orders under the HPPA. In the unusual even that the operator is unwilling or unable to work with Health Unit staff to eliminate an immediate health hazard to the public, premises are closed by order.

This report was prepared by the Environmental Health and Infectious Disease Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 021-20

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2020 April 16

ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa) RESOLUTION: REGULATORY MEASURES TO ADDRESS THE HARMS, THE AVAILABILITY AND YOUTH APPEAL OF VAPOUR PRODUCTS

Recommendations

It is recommended that the Board of Health:

1. ***Receive Report No. 021-20, "Regulatory Measures to Address the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vapour Products";***
2. ***Endorse the Statement of Sponsor Commitment and the Association of Local Public Health Agencies Resolution submission, "Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulation" attached as Appendix A; and,***
3. ***Direct staff to submit the resolution (Appendix A) to the Association of Local Public Health Agencies (alPHa) for consideration at the Annual General Meeting in June.***

Key Points

- Youth vaping prevalence is increasing at an alarming rate; e-cigarette prevalence rates among Ontario students between the ages of Grade 7 and Grade 12 have doubled over the last two years, with 23% reporting e-cigarette use in the past year (184,200 students) compared to 11% in 2017.
- Vapour products expose users to harmful toxins, including cancer-causing chemicals, diacetyl, volatile organic compounds, heavy metals, and ultrafine particles that can be inhaled deeply into the lungs.
- Nicotine is a highly addictive substance that can have adverse, long-lasting negative effects on the developing brain.
- The Middlesex-London Board of Health has a history of supporting the enactment of strong policy measures to help prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture.
- Due to growing concerns related to health consequences of vaping and the uptick of youth vaping across Canada, Health Unit staff recommend that the Middlesex-London Board of Health sponsor the attached submission (Appendix A) for consideration at the Association of Local Public Health Agencies Annual General Meeting in June.

Current Trends in Youth Vaping

Youth vaping prevalence is increasing at an alarming rate. Results from the 2018-19 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) show that e-cigarette prevalence rates among Canadian grade 7 to 12 students have doubled from 10% in 2016-17 to 20% in 2018-19, with prevalence rates of past 30-day use being higher among students in grades 10 to 12 (29%) than those in grades 7 to 9 (11%). Of additional concern, the results indicate that students who reported using an e-cigarette (with or without nicotine) in the past 30 days are vaping frequently, with approximately 40% reporting daily or almost daily use. The 2019 Ontario Student Drug Use and Health Survey (OSDUHS) reinforces the need for intensive public health

intervention. Vaping rates have doubled among Ontario students between the ages of Grade 7 and Grade 12 between the last two years, with 23% reporting e-cigarette use in the past year (184, 200 students) compared to 11% in 2017. About 13%, or 1 in 8 report using an e-cigarette weekly or daily, which is up from 2% in 2015.

Health Harms Associated with Vaping

Emerging data suggests that vapour products may be safer than combustible tobacco products; however, this data is not yet conclusive, and there is consensus among the public health community that vapour products and the aerosol that vaping devices produce are not harmless. Vaping devices are still relatively new, and more research is needed to fully understand both the short- and long-term health risks associated with vaping. The use of e-cigarettes appears to be an independent risk factor for the development of respiratory disease, but more longitudinal studies are needed. In the absence of conclusive longitudinal evidence, there is consensus that vapour products expose users to harmful toxins, including cancer-causing chemicals, diacetyl, volatile organic compounds, heavy metals, and ultrafine particles that can be inhaled deeply into the lungs. These substances have been linked to increased cardiovascular and non-cancer lung disease. Additionally, there is substantial evidence that some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis, and that long-term exposure to e-cigarette aerosols increase the risk of cancer and adverse reproductive outcomes.

Nicotine is a highly addictive substance that can have adverse effects on the developing brain, including negative, long-lasting effects on attention, memory, concentration, and learning, decreased impulse control, increased risk of experiencing mood disorders (such as depression and anxiety), and increased risk of developing nicotine dependence and addiction. In addition, there is substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults. When attempting to weigh the harms against the potential benefits that e-cigarettes may yield through cessation and harm reduction, the current state of evidence is concerning. Simulation models that have been tested in the United States show e-cigarette use represents more population-level health harms than benefits, with an estimated 80 youth and young adults starting to use an e-cigarette product for every cigarette smoker who quits.

Opportunity for Protective Policy Measures through Federal and Provincial Regulation

The availability of flavours, the ease of accessing vaping products at corner stores and through online sales, the unregulated and targeted advertising to young people, the smoother vaping experience provided by the development of nicotine salts, and the availability of high nicotine concentrations have posed significant challenges in Public Health efforts to halt vapour product uptake. Health Canada and the Ontario Ministry of Health should be commended for their work thus far to address vaping, but additional regulations are required at the federal, provincial and municipal levels. Due to growing concerns related to the health harms associated with vapour product use and the uptick of youth vaping across Ontario and Canada, Health Unit staff, with contributions from the Medical Officer of Health and staff from the Simcoe Muskoka District Health Unit, prepared a resolution, attached as Appendix A, that if sponsored by the Middlesex-London Board of Health, would go forward for consideration by the alPHa membership at the Annual General Meeting in June. Continued efforts are needed from all levels of government to mitigate youth access and appeal of e-cigarettes and vaping products through policy actions, such as those outlined in the attached resolution. Swift action by Health Canada and the Ontario Ministry of Health is imperative to reverse current trends of youth vaping uptake.

This report was prepared by the Healthy Living Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

Report No. 021-20
Appendix A

Monday April 20th, 2020

Susan Lee, Manager
Administrative and Association Services
Association of Local Public Health Agencies
Email: susan@alphaweb.org

Dear Ms. Lee,

On behalf of the Middlesex-London Boards of Health, please accept the attached alPHa resolution submission for consideration at the alPHa Annual General Meeting in June.

The resolution, entitled *"Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulation"* was endorsed and approved for sponsor by the Middlesex-London Board of Health at its April meeting.

I would be happy to answer any clarification questions you may have.

Sincerely,

Dr. Christopher Mackie
Medical Officer of Health and CEO
middlesex-London Health Unit

TITLE: **Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulation**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS electronic cigarettes (e-cigarettes), also referred to as electronic nicotine delivery systems, vapour products, vapes or vapourizers, were first introduced into the Canadian market in 2004;

WHEREAS an alPHa resolution in 2014 requested that Health Canada and the Ontario Ministry of Health and Long-Term Care provide for the public health, safety and welfare of all Ontario residents by: ensuring manufacturing consistency of e-cigarettes; conducting research on the long-term health effects of e-cigarettes and exposure to secondhand vapour; and, regulating the promotion, sale and use of e-cigarettes in Ontario;

WHEREAS there are no long-term studies on the health effects of using e-cigarettes that can conclusively show they do not pose a health risk to the user; and

WHEREAS there is substantial evidence that some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis, and that long-term exposure to e-cigarette aerosols could increase the risk of cancer and adverse reproductive outcomes;

WHEREAS there is inconclusive evidence that e-cigarettes are effective as a cessation tool to help people break their addiction to nicotine;

WHEREAS in Canada, most people who use e-cigarettes also smoke tobacco cigarettes (dual users), maintaining tobacco use and nicotine addiction over time;

WHEREAS data shows that the concurrent use of cigarettes and e-cigarettes is even more dangerous than smoking cigarettes alone due to increased exposure to toxicants and nicotine;

WHEREAS the use of e-cigarettes has grown at an exponential rate, with a 74% increase in youth vaping in Canada from 8.4% in 2017 to 14.6% in 2018;

WHEREAS e-cigarette prevalence rates among Canadian grade 7 to 12 students have doubled from 10% in 2016-17 to 20% in 2018-19, with prevalence rates of past-30-day use being higher among students in grades 10 to 12 (29%) than those in grades 7 to 9 (11%);

WHEREAS 56% of Ontario students in grades 7 to 12 who have used an e-cigarette in the past year are vaping nicotine;

WHEREAS there is substantial evidence that e-cigarette use increases the risk of cigarette smoking initiation among non-smoking youth and young adults;

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

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

WHEREAS Ontario Health Minister Christine Elliott announced that effective July 1st, 2020, the sale of most flavoured vaping products and all vaping products with nicotine concentrations higher than 20 mg/ml would be restricted to specialty vape stores and provincially licensed cannabis retail outlets because they are age-restricted (19 years plus) retail environments;

WHEREAS Minister Elliot's announcement also indicated that in Ontario, the sale of menthol, mint and tobacco-flavoured e-cigarettes would be permitted at convenience stores, gas stations, and any other retail environment where children and youth have access;

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

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

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

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

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

Statement of Sponsor Commitment

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

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

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

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

Background Summary

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

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

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

Health Effects of Vaping

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

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

Human Services, 2016). Additionally, there is substantial evidence that some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis, and that long-term exposure to e-cigarette aerosols could increase risk of cancer and adverse reproductive outcomes (NASEM, 2018).

Vaping Products for Cessation Requires Further Review

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

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

Youth Vaping and Nicotine Addiction

Youth vaping rates are increasing at an alarming rate, with a 74% increase in vaping among Canadian youth observed from 2017 to 2018 (Hammond, et al., 2019). Results from the 2018-19 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) show that e-cigarette prevalence rates among Canadian grade 7 to 12 students have doubled from 10% in 2016-17 to 20% in 2018-19, with prevalence rates of past 30-day use being higher among students in grades 10 to 12 (29%) than those in grades 7 to 9 (11%) (Health Canada, 2019). Of additional concern, the results indicate that students who reported using an e-cigarette (with or without nicotine) in the past 30 days are vaping frequently, with approximately 40% reporting daily or almost daily use. (Health Canada, 2019). The 2019 Ontario Student Drug Use and Health Survey (OSDUHS) reinforces the need for intensive public health intervention. Vaping rates have doubled among Ontario students in grades 7 to 12 in the two-year survey period between 2017 and 2019, with 23% reporting e-cigarette use in the past year (184, 200 students) compared to 11% in 2017 (Boak, et al., 2019). About 13%, or 1 in 8 report using an e-cigarette weekly or daily, which is up from 2% in 2015 (Boak, et al., 2019).

According to the manufacturer, a single pod that is used in the JUUL e-cigarette device contains as much nicotine as a pack of cigarettes (Willett, et al., 2018). Nicotine is a highly addictive substance that can have adverse effects on the developing brain (Health Canada, 2019; NASEM, 2018, U.S. Department of

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

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

Current State of Vapour Product Regulations

On December 21st, 2019, Health Canada published the *Vaping Products Promotion Regulations (VPPR)*, in the Canada Gazette, Part I. The proposed regulations intend to address the rapid increase in youth vaping, to raise awareness about the harms of vapour product use, and to mitigate the impact of vaping product promotion on young persons and non-users of tobacco products. The proposed regulations, if enacted, would: prohibit advertising that can be seen or heard by young people; prohibit the display of vaping products that can be seen by youth at point of sale; and, require that all vaping product advertisements convey a health warning (Health Canada, 2019). Health Canada's proposed advertising restrictions commit to include online advertising and the use of social media influencers; however, it remains unclear how Health Canada would enforce these regulations.

In Ontario on January 1st, 2020, the promotion of vapour products at convenience stores, gas stations and other retail outlets where youth under the age of 19 have access was prohibited by regulation under the *Smoke-Free Ontario Act, 2017.* On February 28th, 2020, Ontario Minister of Health Christine Elliott announced that Ontario is proposing regulatory changes for Cabinet members' consideration that, if approved, would place restrictions on where flavoured and high nicotine vapour products are sold, while also expanding vaping prevention initiatives and services to quit vaping. (Ministry of Health, 2020 February 28). Details of the proposed actions include: restricting the retail sale of most flavoured vapour products to specialty vape stores and cannabis stores, restricting the retail sale of high nicotine vapour products (more than 20 mg/ml) to specialty vape stores, and requiring specialty vape stores to ensure that vapour product displays and promotions are not visible from outside their stores. Ontario's proposed approach also includes enhanced cessation services through increasing access to services to help people quit vaping through Telehealth, and enhancing mental health and addiction services and resources to include vaping and nicotine addiction. Lastly, Ontario is proposing to work with major online retailers of vapour products to ensure compliance with age restricted sales, as well as establishing a Youth Advisory Committee to provide advice on vaping initiatives in an effort to reduce the prevalence of youth vaping

(Ministry of Health, 2020). The proposed regulatory approach has been approved by Cabinet and became the subject of public consultation that ended on March 29th, 2020. Regulations were set to come into force on May 1st, 2020; however, due to the COVID-19 pandemic, the government is now proposing changes to the implementation of the proposed regulatory amendments to Ontario Regulation 268/18. If approved, the proposed effective dates for the regulatory amendments (if approved) are as follows:

- Cannabis Retail Stores would be exempt from the prohibition on displaying vapour products, with the amendment coming into force on the day that the regulation is filed with the Registrar of Regulations; and,
- In order to address youth vaping, the following amendments would come into force on July 1, 2020:
    - The retail sale of flavoured vapour products would be restricted to Specialty Vape Stores and Cannabis Retail Stores, except for menthol, mint and tobacco flavours;
    - Specialty Vape Stores would be required to ensure that indoor vapour product displays and promotions are not visible from outside their stores; and,
    - The retail sale of high nicotine vapour products (>20mg/ml) would be limited to Specialty Vape Stores.

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

Vapour Product and E-Substance Flavours

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

Restricting the Concentration and/or Delivery of Nicotine

Nicotine is a highly addictive substance that poses significant risk, especially to young people. To reduce youth appeal and to protect the developing youth brain, acceptable nicotine concentration levels for vapour products should be more closely aligned with the approved nicotine concentrations for nicotine replacement therapeutic products (e.g. patches, gum, mist, inhalers, lozenges) already approved and regulated as cessation aids in Canada. Regardless of the type or power of any e-cigarette device, the nicotine concentration level for e-substances purchased in Canada should not exceed 20 mg/ml. This level

is in alignment with the European Union Tobacco Products Directive (20 mg/ml), which states that this concentration allows for delivery of nicotine that is comparable to a standard cigarette (Health Canada, 2019). More research is needed to determine how consistent and uniform nicotine dosing could be established in e-cigarette devices; this would create a more unified market that could be better regulated and controlled. Additionally, more research and intensive investigation into the effectiveness of e-cigarettes as smoking cessation aids are required prior to setting government policy that promotes vapour products as tools to help people quit.

Appearance and Product Packaging Design

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

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

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

Besides the availability of e-cigarette devices at retail outlets such as convenience stores, gas stations, grocery stores, tobacconist shops, and specialty vape stores, e-cigarette devices and e-substances are widely available for sale through websites and social media (Hammond, et al., 2015). While many online e-cigarette vendors use age-verification measures during online purchase, people under the age of 18 years are still able to purchase e-cigarettes and e-substances online. Research conducted by Williams, Derrick, and Ribisl (2015) in North Carolina showed that the overall success rate for youth purchases of e-cigarettes online was 93.7%. False birth dates were entered into the website and no delivery company attempted to verify recipients' ages at point of delivery, with 95% of e-cigarette deliveries being left at the door (Williams, Derrick & Ribisl, 2015). Anecdotally, many youth and young adults who vape report that they obtain these

products online. Online vendors may be both less able and less inclined to take effective measures to limit sales to minors; some online vendors accept a simple declaration of a client's age. Strict age-verification measures are required for online sales, including age-verification at time of purchase and proof of legal age at delivery. Active enforcement of online sales to assess compliance is also required. Additionally, at the time of delivery, confirmation of age by government-issued identification should be required. The enforcement of age restriction legislation for online retailers can be challenging; however, creative solutions may exist, including the requirement for internet service providers to ban online retailers from continuing to sell products online if they routinely ignore legislated sales to minors restrictions.

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

Enactment of a Tax and Vapour Product Pricing Regime

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

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

Increasing the Legal Age to 21 Years of Age

In Canada, under the *Tobacco and Vaping Products Act*, the sale or supply of tobacco and vaping products is illegal to anyone under the age of 18 years. In Ontario, the sale and supply of tobacco and

vaping products is governed by the *Smoke-free Ontario Act, 2017;* the legal age of sale or supply is 19 years of age.

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

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

The Role of Ontario Boards of Health and Municipal Regulations

Municipalities and local public health agencies have taken a leadership role in advocating for and implementing laws about smoke-free indoor and outdoor spaces to reduce physical exposure to second-hand smoke and tobacco product use. In addition to the extensively documented health harms from exposure to second-hand smoke, Social Cognitive Theory and Social Ecological Theory suggest that the more children and youth are exposed to tobacco product use, the more likely they are to become tobacco product users themselves (SFO-SAC, 2010). Role modelling a tobacco-free culture plays an important role in preventing tobacco use initiation. Smoke-free spaces legislation also plays an important role in promoting and supporting quit attempts by those already addicted to nicotine trying to break their addiction (SFO-SAC, 2010). The same approach to controlling exposure to aerosol and exposure to vapour product use has already been taken by many municipalities across Ontario; however, there exists the opportunity to further strengthen municipal regulations to exceed protections currently provided for under the *Smoke-Free Ontario Act, 2017* and allows for specificity in prescribed prohibited spaces to meet community need.

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

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 019-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 April 16

MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR MARCH

Recommendation

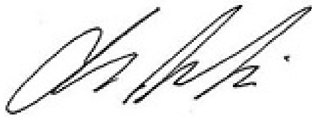
It is recommended that the Board of Health receive Report No. 019-20 re: "Medical Officer of Health/CEO Activity Report for March" for information.

The following report presents activities of the Medical Officer of Health (MOH)/CEO for the period February 17, 2020–March 6, 2020.

February 18	Board of Health prep meeting with Maureen Cassidy, Board Chair, and Elizabeth Milne, Executive Assistant to the Board of Health Attended Middlesex County Council meeting to present a second update in regard to the review of public health services in Middlesex County Teleconference to consult on an alPHa resolution for vaping
February 19	Interviewed by Liny Lamberink, CBC Radio, about public health indicators in the County of Middlesex Interviewed by Jim Knight, CTV News, about heart attack rates in the County of Middlesex Met with Aynsley Anderson, Legal Services, City of London, to discuss supervised consumption
February 20	Attended Session 1 of the Sustainable Development Goals (SDG) Leaders Group
February 21	Attended (via phone) the alPHa Board of Directors meeting
February 24	Teleconference to discuss preparation of an alPHa resolution for vaping and e-cigarettes
February 25	Attended planning meeting for a presentation for The Ontario Public Health Convention (TOPHC) on vaping
February 27	Gave presentation on pressing health issues in the London community for the Annual Speaker Series hosted by the Health Studies Students' Association, Western University
February 28	Met with Maureen Cassidy, Board of Health Chair Phone call with Bruce Lauckner, Regional Lead, Ontario Health, to discuss COVID-19
March 2	Interviewed by Jess Brady, AM980 News, about COVID-19 Phone call with Dr. Joyce Lock, MOH, Southwestern Public Health, in regard to an Amish Mennonite initiative Participated in an Ontario Health West Region COVID-19 regional preparedness meeting

March 4	Co-chaired a meeting with community partners to collaborate on issues related to COVID-19 Interviewed by several media outlets, following the community partners meeting, about COVID-19
March 5	Attended the Finance & Facilities Committee meeting

This report was submitted by the Office of the Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 020-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 April 16

MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR APRIL

Recommendation

It is recommended that the Board of Health receive Report No. 020-20 re: "Medical Officer of Health/CEO Activity Report for April" for information.

The following report presents activities of the Medical Officer of Health (MOH)/CEO for the period March 6, 2020 – April 3, 2020.

Throughout the month of March, the MOH/CEO participated in daily and weekly teleconference calls in regard to COVID-19. These calls were facilitated by local health partners, the Association of Local Public Health Agencies (alPHa), Ministry of Health, Ontario Health Teams, Office of the Chief Medical Officer of Health, Public Health Ontario, the City of London, and Middlesex County to name a few.

March 9 — Testified at the inquest in regard to the recent deaths at the Elgin Middlesex Detention Centre due to opioid poisonings.

March 10 — MLHU Budget presentation to Middlesex County Council

March 11 — Hosted an external partner meeting to plan for assessment centres

March 12 — Phone call with Kate Young, MP in regard to COVID-19
Phone call with Ed Holder, Mayor of London in regard to COVID-19

March 13 — Participated on the COMOH Executive conference call
Follow-up call with members of the assessment centre group

March 17 — Tour and media event at the Oakridge Arena Assessment Centre

March 18 — Meeting with Peggy Sattler MPP, Terrance Kernaghan MPP and Teresa Armstrong MPP re COVID-19

March 19 — Call with Brian Lester, Executive Director at Regional HIV/AID Connection

March 26 — Participated in the teleconference Board of Health meeting

March 27 — Phone call with Ed Holder, Mayor of London

April 1 — Phone call with Dave O'Brien and Neil Johnson at the City of London Emergency Services

April 3 — Co-Chaired an all staff townhall

The MOH/CEO also co-hosted twice weekly webinars with Dr. Alex Summers to provide new and updated COVID-19 information for health care providers and stakeholders.

The MOH participated in the following interviews in regard to COVID-19:

March 6	Ian McLean, President and CEO of the Greater Kitchener Waterloo Chamber of Commerce. AM570 Kitchener - Business 2 Business
March 13	Liz Payne, Ottawa Citizen
March 14	Nana aba Duncan, CBC Fresh Air Live
March 19	The Current – CBC
	Liz Payne - The Ottawa Citizen
March 20	Matt Trevithick, AM980 CFPL
	Chris Montanini, The Londoner
	Scott Navarro, Rogers TV
	Blackburn News
	Megan Stacey, London Free Press
	Sasha Long, CTV London
March 25	Craig Needles, AM980 News
	Lauren Pelley, CBC
	CBC Radio
March 27	Jess Brady, AM980 CFPL
March 28	Sofia Rodriguez, CBC Radio
	Jordyn Reed – CTV London
	Tijuana Taylor, 680 News (CFTR)
March 30	CBC Radio London
March 31	Miranda Chant, Blackburn News – Free FM
	Craig Needles, Global News Radio AM980 CFPL
	Alvin Yu, CBC London
	Marek Sutherland, CTV News
April 2	Jaclyn Carbone, AM980 News
April 3	Mike Stubbs, AM980 CFPL
	Laura Osman, The Canadian Press
	Norm deBono, The London Free Press

This report was submitted by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

CORRESPONDENCE – March and April 2020

a) Date: 2020 February 24
Topic: 2020 municipal cost share of public health funding
From: Eastern Ontario Health Unit
To: The Honourable Christine Elliott

Background:

On February 12, 2020, the Board of Health for the Eastern Ontario Health Unit (EOHU) passed a motion to resolve that, for the calendar year 2020, the provincial Ministry of Health reverse the 30% cost-share formula and return to the municipal share of 25% applicable only to previously shared mandatory programs, as in prior years. EOHU is forwarding this motion in the context of the Public Health Modernization consultation process, which is still ongoing.

Recommendation: Receive.

b) Date: 2020 February 28
Topic: Ontario measures for protecting children and youth from dangers of vaping
From: Ontario Ministry of Health
To: All Health Units

Background:

On February 28, 2020, the Ministry of Health announced a proposal for new regulations to further restrict youth access to vapour products in Ontario. If approved, the new regulations would limit where flavoured and high-nicotine vapour products may be sold at retail. In addition, the Province will expand prevention initiatives and services to quit vaping, including enhancement of mental health and addiction services and resources, as well as the establishment of a Youth Advisory Committee.

Recommendation: Receive.

c) Date: 2020 March 2
Topic: Discussion paper: Public Health Modernization
From: Leeds, Grenville and Lanark District Health Unit
To: All Health Units

Background:

On March 2, 2020, the Leeds, Grenville and Lanark District Health Unit shared their new report, which includes recommendations to address the Ministry of Health's concerns as identified in its November 2019 *Discussion Paper: Public Health Modernization*.

Recommendation: Receive.

d) Date: 2020 January 20 (received February 18)
Topic: Endorsement of correspondence regarding vaping recommendations
From: Office of the Mayor, City of Hamilton
To: All Health Units

Background:

On January 20, 2020, the City of Hamilton Board of Health endorsed correspondence from several boards of health, including MLHU, regarding comprehensive measures to address the rise of vaping in Ontario.

Recommendation: Receive.

e) Date: March 3, 2020
Topic: Comprehensive Measures to Address the Rise of Vaping in Canada
From: Grey Bruce Health Unit
To: Honourable Patty Hadju

Background:

On November 22, 2019, the Board of Health for Grey Bruce Health Unit endorsed correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding comprehensive measures to address the rise of vaping in Canada. Refer to correspondence item f) in the November 21, 2019 Board of Health agenda.

Recommendation: Receive.

f) Date: March 3, 2020
Topic: The Harms of Vaping and the Next Steps for Regulation
From: Grey Bruce Health Unit
To: Minister Christine Elliott

Background:

On November 22, 2019, the Board of Health for Grey Bruce Health Unit endorsed correspondence from the Windsor-Essex County Health Unit regarding the harms of vaping and the next steps for regulation. Refer to correspondence item o) in the November 21, 2019 Board of Health agenda.

Recommendation: Receive.

g) Date: March 5, 2020
Topic: Support for a Seamless Provincial Immunization Registry
From: Peterborough Public Health
To: Honourable Christine Elliott

Background:

On February 12, 2020, the Board of Health for Peterborough Public Health endorsed correspondence from the City of Hamilton Board of Health and the Council of Ontario Medical Officers of Health (COMOH) in support of a seamless provincial immunization registry. Refer to correspondence item g) in the December 12, 2019 Board of Health agenda.

Recommendation: Receive.

h) Date: April 3, 2020
Topic: Ontario Increasing Public Health Unit's Capacity to Stop COVID-19
From: Ministry of Health
To: All Health Units

Background:

On April 3, 2020, the Ministry of Health announced that further action is being taken to allow public health units to increase their capacity. A new online portal has been launched for the public to access COVID-19 lab test results. Ontario has also issued a new emergency order to provide health units with the authority and flexibility to make staffing decisions to support the outbreak of COVID-19. All public health units are to implement aggressive contact tracing and management in response to the increase of community transmission.

Recommendation: Receive.

i) Date: April 1, 2020
Topic: Emergency Management and Civil Protection Act
From: Province of Ontario
To: All Health Units

Background:

On April 1, 2020, an order was issued under the Emergency Management and Civil Protection Act stating that Boards of health shall and are authorized to take, with respect to work deployment and staffing, any reasonably necessary measure to respond to, prevent and alleviate the outbreak of the coronavirus (COVID-19) (the "Virus").

Recommendation: Receive.

j) Date: March 30, 2020
Topic: 20-MAG001, Cannabis Consumption Establishments/Special Occasion Permits
From: Simcoe-Muskoka District Health Unit
To: Mr. Alexander Bishop, Director, Legalization of Cannabis branch

Background:

On March 30, 2020, the Board of Health for Simcoe-Muskoka District Health Unit (SMDHU) wrote to Mr. Bishop in support of the concerns expressed by the Association of Local Public Health Agencies (alPHa) over 20-MAG001 Cannabis Consumption Establishments/Special Occasion Permits. Allowing cannabis consumption establishments and special occasion permits would contribute to the normalization of cannabis use which increases health and social harms. The SMDHU urges the government to monitor and assess the impact of the regulatory changes before considering or allowing any further expansion.

Recommendation: Receive.

k) Date: March 27, 2020
Topic: COVID-19 Action Plan and Public Health
From: Association of Local Public Health Agencies (alPHa)
To: Honourable Doug Ford

Background:

On March 27, 2020, the Association of Local Public Health Agencies (alPHa) wrote to Premier Ford in support of the COVID-19 Action Plan and the commitment to provide further financial certainty to public health units in order to address urgent public health needs.

Recommendation: Receive.

l) Date: March 25, 2020
Topic: Ontario's Action Plan: Responding to COVID-19
From: Ministry of Health
To: All Health Units

Background:

On March 25, 2020, Finance Minister Rod Phillips and Premier Doug Ford released Ontario's Action Plan: Responding to COVID-19, which includes additional resources for the health care system and direct support for people and jobs. The plan includes a dedicated $1 billion COVID-19 contingency fund as part of the additional health care investments. The plan also includes $3.3 billion in additional health care resources to protect the health and well-being of the people of Ontario.

Recommendation: Receive.

m) Date: March 24, 2020
Topic: alPHa Communication to Members
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

On March 24, 2020, the Association of Local Public Health Agencies (alPHa) advised its members to refer to the official government resources for the most up-to-date information on COVID-19. Sincere appreciation and admiration for all of Ontario's Medical Officers of Health, Associate Medical Officers of Health, and Affiliate members in Public Health Units along with other program staff, support and administrative workers, members of the Boards of Health and everyone else who is working so hard to respond to the unprecedented public health crisis.

Recommendation: Receive.

n) Date: March 20, 2020
Topic: Amendments to the Municipal Act and City of Toronto Act
From: Ministry of Health
To: Board of Health Chairs, All Medical Officers of Health

Background:

On March 20, 2020, the Ministry of Health announced an amendment to the Municipal Act which provides that during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, members of councils, local boards and committees who participate electronically in open or closed meetings may be counted for the purposes of quorum.

Recommendation: Receive.

o) Date: March 20, 2020
Topic: Amendments to the Municipal Act and City of Toronto Act
From: Dr. David Williams, Chief Medical Officer of Health
To: All Health Units

Background:

On March 20, 2020, Dr. David Williams released the memorandum and information sheet on amendments to the Municipal Act and City of Toronto Act. This is in response to recent legislative changes that permit Boards of Health to meet and make decisions virtually during declared emergencies.

Recommendation: Receive.

p) Date: March 19, 2020
Topic: New Provincial Legislation to Allow Virtual Municipal Council Meetings
From: Association of Municipalities Ontario
To: All Health Units

Background:

On March 19, 2020, the Association of Municipalities Ontario (AMO) announced the Municipal Act, 2001 and the City of Toronto Act, 2006, have been amended to provide that, during municipal or provincial emergencies, members of councils, local boards and committees who participate electronically in open and closed meetings, may be counted for the purposes of quorum.

Recommendation: Receive.

q) Date: March 19, 2020
Topic: New Provincial Legislation to Allow Virtual Municipal Council Meetings
From: Association of Local Public Health Agencies
To: All Health Units

Background:

On March 19, 2020 the Association of Local Public Health Agencies announced amendments to the Municipal Act and the City of Toronto Act. Refer to correspondence items o) and p) above.

Recommendation: Receive.

r) Date: March 17, 2020
Topic: Board Meetings and Social Distancing
From: Association of Local Public Health Agencies
To: Honourable Doug Ford

Background:

On March 17, 2020 the Association of Local Public Health Agencies (alPHa) wrote to Premier Ford requesting a revision of Ontario Municipal Act requirements that prevent remote participation in Board meetings, at least until the COVID-19 crisis has resolved.

Recommendation: Receive.

s) Date: April 2, 2020
Topic: Emergency Order to Support Public Health Units with Human Resource Capacity
From: Ministry of Health
To: Board of Health Chairs, Medical Officers of Health

Background:

On April 2, 2020, the government enacted the new emergency order under the Emergency Management and Civil Protection Act to enhance public health human resources capacity specific to COVID-19. The order gives boards of health the authority and flexibility to make human resource decisions as necessary to respond to, prevent, and alleviate the outbreak of COVID-19, despite any collective agreements in place.

Recommendation: Receive.

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

Cornwall, February 12, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto ON M7A 1E9

Dear Minister Elliott:

RE: 2020 Municipal Cost Share of Public Health Funding

At its meeting on January 30, 2020, the Eastern Ontario Health Unit (EOHU) Board of Health unanimously passed the following motion number 2020-1393:

> ***WHEREAS*** *the Ontario Government's Public Health Modernization Consultation process is still ongoing and in fact delayed;*
>
> ***WHEREAS*** *the Public Health Modernization Consultation process does not address public health funding models including municipal cost-share;*
>
> ***WHEREAS*** *without prior consultation nor discussion with health units or municipalities and before a new public health structure model has been devised and implemented, the municipal public health funding share for 2020 has been increased to 30% and now extends to include programs not previously cost-shared with municipalities;*
>
> ***WHEREAS*** *the 30% share across all programs, including those previously not cost-shared will result in significant and likely unsustainable increase of close to 50% to the EOHU's 3 obligated, mostly rural municipalities which have a limited tax base;*
>
> ***WHEREAS*** *the EOHU's obligated municipalities have planned for a 2020 modest overall contribution increase of up to 2% which is less than their new 30% cost-share formula 2020 contribution, even offset by verbally confirmed one-time transitional funding by the Ministry of Health;*
>
> ***THEREFORE, BE IT RESOLVED THAT*** *for the calendar year of 2020 the provincial Ministry of Health reverse the 30% cost-share formula and return to previous years' municipal share of 25% applicable only to previously shared mandatory programs;*
>
> and
>
> ***FURTHERMORE THAT*** *copies of this motion be forwarded to local municipalities, the Wardens Caucus of Eastern Ontario, the Association of Municipalities of Ontario (AMO), ROMA, local MPPs, MPP Steven Clark, all Ontario Boards of Health, the Association of Public Health Agencies (alPHa) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.*

.../2

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

Sincerely,

Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy: Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
Warden's Caucus of Eastern Ontario
Association of Municipalities of Ontario (AMO)
ROMA
City of Cornwall
Ontario Boards of Health
Association of Public Health Agencies (alPHa)
Office of the Chief Medical Officer of Health
Jim McDonell, MPP, Stormont - Dundas - South Glengarry
Amanda Simard, MPP, Glengarry - Prescott-Russell
Steven Clark, Minister of Municipal Affairs

Ontario

NEWS

Ministry of Health

Ontario Protecting Children and Youth from Dangers of Vaping

Province Building Healthier and Safer Communities by Expanding Prevention Initiatives and Services to Help Quit Vaping

February 28, 2020 1:05 P.M.

TORONTO — Following extensive consultation, Ontario is taking further action to protect children and youth from the health risks of vaping, while maintaining adults' access to smoking cessation options.

Today, Christine Elliott, Deputy Premier and Minister of Health, announced that Ontario is proposing regulatory changes that, if approved, would limit where flavoured and high nicotine vapour products are sold at retail. At the same time, the province will expand prevention initiatives and services to quit vaping.

"Young Ontarians are increasingly using and becoming addicted to nicotine vaping products, putting their health at risk," said Elliott. "I've heard directly from concerned parents who grow more worried each and every day about the health of their kids. As a mother myself, I know there's a clear case for action to curb the alarming increase in youth vaping. That's why we are taking a balanced approach that protects our children and youth while also avoiding fuelling an underground market for unsafe vapour products."

Ontario has consulted with health care experts, industry partners, parents and youth to develop protective measures to help keep children and youth safe. The proposed changes include:

1. Increasing access to services to help people quit vaping by expanding Telehealth Ontario;
2. Restricting the retail sale of flavoured vapour products to specialty vape stores and cannabis retail stores, which are restricted to people aged 19 and over, with the exception of menthol, mint and tobacco flavours;
3. Restricting the retail sale of high nicotine vapour products (more than 20mg/ml) to specialty vape stores;
4. Working with major online retailers of vapour products and stakeholders to ensure compliance with age-based sales restrictions for online sales;
5. Requiring specialty vape stores to ensure that vapour product displays, and promotions are not visible from outside their stores;
6. Enhancing mental health and addiction services and resources to include vaping and nicotine addiction; and
7. Establishing a Youth Advisory Committee to provide advice on vaping issues.

Ontario is also calling on the federal government to implement a national tax on vaping products.

"Vaping and the associated risks are a national health concern," said Rod Phillips, Minister of Finance. "I have strongly advocated to the federal government to work with Ontario and other provinces and territories on a national approach to taxing vapour products. Keeping kids safe is a national health concern and the evidence is clear - a tax could be an effective way to deter young people from vaping."

A national vaping tax would minimize regulatory burden and ensure a consistent tax treatment across the country.

Ontario expects the proposed regulation changes, if approved, would come into effect on May 1, 2020, except for the regulatory amendment to restrict the retail sale of high nicotine vapour products, which the province expects would come into effect on July 1, 2020, if approved, to align with the federal changes to labelling of nicotine on products.

QUICK FACTS

- These proposals are in addition to previous action to ban the promotion of vapour products in non-specialty stores, as well as a Minister's Order requiring public hospitals in Ontario to report statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease.
- Evidence indicates there has been a 74 per cent increase in vaping among Canadian youth between the ages of 16 to 19 from 2017 to 2018 (Hammond et al, 2019).
- In 2017, nearly 11 per cent of Ontario youth between grades 7 to 12 used e-cigarettes in the past year, with 19 per cent in grade 12 (Ontario Student Drug Use and Health Survey, 2017).
- Experience suggests increasing costs could be an effective way to reduce vaping use by young people as they are more price-sensitive than other consumers. Higher prices would further deter those who have never smoked from trying these products in the first place, helping to reduce the risks of nicotine addiction and unknown long-term health effects.

LEARN MORE

- Learn more about the risks of vaping
- Statement by Deputy Premier and Minister of Health Christine Elliott
- Protecting Youth from the Dangers of Vaping

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Available Online
Disponible en Français

DISCUSSION PAPER:
PUBLIC HEALTH MODERNIZATION

Recommendations from the
Leeds, Grenville and Lanark District Health Unit

February 2020

Working Together

The Leeds, Grenville and Lanark District Health Unit is committed to working with the Ministry of Health, Public Health Ontario, its fellow local public health agencies, community partners, and members of the public to enhance the current public health system in Ontario.

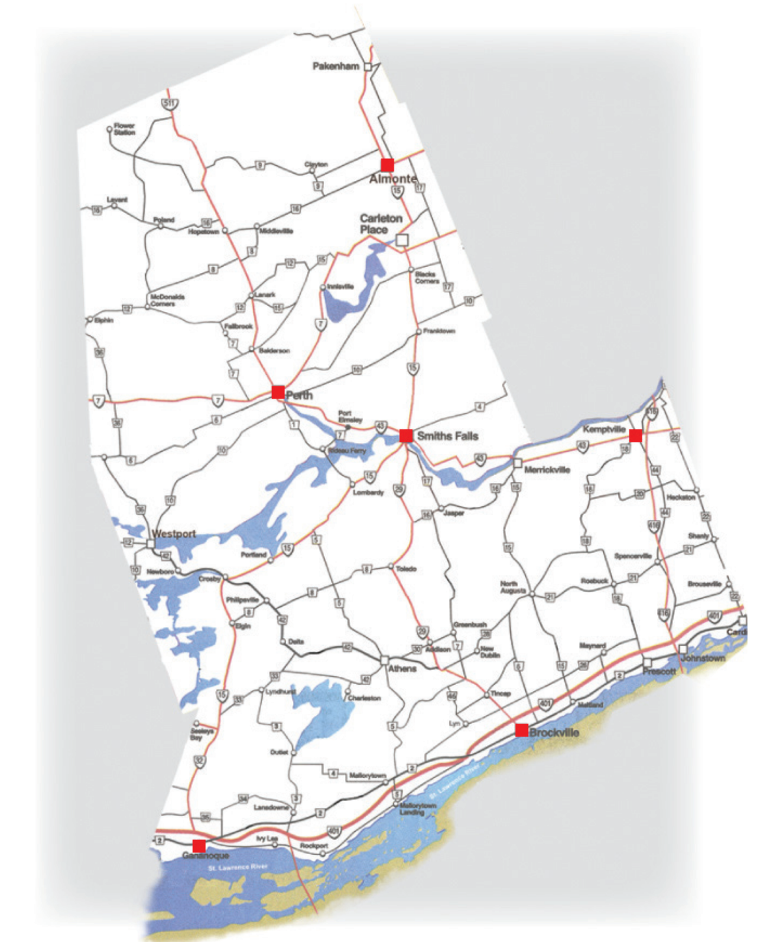
The Ministry of Health's November 2019 Discussion Paper: *Public Health Modernization* identified provincial concerns related to insufficient capacity, misalignment of health, social, and other services, duplication of effort and inconsistent priority setting in local public health agencies, as well as interest in improving Francophone services and engagement with Indigenous Peoples.

This report includes recommendations of the Leeds, Grenville and Lanark District Health Unit to address the Ministry of Health's concerns listed above. We think that these recommendations will enhance the ability and strength of the current public health system to improve the health of the population.

We look forward to the next phase of this collaborative journey.

Paula Stewart MD, FRCPC
Medical Officer of Health /CEO

Doug Malanka
Board Chair



169,244 people and 6,419 km2 according to 2016 Census

Leeds, Grenville and Lanark are located on the traditional territory of Algonquin and Haudenosaunee Peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

Public Health Modernization

Ontario local public health units play a crucial role in ensuring the safety, health and wellbeing of Ontario communities and their residents. Public Health employees work daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and wellbeing. These services are centred on Ontario's Public Health Standards and ensure that our population remains healthy, and does not end up requiring costly care and treatment in hospital emergency rooms and wards. The health needs of Ontarians are variable and preserving local partnerships with municipalities, health services, community partners, education, and the social service sector agencies is essential to ensuring the effectiveness of public health programs.

The Board of Health welcomes the Ministry of Health's consultation to realize the provincial vision for Public Health Modernization which includes a coordinated public health sector that is nimble, resilient, efficient, and responsive to the province's evolving health with:

- Meaningful municipal engagement;
- A more efficient public health system;
- Stronger public health collaboration with the health care system; and
- Sustained focus on effective public health protection, promotion, and prevention;
- Greater coordination within public health and between local public health agencies and health care;
- Greater consistency in public health programs and services; and
- Increased system capacity.

The Board of Health also agrees that more work can be done on the following areas of concern identified in the 2017 Report on Public Health: Chronic Disease Prevention from the Ontario Auditor General[1]:

- Greater strategic direction and oversight from the province on chronic disease prevention;
- Enhanced coordination among provincial ministries;
- Adequate capacity in all health units for chronic disease prevention;
- Enhanced coordination among health units to reduce duplication;
- Sufficient technical and scientific advice available to health units; and
- Greater emphasis on performance measurement and program evaluation.

[1] *AG report*

Principles for Public Health Modernization

The Leeds, Grenville and Lanark District Health Unit Board of Health identified the following key principles related to public health modernization.

1. **Appropriate municipal role in governance** – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health. It is important that obligated municipalities continue to have a significant governance role.
2. **No loss of service to our community** – Local public health program and services must be maintained so that local public health needs are responded to by building on local assets and partnerships.
3. **Meaningful involvement in planning** – The needs and assets of the Leeds, Grenville and Lanark communities are considered in the planning of any public health programs and services for the community.
4. **Integrity of the Health Unit** - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is divided.
5. **Like Health Unit Populations Grouped Together** – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
6. **Effective administration services** – All administration services be at the same quality or better than currently exist in the Health Unit.

The Board of Health also supports the November 2019 Statement of Principles for Public Health Modernization from the Association of Local Public Health Agencies (alPHa).

https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alPHa_Letter_PH_Principles_151119.pdf

Recommendations

The Leeds, Grenville and Lanark District Health Unit undertook a formal consultation process with Board of Health members, management and staff to discuss the *Discussion Paper: Public Health Modernization*. Sixty-two individuals participated in one of two forums held on January 8 and 9, 2020. A few others participated by survey, and discussions were also held with key partners.

The following recommendations support enhancing the abilities of local public health agencies to deliver quality programs and services that would improve health and prevent health problems.

- **Priority setting with both provincial and local perspective:** Some public health issues are common across public health units, while others vary in permeation or context. Priority setting across the province would thus be best served by a balance of provincial and local determination. The public health system would benefit from the continued support of provincial public health standards (i.e. Ontario Public Health Standards) that provide provincial direction while allowing for adaptation of programs and services to meet locally identified needs, through application of the foundational principles of need, impact, capacity and partnerships. Public Health Ontario could facilitate local priority setting through data collection and analysis, literature reviews, research, and coordination of collaboration among health units with similar identified needs. Public health priority setting should not be completed in isolation from other fields, but rather could reflect consistent health-related mandates across Provincial Ministries.

- **Recognize urban and rural differences:** It is important to consider differences in need and capacity between urban and rural communities when collecting data, setting priorities, and adapting resources and program implementation strategies for these communities. Rural representation could be considered in health data collection, such as through oversampling methods. Decision-making regarding program and service priorities and implementation strategies could be a local responsibility to ensure that local need and capacity are considered, thereby increasing the likelihood of success. Facilitated collaborations between public health units should respect urban and rural differences.

- **Local relationships supported:** The success of many public health interventions is dependent upon the development of strong relationships with local partnering agencies and with community members. Front-line client service must remain locally provided, and may include the assignment of dedicated public health providers to specific areas (e.g. a school, a municipality, etc.). Local public health units could ensure adequate visibility and representation within communities, and engage in opportunities to build relationships with Indigenous communities and other locally-identified priority populations.

- **Coordination across provincial Ministries:** Public health interventions will be most effective when messaging and other strategies are consistent across health-related provincial Ministries. Examples include the Ministries of Health; Education; Agriculture, Food and Rural Affairs; Attorney General; Children, Community and Social Services; Indigenous Affairs; Municipal Affairs and Housing; Seniors and Accessibility; and Transportation. Mandates of various Provincial Ministries could be reviewed to ensure that they are congruent and share similar desired outcomes. Collaboration between Ministries would be enhanced through the use of a consistent platform for data sharing and analysis, and through an online portal that enables communication and sharing of ideas.

- **Public health and primary care system coordination:** Efficiency and effectiveness of public health practice requires upstream interventions to address the social determinants of health and risk factors for disease. This can be facilitated through embedding the principles of public health into existing and emerging primary care systems. Local public health could be involved in the planning and implementation of Ontario Health Teams, to allow integration of health promotion and prevention strategies into the delivery of primary care. Technology could be leveraged to allow for efficiencies in providing collaborative preventive care, such as through automatic reporting of immunizations to local public health units.

- **Coordinated resource development, research, and training:** Many public health issues are common across health units and would benefit from regional or central coordination of activities. Some services could be shared regionally among public health units, such as those found in the Foundational Standard (i.e. epidemiology, continuous quality improvement, and communications), procurement, and other financial services. Regional sharing of services could be modeled after the sharing of library services that is currently being coordinated by Public Health Ontario. Mechanisms could be developed to coordinate the sharing of resources and activities between public health units, including resurrection and expansion of Public Health Ontario's Locally Driven Collaborative Projects (LDCP) program. For topics that affect a majority of public health units, provincial (i.e. Public Health Ontario) support of research, public health workforce development, training, and resource and guideline development would reduce duplication of effort and improve consistency in messaging. Resurrection of the former provincial resource centres would help to address this need.

- **Coordinated training and professional development:** A strong public health system is supported by skilled public health providers who are able to respond quickly and effectively to ongoing and emerging public health issues. Central development and coordination of training programs could be considered for topics that affect several public health units, which would decrease duplication of effort and improve capacity and consistency across regions. In particular, provincial coordination of training programs could be provided for programs and services that are mandated by the Ontario Public Health Standards. Routine cross-training practices at local public health units would improve overall capacity. Increased collaboration between provincial entities (i.e. Public Health Ontario) and local public health units would allow for bilateral professional development opportunities that could strengthen service provision by all those involved.

- **Adequate stable funding:** Capacity for local public health programs and services is highly dependent on adequate funding from both obligated municipalities and the province. The recent change in the provincial/municipal funding ratio for mandatory programs from 2019 to 2020 from 75/25 to 70/30 and from 100% provincial to 70/30 for allied programs has had a major impact on local obligated municipalities. It will be very difficult to absorb any further increase, and their strong preference is to have the province revert to the 2019 funding ratio.

Enhancing the Organization of the Ontario Public Health System

The Leeds, Grenville and Lanark District Health Unit Board of Health would like to suggest the following organizational proposal to enhance an Ontario Public Health System that builds on the strengths of the existing system, and adds structures and processes to support capacity, build effective relationships with the health and social services systems, avoid duplication, and improve effective and consistent priority setting. This proposal builds on ideas generated at a meeting held in July 2019 with small urban/rural health units in Eastern Ontario and CAO's from Counties of Eastern Ontario, a meeting of Medical Officers of Health held in Kingston in December 2019, along with ideas discussed at the Health Unit Consultation Forums.

The proposed Enhanced Ontario Public Health System (Figure 1) would have local, regional and provincial components:

Local

Municipalities would continue to have a strong governance role through local Boards of Health with local community representation. The Board would continue to report to the Ministry of Health and would be accountable for any direction regarding priorities set by the Ministry. A full-time Medical Officer of Health would remain responsible for implementing the Ontario Public Health Standards at the local level.

Health Units would arrange for shared services to support capacity and avoid duplication. Existing partnerships with the health care system, Boards of Education, Municipalities, social services, networks and coalitions would continue and be expanded with a particular focus on Ontario Health Teams.

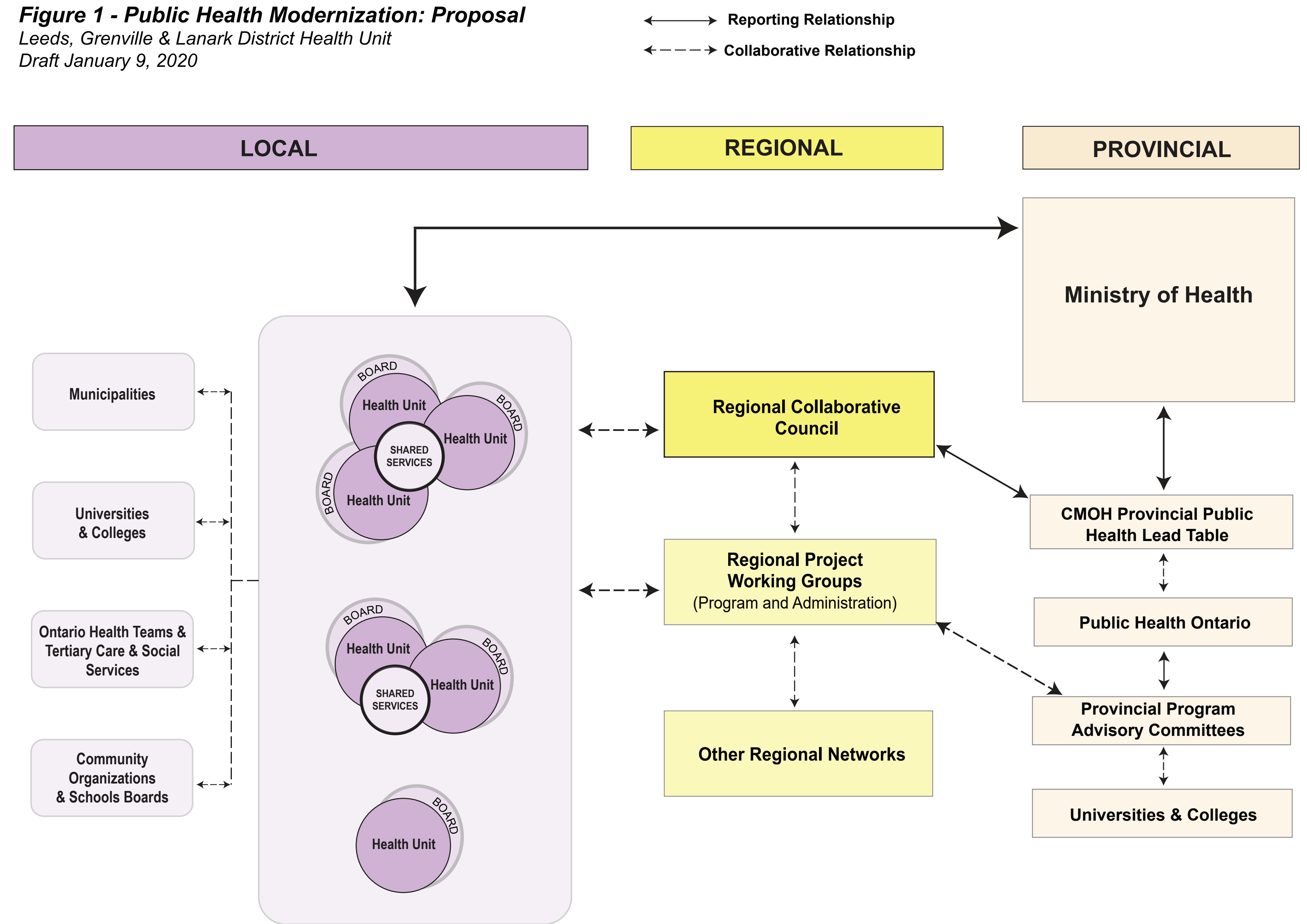
Regional

A network of Public Health Regional Collaborative Councils (RCC) (see details below) would be created across the province to facilitate health units working together and provide a mechanism for effective collaboration with the Chief Medical Officer of Health and the Ministry of Health. The RCC would be a vehicle for sharing information and would form working groups for specific administrative or program priorities jointly agreed to by some or all of the health units in the region. Associate MOH's and other senior leaders with specific content expertise would be leaders or participants on the working groups. These working groups build on the current experience of the East region for collaboration across health units. See more detail below.

Provincial

A CMOH Provincial Public Health Lead Table led by Dr. David Williams, CMOH, with representatives from each RCC would discuss priorities, coordinate provincial surveillance and program initiatives, provide input into provincial policy development, and provide input into federal public health initiatives.

Public Health Ontario would support Program Advisory Committees (like PIDAC) that would include subject matter expertise from PHO and local public health agencies to assist Public Health Ontario with the review and synthesis of evidence on public health topics, create guidelines and medical directives, education and training materials, and program resources for local public health agencies.



Public Health Regional Collaborative Council: Initial Ideas

Purpose

The purpose of the Public Health Regional Collaborative Council (RCC) is to:

- Provide a formal structure and process for the Health Units in a region to identify, implement and evaluate initiatives to improve the efficiency and effectiveness of public health programs and services.
- Provide a mechanism for the Representatives from each RCC and the Chief Medical Officer of Health to collaborate on priority setting and support provincially-led initiatives through the CMOH Provincial Public Health Lead Table.

The RCC is built on the Collective Impact Framework which many health units use to effectively collaborate with local partners. The Framework contains “five core conditions including the development of a common agenda; using shared measurement to understand progress; building on mutually reinforcing activities; engaging in continuous communications and providing a backbone to move the work forward.” http://www.tamarackcommunity.ca/collectiveimpact

Using the Collective Impact Framework the Public Health Regional Collaborative Councils will facilitate meeting the ministry requirements for the modernization of public health in Ontario[2]

- Enhance system capacity;
- Guide the implementation of provincial priorities and develop regional priorities for collaborative work;
- Increase coordination and collaboration and decrease duplication;
- Increase responsiveness to provincial public health direction and priorities;
- Strong centralized evidence functions to support health system planning;
- Evidence-based public health interventions – improved ability to prevent infectious and communicable diseases; and
- Ability to coordinate with new Ontario Health Teams.

Composition

Membership on the Public Health Regional Collaborative Councils includes all Health Units in a defined geographic region:

- All Medical Officers of Health
- Representatives from the Corporate Service Directors
- Representatives from the Program Directors
- Others to be determined
- Rotating Executive Support

The Chair and Vice-Chair are elected by the Council itself. It meets twice a year and sets up effective communication systems with all Health Units. A consensus approach will be used to establish and build on priorities identified by each of the partner Health Units.

Local and Provincial Reporting

Medical Officers of Health report to their Boards of Health on the work of the Council and ask for the Board’s input into priorities for the year and report on work completed.

Two representatives from each Regional Collaborative Council are selected each year to attend the CMOH Provincial Public Health Lead Table led by Dr. David Williams and report back to the Council.

Working Groups

The Council sets up working groups to implement the priority work of the Council including priorities from the Provincial Lead Table. This builds on the current collaborative work across programs in the region. Each working group has a lead Health Unit that volunteers to coordinate the work. Participating Health Units contribute in-kind or provide other resources to support the work. Senior staff/management staff participate on the working groups.

OFFICE OF THE MAYOR
CITY OF HAMILTON

January 20, 2020

VIA: Mail and Email

Hon. Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Hon. Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
Sent via email: christine.elliott@pc.ola.org

RE: Endorsement of Correspondence re: Vaping Recommendations

Dear Ministers Hajdu and Elliott,

At its meeting on January 20, 2020, the City of Hamilton Board of Health endorsed correspondence regarding comprehensive measures to address the rise of vaping in Ontario (see attached) from the following Boards of Health:

- Public Health Sudbury & Districts
- Haliburton Kawartha, Pine Ridge District Health
- Middlesex-London Health Unit
- Peterborough Public Health
- Leeds, Grenville and Lanark District Health Unit

While aerosolized products, also known as e-cigarettes, are considered by some health authorities to be less harmful than combustible tobacco cigarettes, Health Canada and other health authorities have concluded that the long-term health effects from the use of aerosolized products are not yet fully known. Vaping aerosolized products has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018. In Hamilton, the amount of vapour product stores and inspections have increased as well as the sales of vapour product or e-cigarettes to persons under the age of 19 in 2019 in comparison to 2018. Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco and vaping use among children youth and young adults.

The City of Hamilton's Board of Health is supportive of the proposed regulations put forward by the Ontario's Ministry of Health to prohibit the promotion of vapour products

in convenience stores and gas stations effective January 1, 2020, as research shows that point of sale advertising has the strongest association with youth's interest in e-cigarette products. Despite this regulatory change, vapour products manufacturers are still able to promote their products in other settings (i.e. billboards, posters, public transit) provided they do not violate the federal Tobacco and Vaping Products Act. Commendably, on December 19, 2019 Honourable Patty Hajdu, Minister of Health, proposed that new regulations to prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth.

Flavoured vapour products are also appealing to youth and have been linked to uptake of vaping by youth, similar to the experience with flavoured tobacco, which is now prohibited. According to the Tobacco and Vaping Products Act, many of these popular flavours such as dessert, confectionery, soft drink, energy drink, or cannabis are prohibited from being used to promote e-cigarette products including its packaging and through illustrations and design elements. Despite this, the Ontario Tobacco Research Unit (OTRU) has found that many Canadian online e-cigarette retailers are in fact promoting these flavours.

While youth use is of concern, it is also important to consider the potential for cessation among adult smokers using e-cigarettes. A systematic review of consumer preference for e-cigarette products researched the relationship between flavours and quitting smoking. Two studies found greater quit success when using menthol flavoured products, another study found quit success when using coffee flavours, while another study found that flavoured e-cigarette use was associated with a lower intention to quit smoking.

E-cigarettes utilizing the salt-based nicotine pod systems such as JUUL are very popular among youth, with some of these products containing very high concentrations of nicotine (59 mg/mL). This is alarming as children and youth are especially vulnerable to nicotine addiction as the brain is still developing until the age of 25. The European Union has limited the amount of nicotine in e-cigarettes to 20 (mg/ml) to allow for a comparable amount of nicotine that would be found in a standard cigarette, this is much lower than the current nicotine levels permitted in Canada.

On behalf of the City of Hamilton's Board of Health, I endorse recommendations from the above stated Boards of Health as well as from Minister Hajdu and Health Canada for more stringent vaping regulations, similar to those regulating tobacco products.

These recommended regulations include:

- Require a ban on flavoured e-cigarettes to help prevent the further uptake of vaping by youth;
- Restrict the nicotine concentration in all vaping products;
- Require health and toxicity warnings on all vapour products;
- Require mandatory testing and reporting for vapour products;
- Require standardized and tamper proof packaging on all vapour products;
- Require an age of 21 years for tobacco, vaping and cannabis sales;

- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance; and,
- Revise the Federal Tobacco and Vaping Products Act to ban display, promotion and advertising, mirroring the restrictions on tobacco in the Tobacco and Vaping Products Act.

Sincerely,

Fred Eisenberger
Mayor

<u>CC:</u>
Donna Skelly, MPP, Flamborough-Glanbrook
Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

David Sweet, MP, Flamborough-Glanbrook
Matthew Green, MP, Hamilton Centre
Bob Bratina, MP, Hamilton East – Stoney Creek
Scott Duvall, MP, Hamilton Mountain
Filomena Tassi, MP, Hamilton West-Ancaster-Dundas

Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

March 3, 2020

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Re: Comprehensive Measures to Address the Rise of Vaping in Canada

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding measures to address the rise in Vaping. The following motion was passed:

GBHU BOH Motion 2019-99

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding Comprehensive Measures to Address the Rise of Vaping in Canada as presented."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

October 16, 2019

Via E-mail: Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada.
While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

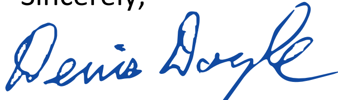
A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

KFL&A Public Health

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: *Mark Gerretsen, MP Kingston and the Islands*
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Kingston, Frontenac and Lennox & Addington Public Health www.kflaph.ca

Main Office: 221 Portsmouth Avenue, Kingston, Ontario K7M 1V5, 613-549-1232 | 1-800-267-7875, Fax: 613-549-7896

Branch Offices:
Cloyne 613-336-8989 Fax: 613-336-0522
Napanee 613-354-3357 Fax: 613-409-6267
Sharbot Lake 613-279-2151 Fax: 613-279-3997

March 3, 2020

Honourable Christine Elliott
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: The Harms of Vaping and the Next Steps for Regulation

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached Resolution from Windsor-Essex County Health Unit regarding the next steps for vaping regulation. The following motion was passed:

GBHU BOH Motion 2019-100

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the resolution from Windsor-Essex County Health Unit regarding The Harms of Vaping and the Next Steps for Regulation as presented."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Dr. David Willians, Chief Medical Officer of Health, Ministry of Health
Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

519-376-9420 1-800-263-3456 Fax 519-376-0605

519-258-2146 | www.wechu.org

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation. WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

March 5, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Seamless Provincial Immunization Registry

At its meeting on February 12, 2020, the Board of Health for Peterborough Public Health received correspondence from City of Hamilton Board of Health, dated October 30, 2019, and correspondence from the Council of Ontario Medical Officers of Health (COMOH), dated March 19, 2019.

Peterborough Public Health supports the recommendations that a seamless provincial immunization registry would address several of the challenges with the current system, including:

- eliminating the burden of parents/guardians needing to report vaccines to local public health agencies;
- reducing the risk of inaccurate information being reported by parents/guardians;
- reducing staff time and resources needed to manually input vaccine records; and
- reduce the number of suspension due to the lack of reporting by parents/guardians.

In addition, this registry would assist in the investigation of outbreaks of vaccine preventable diseases when they occur as it would allow for quick identification of those individuals who are susceptible and vulnerable.

A seamless provincial immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population which aligns with Ministry of Health's intent to create efficiencies and improve outcomes by introducing technology solutions into health care.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
France Gélinas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliott
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

Dr. David Williams
Chief Medical Office of Health
Ministry of Health and Long-Term Care
21st Flr, 393 University Avenue, 21st Floor
Toronto, ON M5G 2M2
dr.david.williams@ontario.ca

RE: Support for a Seamless Provincial Immunization Registry

Dear Minister Elliott and Dr. David Williams,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the *Immunization of School Pupils Act* (ISPA). As a result, the Board of Health was happy to support the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry and asked that the report (BOH19029) be circulated to those copied on this letter.

Local public health units are responsible for the enforcement of the ISPA, a provincial law that requires children attending school to be vaccinated according to the Ontario immunization schedule. The Hamilton Public Health Vaccine Program engages in a screening and suspension process that ensures parents and guardians are adequately notified of ISPA requirements. The program is responsible for assessing and maintaining vaccine records for over 70,000 students enrolled in Hamilton elementary and secondary schools. For the 2018-2019 school year, at the completion of the screening and suspension process, the compliance rate ranged between 94.3% to 98.5% for 7 to 8 year-old school students and 93.1% to 99.8% for 17 to 18 year-old students.

Although ISPA is an effective tool to ensure individual and community level immunity, the process is resource intensive both from a staff and time perspective. This is a result of most vaccine records requiring manual input into the provincial database by program staff, and follow-up required on records received that are missing information such as date of administration, required demographics or fax error.

.../2

A major challenge to the administration of ISPA is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary and community health care providers, at the time a vaccine is given, to the Digital Health Immunization Repository. As a result, parents/guardians are responsible for reporting their child(ren)'s vaccine records to Public Health. Furthermore, public health units across Ontario do not have a process to verify information received from parents/guardians with their health care provider, as this would be both labour intensive and costly.

Support for a seamless immunization registry would address several of the challenges with the current system, including:

- Eliminating the burden on parents/guardians to report vaccines to Public Health;
- Reducing the risk of inaccurate information being reported by parents;
- Reducing staff time and resources needed to manually input vaccine records; and,
- Reducing the number of suspensions due to the lack of reporting by parents.

Immunizations remain one of the most successful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases in additional to providing community level protection. Hamilton Public Health Services is committed to protecting the health of the community by preventing vaccine-preventable diseases. To achieve this goal, Hamilton Public Health Services will continue to collaborate and support parents and local school boards to ensure compliance with the Immunization of School Pupils Act. Moving toward a seamless immunization registry would increase efficiencies in the screening and suspension process while reducing parental burden to report vaccines to public health.

Sincerely,

Fred Eisenberger
Mayor

CC:
Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

ATTACHMENT 2

coMOH

Council of Ontario MEDICAL OFFICERS OF HEALTH

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

The Council of Ontario Medical Officers of Health (COMOH) is a Section of

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

March 14, 2019

Hon. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Support of Immunizations and the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project

On behalf of the Council of Ontario Medical Officers of Health, I am writing to express our thanks for the Minister's support of immunizations and the immunization programs in Ontario. Getting the public support of the Minister in the face of so much misinformation on vaccines is very valuable and appreciated.

We would also like to provide our full support to the Ministry for moving forward with online health records for patients, and in particular, the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, namely the seamless reporting of immunizations from health care providers directly to local public health. This will reduce the considerable burden on parents to manually report their child's immunizations to local public health units. It will also be more efficient and ensure more accurate vaccine records. If done well, it could also serve as a model for future digital integration between electronic medical record solutions and other provincial health digital assets, supporting the Ontario government's priorities for digitization.

Public health uses vaccination records in the DHIR to prevent and stop outbreaks of infectious diseases such as measles. When EMR integration with the DHIR is established, in order for a vaccination record to be shared between a patient's physician and public health, consent from the patient or their guardian would be required. We would like to encourage the Ministry to consider removing the need for individual informed consent to share vaccine records to improve the efficiency for public health to prevent the spread of infectious diseases.

The Ministry might also consider being the Health Information Custodian for immunization records in the DHIR, administering the DHIR in a manner similar to other Ministry assets like the Ontario Laboratory Information System (OLIS) and the Digital Health Drug Repository. This would further simplify the system by eliminating the need for individual agreements between each of the 35 local public health units and the Ministry and streamline the current process where each local PHU must verify immunization records as they are added to the DHIR.

If the Ministry prefers that local medical officers of health remain the health information custodians for the immunization records of their respective health units, a new consent form would be required. A Ministry-approved, IPC-compliant consent form for the collection of non-ISPA/CCEYA information would be needed for use by all 35 public health units prior to the project being implemented.

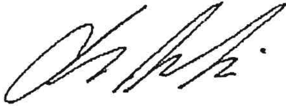
Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

Vaccine wastage or inappropriate administration could also be managed by permitting patients and health care providers across the province to easily access recorded immunization histories.

The proposed project is also consistent with the mention in "Ending Hallway Medicine" to consider technology solutions to improve health outcomes for patients, to integrate care at the local level, and to identify options for integrated health information systems that would facilitate smooth transfers between care settings, in this case from doctor's offices to local public health.

To that end, we thank you again for your announced commitment to this project and look forward to working with your office towards an efficient health care system that meets the needs of Ontarians.

Yours sincerely,



Dr. Chris Mackie
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. David Williams, Chief Medical Officer of Health
Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway Medicine

Ontario

NEWS

Ministry of Health

Ontario Increasing Public Health Units' Capacity to Stop COVID-19

April 3, 2020 7:30 A.M.

TORONTO — To support public health units' extensive efforts to stop the spread of COVID-19, Ontario is taking further action to redirect existing resources to focus squarely on the fight against this new virus while allowing for public health units to considerably increase their capacity.

Ontario has launched a new user-friendly online portal for the public to easily access their COVID-19 lab test results. By offering faster and secure access to test results on their computer or mobile device, this portal will help ease pressures on public health units and frontline workers to provide this information so that they can better focus on containing COVID-19.

"With this new portal, patients will be able to access their test results faster from the safety of their home," said Christine Elliott, Deputy Premier and Minister of Health. "It will help reduce the burden on our public health units and frontline health workers, allowing them to focus their efforts where they are needed most during this challenging time."

Ontario is also issuing a new emergency order under the *Emergency Management and Civil Protection Act*, effective immediately, to provide public health units the authority and flexibility they need to make staffing decisions that support their ongoing fight against the outbreak of COVID-19, despite any collective agreements. As a result, public health units will be able to significantly expand their capacity to implement critical public health functions, such as case and contact management, through the use of volunteers, including the thousands of retired nurses and medical students who have signed up through the province's website.

This latest order will support the recommendation made by Dr. David Williams, Chief Medical Officer of Health, for all public health units to implement more aggressive contact tracing and management in response to the increase of community transmission. The province's medical officers of health are also encouraged to use their authority under Section 22 of the *Health Protection and Promotion Act* to ensure isolation of cases and contacts of COVID-19.

"We are at a critical juncture in our fight against COVID-19," said Elliott. "Our success as a province depends on our ability to quickly and effectively stop the spread of this new virus. These actions offer considerable support to our local health units and give them the authority they need to act and contain COVID-19 in our communities."

QUICK FACTS

- Patients will be asked to verify their identity with the information on their photo health card. The portal will provide patients with their test results and offer guidance on next steps.
- On March 30, 2020, Dr. Williams issued a statement to strongly encourage Ontarians to stay home, limit the number of essential trips and adhere to physical distancing.
- If you think you may have COVID-19 symptoms or have been in close contact with someone who has it, first self-isolate and then use Ontario's Self-Assessment Tool to see if you need to seek further care.
- Take these everyday steps to reduce exposure to COVID-19 and protect your health:
  - Wash your hands often with soap and water or alcohol-based hand sanitizer;
  - Sneeze and cough into your sleeve;
  - Avoid touching your eyes, nose or mouth;
  - Avoid contact with people who are sick; and
  - Stay home if you are sick.

LEARN MORE

- Ontario's Action Plan: Responding to COVID-19
- Visit Ontario's website to learn more about how the province continues to protect Ontarians from COVID-19.
- Learn about travel advisories related to COVID-19.
- If you are a health care professional, learn how to protect yourself and your patients by reading our guidance documents.

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Available Online
Disponible en Français

Français

ONTARIO REGULATION 116/20

made under the

EMERGENCY MANAGEMENT AND CIVIL PROTECTION ACT

Made: April 1, 2020 (5:00 pm)
Filed: April 1, 2020
Published on e-Laws: April 2 2020
Printed in *The Ontario Gazette*: April 18, 2020

ORDER UNDER SUBSECTION 7.0.2 (4) OF THE ACT - WORK DEPLOYMENT MEASURES FOR BOARDS OF HEALTH

Whereas an emergency was declared pursuant to Order in Council 518/2020 (Ontario Regulation 50/20) on March 17, 2020 at 7:30 a.m. Toronto time pursuant to section 7.0.1 of the *Emergency Management and Civil Protection Act* (the "Act") and has been extended pursuant to section 7.0.7 of the Act;

And Whereas the criteria set out in subsection 7.0.2 (2) of the Act have been satisfied;

Now Therefore, this Order is made pursuant to subsection 7.0.2 (4) of the Act, in particular paragraphs 8, 9, 10, 12 and 14 of that subsection, the terms of which are set out in Schedule 1;

And Further, this Order applies generally throughout Ontario;

And Further, this Order shall be in effect for the duration of the declared emergency, subject to section 7.0.8 of the Act.

SCHEDULE 1

Application

1. This Order applies to every board of health within the meaning of the *Health Protection and Promotion Act*.

Work redeployment and staffing

2. Boards of health shall and are authorized to take, with respect to work deployment and staffing, any reasonably necessary measure to respond to, prevent and alleviate the outbreak of the coronavirus (COVID-19) (the "Virus").

Measures

3. Without limiting the generality of section 2, and despite any other statute, regulation, order, policy, arrangement or agreement, including a collective agreement, boards of health shall and are authorized to do the following:

1. Identify staffing priorities and develop, modify and implement redeployment plans, including the following:
   - i. Redeploying staff within different locations in (or between) facilities of the board of health.
   - ii. Changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work.
   - iii. Changing the scheduling of work or shift assignments.
   - iv. Deferring or cancelling vacations, absences or other leaves, regardless of whether such vacations, absences or leaves are established by statute, regulation, agreement or otherwise.
   - v. Employing extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work.
   - vi. Using volunteers to perform work, including to perform bargaining unit work.
   - vii. Providing appropriate training or education as needed to staff and volunteers to achieve the purposes of a redeployment plan.
2. Conduct any skills and experience inventories of staff to identify possible alternative roles in priority areas.
3. Require and collect information from staff, contractors or volunteers about their availability to provide services for the board of health.
4. Require and collect information from staff, contractors or volunteers about their likely or actual exposure to the Virus, or about any other health conditions that may affect their ability to provide services.

5. Cancel or postpone services that are not related to responding to, preventing or alleviating the outbreak of the Virus or services that are not deemed to be critical by a board of health's business continuity or pandemic plans.
6. Suspend, for the duration of this Order, any grievance process with respect to any matter referred to in this Order.

Redeployment plans

4. For greater certainty, a board of health may implement redeployment plans without complying with provisions of a collective agreement, including lay-off, seniority/service or bumping provisions.

Français

Back to top

simcoe muskoka
DISTRICT HEALTH UNIT

March 30, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Dear Director Bishop:

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

On behalf of the Board of Health at the Simcoe Muskoka District Health Unit (SMDHU), I am writing in support of alPHa's letter dated February 27, 2020 and the concerns expressed re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits.

Currently there is a lack of research to support the opening cannabis consumption establishments or issuing special event permits. Also lacking is evidence to outline the long-term impacts of normalizing cannabis use.

Presently, individuals in Ontario are permitted to possess and consume cannabis in many public and private spaces; therefore, cannabis cafes, lounges and special event permits are not required at this time. Allowing cannabis consumption establishments and special occasion permits would contribute to the normalization of cannabis use and has been demonstrated with alcohol use in our society, normalization results in proliferation of usage which increases health and social harms.

Potential harms from use and normalization of cannabis could include risks of public/over-intoxication, increased impaired driving, potential for falls and other injuries, issues of liability, enforcement issues and ultimately potential for increased hospital ER visits and hospitalizations. Any of these harms would result in increased societal and health costs.

The SMDHU Board of Health also supports alPHa's request for assurance that there will be no changes to the Smoke-Free Ontario Act regime as part of this consultation.

❑ **Barrie:** 15 Sperling Drive, Barrie, ON, L4M 6K9, 705-721-7520, FAX: 705-721-1495
❑ **Collingwood:** 280 Pretty River Pkwy., Collingwood, ON, L9Y 4J5, 705-445-0804, FAX: 705-445-6498
❑ **Cookstown:** 2-25 King Street S., Cookstown, ON, L0L 1L0, 705-458-1103, FAX: 705-458-0105
❑ **Gravenhurst:** 2-5 Pineridge Gate, Gravenhurst, ON, P1P 1Z3, 705-684-9090, FAX: 705-684-9887
❑ **Huntsville:** 34 Chaffey St., Huntsville, ON, P1H 1K1, 705-789-8813, FAX: 705-789-7245
❑ **Midland:** A-925 Hugel Ave., Midland, ON, L4R 1X8, 705-526-9324, FAX: 705-526-1513
❑ **Orillia:** 120-169 Front St. S., Orillia, ON, L3V 4S8, 705-325-9565, FAX: 705-325-2091

Since legalization of cannabis is very recent and the retail market is still expanding, it would be prudent for the government to monitor and assess the impact of these regulatory changes before considering or allowing any further expansion.

Sincerely,

ORIGINAL Signed By:

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

AD:CS:cm

Encl. (1)

cc. Association of Local Public Health Agencies
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
Hon. Christine Elliott, Minister of Health
Ontario Public Health Association
Local Members of Provincial Parliament in Simcoe Muskoka
Municipal Councils in Simcoe Muskoka

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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E-mail: info@alphaweb.org

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

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

February 27, 2020

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

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 today to express our concerns about the consideration of permitting cannabis consumption establishments and issuing special occasion permits analogous to those issued for alcohol in Ontario.

We appreciate the note on the Regulatory Registry that changes to the Smoke-Free Ontario Act (SFOA) 2017 are not being considered as part of this consultation, but would appreciate assurances that there will be no loosening of any of the regulatory restrictions that protect Ontarians from second-hand smoke in public places in any circumstance.

The SFOA's added protections from exposure to cannabis smoke in enclosed spaces are based on the known and significant health risks of inhaling smoke of any kind. We would view any motion towards considering exemptions for combustible or vapourized cannabis in any enclosed public place as an unacceptable step backwards.

Irrespective of whether this proposal is intended to exclude combustible or vapourized cannabis, it also amplifies our concerns about the ongoing liberalization and normalization of the use of harmful substances without proper consideration of their health consequences. Retail expansion of alcohol sales, unrestricted promotion of e-cigarettes and proposals such as this one are concrete examples of the government's willingness to expand the markets for these substances without developing offsetting health promotion policies to mitigate their measurable negative health and social impacts.

We look forward to providing further input to this process as it develops to ensure that these impacts are carefully considered alongside the economic drivers. In the meantime, we are again asking for assurances that there will be no reversal of any of the SFOA prohibitions on smoking or vaping in public places at any time in the future. We are also asking that provincial strategies be considered to clearly communicate the health hazards associated with cannabis consumption in general and implement measures to mitigate them.

We hope that you will take these requests into careful consideration and we would be pleased to discuss them 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 x 222.

Yours sincerely,

Carmen McGregor,
alPHa President

COPY: Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health

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.

alPHa
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Ontario Dietitians in Public Health

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March 27, 2020

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

Dear Premier,

Re: COVID-19 Action Plan and Public Health

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 today to thank you and the Minister of Finance for tabling *Ontario's Action Plan: Responding to COVID-19* in lieu of a traditional annual provincial budget.

Every Ontarian is deeply affected by the COVID-19 pandemic and we believe that the Action Plan and its swift passage in the legislature sends a clear signal that "business as usual" will be on hold for the foreseeable future, and that protecting people from the far-reaching impacts of this global health emergency is the first priority.

We were very pleased to hear Minister Phillips' words of support for Ontario's public health sector in the legislature yesterday, particularly regarding the expertise of our public health officials, both at the provincial and local levels, and the difference they are making to ensure that we are all well informed and taking appropriate actions in a constantly evolving situation.

Indeed, as representatives of the front-line public health professionals who are leading the response to COVID-19 in Ontario's communities, we would be remiss in not expressing sincere and immense gratitude of our own to our provincial colleagues. Dr. David Williams and the staff of the Office of the Chief Medical Officer of Health, Dr. Peter Donnelly and the staff of Public Health Ontario, and Clint Shingler and the staff of the Health System Emergency Management Branch have been and will continue to be instrumental to the effectiveness of our work.

We are also grateful that the COVID-19 Action Plan includes a commitment to providing further financial certainty to public health units as we weather this storm. As you are aware, the past year has been a period of extreme uncertainty for our members and we look forward to learning more about how the additional $160M that is being reserved for urgent public health needs will be accessed and allocated. We also look forward to resuming discussions to ensure that the financial certainly required by our public health system to carry out its duties, both routine and extraordinary, is permanent.

We remain dedicated to our central duty to protect the health of the people in all of Ontario's communities in partnership with our provincial colleagues and we are very appreciative your government's clear demonstration of support.

We would be pleased to discuss this 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 x 222.

Yours sincerely,

Carmen McGregor
alPHa President

COPY: Hon. Christine Elliott, Minister of Health & Deputy Premier
Hon. Rod Phillips, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Clint Shingler, Director, Health System Emergency Management Branch

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.

Ontario's Action Plan: Responding to COVID-19

Premier Ford and Minister Phillips Announce Additional Health Care Resources and Support for People, Jobs and Employers

March 25, 2020 4:00 P.M.

TORONTO — Today, Finance Minister Rod Phillips released *Ontario's Action Plan: Responding to COVID-19 (March 2020 Economic and Fiscal Update).*

The government's action plan is a first step in its response to COVID-19 and includes $7 billion in additional resources for the health care system and direct support for people and jobs. It also will make available $10 billion in support for people and businesses through tax and other deferrals to improve their cash flow, protecting jobs and household budgets.

This $17 billion response is a critical first step to ensure our health care system, communities and economy are positioned to weather the challenges ahead. The plan includes historic levels of prudence, including a dedicated $1 billion COVID-19 contingency fund, as part of the additional health care investments, as well as an unprecedented $2.5 billion reserve and an increased contingency fund of $1.3 billion to provide continued flexibility to respond to changing global circumstances.

The plan includes $3.3 billion in additional health care resources to protect the health and well-being of the people of Ontario.

"As Finance Minister, my number one priority right now is ensuring that our front-line health care professionals have the resources they need to fight the COVID-19 outbreak," said Minister Phillips. "The people of Ontario can have confidence that we will do whatever it takes to protect their health and well-being. These additional resources will enhance hospital capacity, protect our loved ones in long-term care, and support our public health officials' work to flatten the curve and slow the spread."

Health

- Committing to a dedicated $1.0 billion COVID-19 contingency fund for emerging needs related to the COVID-19 outbreak.
- Investing $935 million for the hospital sector, including $594 million to accelerate progress on the government's commitment to address capacity issues, as well as $341 million for an additional 1,000 acute care and 500 critical care beds and additional assessment centres.
- Increasing public health funding by $160 million to support COVID-19 monitoring, surveillance, and laboratory and home testing, while also investing in virtual care and Telehealth Ontario.

- Investing $243 million for surge capacity in the long-term care sector, as well as funding for 24/7 screening, more staffing to support infection control, and supplies and equipment to help tackle the COVID-19 outbreak.
- Investing $75 million to supply personal protective equipment and critical medical supplies to front-line staff to tackle COVID-19.

As part of the action plan, the Province also announced $3.7 billion to directly and urgently support people and to protect jobs.

"During this global pandemic, I want the people of Ontario to be focused on their health — not worrying about losing their job or how to make ends meet as they deal with unexpected additional expenses," said Minister Phillips. "We are helping make life a little more manageable for every person in Ontario, while providing additional support to those who need it the most."

Key initiatives in the government's plan to strengthen its response to the COVID-19 outbreak and support people, families, workers and employers include:

People and Jobs

- Helping families pay for the extra costs associated with school and daycare closures during the COVID-19 outbreak by providing a one-time payment of $200 per child up to 12 years of age, and $250 for those with special needs, including children enrolled in private schools.
- Proposing to double the Guaranteed Annual Income System (GAINS) payment for low-income seniors for six months.
- Supporting more affordable electricity bills for eligible residential, farm and small business consumers, by providing approximately $5.6 billion for electricity cost relief programs in 2020-21, which is an increase of approximately $1.5 billion compared to the *2019 Budget* plan.
- Further supporting more affordable electricity bills by setting electricity prices for residential, farm and small business time-of-use customers at the lowest rate, known as the off-peak price, 24 hours a day for 45 days to support ratepayers in their increased daytime electricity usage as they respond to the COVID-19 outbreak, addressing concerns about time-of-use metering.
- Cutting taxes by $355 million for about 57,000 employers through a proposed temporary increase to the Employer Health Tax (EHT) exemption.
- Providing $9 million in direct support to families for their energy bills by expanding eligibility for the Low-income Energy Assistance Program (LEAP) and ensuring that their electricity and natural gas services are not disconnected for nonpayment during the COVID-19 outbreak.
- Providing emergency child care options to support parents working on the front lines, such as health care workers, police officers, firefighters and correctional officers.
- Expanding access to the emergency assistance program administered by Ontario Works to provide financial support to people facing economic hardship and help more people meet basic needs such as food and rent during this public health emergency.
- Enhancing funding by $148 million for charitable and non-profit social services organizations such as food banks, homeless shelters, churches and emergency services to improve their ability to respond to COVID-19, by providing funding directly to Consolidated Municipal Service Managers and District Social Service Administration Boards who would allocate this funding based on local needs.
- Providing six months of Ontario Student Assistance Program (OSAP) loan and interest accrual relief for students, leaving more money in people's pockets.

- Helping to support regions lagging in employment growth with a proposed new Corporate Income Tax Credit, the Regional Opportunities Investment Tax Credit.
- Providing additional supports of $26 million to Indigenous peoples and communities, including emergency assistance for urban Indigenous people in financial need, and costs for health care professionals and critical supplies to reach remote First Nations.

The government's plan also includes measures that will make available $10 billion in support for people and businesses through tax and other deferrals to improve their cash flows over the coming months, including:

- Making available $6 billion by providing five months of interest and penalty relief for businesses to file and make payments for the majority of provincially administered taxes.
- Over $1.8 billion by deferring the upcoming June 30 quarterly municipal remittance of education property tax to school boards by 90 days, which will provide municipalities the flexibility to, in turn, provide property tax deferrals to residents and businesses, while ensuring school boards continue to receive their funding.
- Making available $1.9 billion by the Workplace Safety and Insurance Board (WSIB) allowing employers to defer payments for up to six months.

"We're taking responsible steps to lessen the burden for businesses and people," said Minister Phillips. "Together, these actions can free up as much as $10 billion in cash flows for businesses and people in these uncertain times, helping protect jobs and household budgets."

QUICK FACTS

- The *March 2020 Economic and Fiscal Update* provides planning assumptions for the year ahead. The government will provide regular updates of the Province's fiscal and economic outlook throughout the year.
- The Province is projecting a deficit of $9.2 billion in 2019–20, an improvement of $1.1 billion relative to the 2019 Budget. As a result of the response to the COVID-19 outbreak, the government is planning for a deficit of $20.5 billion in 2020–21.
- Ontario's $2.5 billion reserve in 2020–21 is the highest ever in history.
- The government will release a multi-year provincial Budget by November 15, 2020. This responsible approach will allow the government to continue assessing the economic situation and put forward a long-term outlook based on the most recent and reliable data.

LEARN MORE

- Ontario's Action Plan: Responding to COVID-19 (March 2020 Economic and Fiscal Update)
- Information on COVID-19

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alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa Communication to Members
Tuesday March 24, 2020

Dear alPHa Members,

Recognizing the rapidly evolving COVID19 situation, we are taking this opportunity to reach out to our members to assure you that we continue to play our role within Ontario's enviable public health system and are adapting that role as circumstances dictate. Our relationships with our communities, institutions and other partners are more important than ever to keep the public informed and as safe as can be. alPHa will continue to keep vital information flowing to and among its members.

As always, we direct members, stakeholders and the public to consult official government resources for the most up-to-date information on COVID-19. These include:

Ontario Ministry of Health (Public)
Ontario Ministry of Health (Health Care Providers)
Public Health Ontario
Public Health Agency of Canada

alPHa's Executive Director continues to participate in the daily COVID-19 teleconferences for associations as well as the COVID-19 Public Health Coordination teleconferences with Emergency Management Ontario. She has also been sharing the daily Situation Reports, press releases and information from AMO via the allhealthunits distribution list. We remind the recipients of these reports to distribute these within their health units.

The Chair of the Council of Ontario Medical Officers of Health (COMOH) has been serving as a point of contact to compile issues identified in communications and response strategies for consideration by the provincial leadership during the Public Health Coordination teleconferences. The COMOH chair also sits on the Provincial Stakeholders table, chaired by the Deputy Minister, informing the Command Table, and maintains direct regular contact with the Director of the Health System Emergency Management Branch. COMOH members have also been very active in discussions to coordinate local responses and messaging via their dedicated e-mail discussion list.

The Chair of alPHa's Boards of Health Section wrote to the Premier on March 17th requesting a suspension of the Municipal Act rules that prohibited virtual attendance at board meetings for the purposes of quorum. The government announced the requested suspension the following day, which will allow municipalities and their various boards to continue to conduct important business while practicing social distancing. Information sheet is available here.

alPHa Staff and the volunteers to its Board of Directors and Executive Committee have been and will remain hard at work to ensure that information continues to flow and questions and concerns are addressed as quickly and completely as possible. Please note, as is the case of many of you, alPHa staff are working remotely.

In closing, I would like to express my sincere appreciation and admiration for all of Ontario's Medical Officers of Health, Associate Medical Officers of Health, and Affiliate members in Public Health Units along with other program staff, support and administrative workers, members of our Boards of Health and everyone else who is working so hard to respond to this unprecedented public health crisis. I believe that Ontario's public health system is showing incredible dedication and leadership in this challenging and evolving time and I am confident that it will continue to do so as demands increase in the coming weeks.

Sincerely,

Carmen McGregor,
alPHa President

Ontario

March 20, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies
Board of Health Section Chair, Association of Local Public Health Agencies

CC: Alison Blair, Assistant Deputy Minister, Emergency Health Services, and Public Health Modernization Executive Lead

RE: Amendments to the *Municipal Act* and *City of Toronto Act*

As you know, the Government of Ontario recently declared an emergency under the *Emergency Management and Civil Protection Act* to help contain the spread of COVID-19 and protect the public. The public health sector continues to undertake incredible efforts to respond to this declared emergency in Ontario. Thank you for your action and commitment.

To better enable municipal and Board of Health responsiveness to COVID-19 and allow for adherence to current public health recommendations for social distancing, the government amended the *Municipal Act, 2001* and *City of Toronto Act, 2006* (through the *Municipal Emergency Act, 2020*). The legislation provides that, during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, should they choose to, members of councils, local boards and committees who participate electronically in open and closed meetings may be counted for purposes of quorum.

Please see the News Release and attached Information Sheet from the Ministry of Municipal Affairs and Housing for additional information and guidance.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or 437.993.2376, or Colleen Kiel, Director, Strategy and Planning Branch at colleen.kiel@ontario.ca if you have any questions.

Thank you again for your dedicated response.

Sincerely,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Providing Flexibility For Municipalities To Hold Local Meetings During Emergencies

March 2020

This document is intended to give a summary of complex matters. It does not include all details and does not take into account local facts and circumstances. This document refers to or reflects laws and practices that are subject to change. Municipalities are responsible for making local decisions that are in compliance with the law such as applicable statutes and regulations. This document applies only to those municipalities whose meeting rules are governed by the *Municipal Act, 2001*. This document, as well as any links or information from other sources referred to in it, should not be relied upon, including as a substitute for specialized legal or other professional advice in connection with any particular matter. The user is solely responsible for any use or application of this document.

Ministry of Municipal Affairs and Housing

Ontario

What do these changes to the Municipal Act do?

The province is providing municipalities with the tools they need to ensure local decision making by municipal councils is not affected by existing quorum requirements during emergency situations, such as the one Ontario and its municipalities are currently facing.

These changes to the Municipal Act allow members of councils, committees and certain local boards who participate in open and closed meetings electronically to be counted for purposes of quorum during emergencies declared by the Province or a local Head of Council.

These provisions are optional, and municipalities continue to have the flexibility to determine if they wish to use these provisions and incorporate them in their individual procedure by-laws. Municipalities may wish to review their procedure by-laws to determine whether to provide for electronic participation in meetings, and whether to take advantage of the new provisions based on their local needs and circumstances.

What types of emergencies does this apply to?

These changes apply in the event of an emergency being declared by the Premier, Cabinet or the municipal Head of Council under the Emergency Management and Civil Protection Act. Once the emergency has ended, regular meeting rules apply.

How can a municipality use these changes?

These changes allow a municipality, should it choose to, to hold a special meeting during an emergency for the purposes of amending the procedure by-law to allow for electronic participation. During this special meeting, members participating electronically may be counted for the purposes of quorum.

Municipal councils, committees and boards can choose to amend their procedure by-laws to:

- allow the use of electronic participation at meetings,
- state whether members can participate in both open meeting and closed meetings; and
- state whether members participating electronically count towards quorum

It is up to municipalities to determine whether to use these provisions, the method of electronic participation and the extent to which members can participate electronically.

What technology should a municipality use for electronic meetings?

Municipalities, and their boards and committees can choose the technology best suited to their local circumstances to enable electronic participation of their members in decision making, as well as ensuring meetings can be open to the public.

Municipalities may want to engage with peers who have electronic participation in place on their best practices as they revise their procedure by-laws. Some municipalities may choose to use teleconferences while others may use video conferencing.

Do open meeting requirements still apply?

The Municipal Act specifies requirements for open meetings to ensure that most municipal business is conducted transparently, and with access for and in view of the public. There are limited circumstances under the Municipal Act when municipal meetings can be conducted in closed session.

Meetings held under these new provisions would still be required to follow existing meeting rules including providing of notice of meetings to the public, maintaining meeting minutes, and subject to certain exceptions, that meetings continue to be open to the public.

Which local boards are covered by this proposal?

Local boards subject to the meeting rules in the Municipal Act include municipal service boards, transportation commissions, boards of health, planning boards, and many other local boards and bodies.

Some local boards will not be covered, for example, police services, library and school boards have different rules about their meetings, which are found in other legislation. A municipality is best positioned to determine whether a local entity is considered a local board and if in doubt, can seek independent legal advice regarding the status of any local entities and whether these new provisions would apply to them.

What else can a municipality do to plan for an emergency?

Municipal councils, committees, and boards have the ability to delegate certain actions to staff, especially during an emergency, to ensure operational continuity in the event that they cannot meet. Municipalities can also consult with their Community Emergency Management Coordinator, the Medical Officer of Health of their local public health unit and seek legal advice to ensure the appropriate meeting procedures and delegations are in place to address emergency situations.

Select References

- Municipal Act, 2001: https://www.ontario.ca/laws/statute/01m25
- The Ontario Municipal Councillor's Guide 2018: https://www.ontario.ca/document/ontario-municipal-councillors-guide-2018

Key Concepts

Optional Use – these provisions are optional. With these changes in place, municipalities continue to locally determine the contents of procedure by-laws. Municipalities may wish to review the procedure by-laws to determine whether to provide for electronic participation in meetings, and whether to take advantage of the new provisions if they meet local needs.

Time Limited – Counting electronic participants for quorum purposes and allowing electronic participation in closed meetings are only available during emergencies. Once the emergency has ended, regular meeting rules will apply.

Special Meetings – These new provisions would allow municipalities to hold a special meeting with electronic participation in order to amend an applicable procedure by-law if amendments to the local procedure by-law have not been made prior to the declaration of an emergency.

Ministry Contacts

If you have questions regarding how these new provisions may impact your municipality, contact your local Municipal Services Office with the Ministry of Municipal Affairs and Housing.

- **Central Municipal Services Office**
  Telephone: 416-585-6226 or 1-800-668-0230
- **Eastern Municipal Services Office**
  Telephone: 613-545-2100 or 1-800-267-9438
- **Northern Municipal Services Office (Sudbury)**
  Telephone: 705-564-0120 or 1-800-461-1193
- **Northern Municipal Services Office (Thunder Bay)**
  Telephone: 807-475-1651 or 1-800-465-5027
- **Western Municipal Services Office**
  Telephone: 519-873-4020 or 1-800-265-4736

Additional Resources

For information about the 2019 Novel Coronavirus (COVID-19) municipalities may wish to contact their local public health agencies or visit www.ontario.ca/coronavirus for up-to-date information on cases, and how Ontario is working to protect the health and well-being of all Ontarians.

Ontario

March 20, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies
Board of Health Section Chair, Association of Local Public Health Agencies

CC: Alison Blair, Assistant Deputy Minister, Emergency Health Services, and Public Health Modernization Executive Lead

RE: Amendments to the *Municipal Act* and *City of Toronto Act*

As you know, the Government of Ontario recently declared an emergency under the *Emergency Management and Civil Protection Act* to help contain the spread of COVID-19 and protect the public. The public health sector continues to undertake incredible efforts to respond to this declared emergency in Ontario. Thank you for your action and commitment.

To better enable municipal and Board of Health responsiveness to COVID-19 and allow for adherence to current public health recommendations for social distancing, the government amended the *Municipal Act, 2001* and *City of Toronto Act, 2006* (through the *Municipal Emergency Act, 2020*). The legislation provides that, during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, should they choose to, members of councils, local boards and committees who participate electronically in open and closed meetings may be counted for purposes of quorum.

Please see the News Release and attached Information Sheet from the Ministry of Municipal Affairs and Housing for additional information and guidance.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or 437.993.2376, or Colleen Kiel, Director, Strategy and Planning Branch at colleen.kiel@ontario.ca if you have any questions.

Thank you again for your dedicated response.

Sincerely,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Elizabeth Milne

From: Loretta Ryan <loretta@alphaweb.org>
Sent: Thursday, March 19, 2020 4:14 PM
To: All Health Units
Cc: Board
Subject: Fwd: Queen's Park Update: New Provincial Legislation to Allow Virtual Municipal Council Meetings

FYI

Loretta Ryan
Executive Director
Association of Local Public Health Agencies (alPHa)
647-325-9594

Begin forwarded message:

> **From:** AMO Communications <Communicate@amo.on.ca>
> **Date:** March 19, 2020 at 3:42:18 PM EDT
> **To:** Loretta Ryan <loretta@alphaweb.org>
> **Subject: Queen's Park Update: New Provincial Legislation to Allow Virtual Municipal Council Meetings**
> **Reply-To:** Communicate@amo.on.ca

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March 19, 2020

Queen's Park Update: New Provincial Legislation to Allow Virtual Municipal Council Meetings

During today's emergency legislative session at Queen's Park, the Province introduced the *Municipal Emergency Act, 2020* to assist municipal governments and local boards during the COVID-19 emergency (Ontario News Release). This legislation, and the *Employment Standards Amendment Act (Infectious Disease Emergencies), 2020,* have now received unanimous consent in the Legislature.

Top of mind for municipal governments has been the ability to ensure councils, council committees, and municipal boards can meet virtually to make key decisions without

needing to meet physically – given societal necessity for social distancing and isolation.

The *Municipal Act, 2001* and the *City of Toronto Act, 2006*, have been amended to provide that, during municipal or provincial emergencies, members of councils, local boards and committees who participate electronically in open and closed meetings, may be counted for the purposes of quorum. Use of this emergency provision will be at each municipal council's discretion. At this point, today's legislation has not been publicly posted. The House is now recessed until March 25th at 4pm when the Finance Minister will deliver an economic update.

"Municipalities have a key role to play in COVID-19 response, management, and recovery. If passed, this legislation will ensure municipal councils can continue to conduct the important business of municipal government and maintain the local and regional services Ontarians rely on most".
Jamie McGarvey, AMO President, and Mayor, Parry Sound

AMO would like to thank the Province and all parties for their support of today's legislation.

Also, under the *Municipal Emergency Act, 2020* is an amendment to allow the Lieutenant Governor in Council (i.e., Cabinet) to make regulations imposing limits and conditions on the powers of a municipality with respect to s. 129 of the *Municipal Act.* This will allow the Province to make a regulation overriding noise by-laws enabling 24-hour delivery of critical goods throughout Ontario for up to 18 months. This will support the supply chains of grocery stores and pharmacies and other key services.

We also understand that previously stated deadlines for current provincial consultations are being reconsidered in light of the COVID-19 emergency, such as an extension of the DC/CBC consultation. As AMO learns of consultation extensions of municipal interest, we will update members.

AMO will continue to work closely with the provincial government to make sure municipal governments have the ability to respond effectively to the COVID-19 and keep their communities safe and healthy. The Province today has dealt with the priority municipal concern, and they are aware of other municipal concerns such as the need to pause the statutory clocks under some provincial legislation at this time. Please continue to make us aware of any provincial legislative or regulatory barriers municipalities may be encountering that inhibit your ability during this emergency.

AMO Contact: Monika Turner, Director of Policy, mturner@amo.on.ca.

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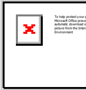

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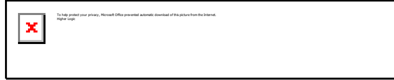

alPHa
Association of Local PUBLIC HEALTH Agencies

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
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E-mail: info@alphaweb.org

March 17, 2020

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

Dear Premier Ford,

Re: Board Meetings and Social Distancing

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Boards of Health, I am writing today to ask for a revision of Ontario Municipal Act requirements that prevent remote participation in Board meetings, at least until the COVID-19 crisis has resolved.

As the need for social distancing and limiting travel becomes increasingly clear in efforts to minimize this pandemic's impact, Ontario's boards of health members strongly support the recommendations from Dr. Williams, Ontario's Chief Medical Officer of Health, to avoid gatherings, conduct only essential travel, and to ensure social distancing. We are clearly communicating these messages within our communities but are legally prevented from setting the example

Boards of Health, which fall under Ontario's Municipal Act, are unable to hold remote or electronic meetings unless the Chair and a quorum of members are physically present at the meeting site. Members may participate remotely in discussions leading to decisions but cannot vote on the decisions themselves.

For many of our remote, rural and northern boards of health, the Act's restrictions are a problem at the best of times, as members may have to travel several hours to attend board meetings, which often requires an overnight stay, to ensure travel safety during the shortened daylight hours and potentially poor weather. The COVID-19 recommendations on social distancing and travel are now additional issues for public health decision makers at a highly critical time for our public health agencies.

This is a time that Ontario's municipalities and boards of health need to show strong leadership - to be fully supportive of the provincial directives to mitigate COVID-19 and to be fully supportive of public health work in their regions. Suspending board of health meetings does not seem like a responsible action given the circumstances.

We are therefore asking that restrictions on technologically-mediated meetings under the Municipal Act be lifted during the COVID-19 crisis. It could certainly be proven that a board of health (or a municipal council) was acting in good faith and setting a precedent for the organization and for those they serve. It would be a bold move, done not to circumvent the legislation and rules, but to protect the public and the board members or council members and their senior staff.

Premier Ford, we would like to thank you to you and your government for taking bold and significant steps to protect Ontarians and to support Ontario's public health system during this time of crisis. We understand that these steps are being taken quickly in response to a rapidly-evolving situation, and we believe that this is another opportunity for the Ontario government set another example by suspending the normal rules of attendance in these emergent circumstances for municipalities and governing boards, such as boards of health, that fall under Ontario's Municipal Act by ensuring we can indeed meet electronically without fear of reprisal.

Once again, sincere thanks to you, your government, the Honourable Christine Elliott, Dr. Williams, Ontario's Chief Medical Officer of Health and the Ministry of Health - for the strong and precedent setting leadership during this critical time.

Respectfully submitted,

Trudy Sachowski
Chair, alPHa Boards of Health Section

Copy: Hon. Christine Elliott, Deputy Premier, Minister of Health
Hon. Steve Clark, Minister of Municipal Affairs and Housing
Dr. David Williams, Chief Medical Officer of Health, ADM Ministry of Health
alPHa Board of Directors

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.

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
393 avenue University, 21e étage
Toronto ON M5G 2M2

Tél. : 416 212-3831
Téléc. :416 325-8412

April 2, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies

RE: Emergency Order to Support Public Health Units with Human Resource Capacity

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The government has enacted a new Emergency Order (EO) under Section 7.0.2 (4) of the *Emergency Management and Civil Protection Act* (EMCPA) to enhance public health human resources capacity specific to COVID-19. This order is valid for 14 days unless revoked or renewed in accordance with the EMCPA.

The temporary EO gives boards of health the authority and flexibility to make human resource decisions as necessary to respond to, prevent, and alleviate the outbreak of COVID-19, despite any collective agreements in place.

The order includes authority for measures such as: redeploying staff within different locations of the public health unit; employing extra part-time staff, other temporary staff, or contractors, including for the purposes of performing bargaining unit work; and using volunteers to perform work, including to perform bargaining unit work.

The EO can be found here:

- EN: https://www.ontario.ca/laws/regulation/r20116
- FR: https://www.ontario.ca/fr/lois/reglement/r20116

The order is intended to support adequate resourcing of public health units to respond to COVID-19, by expanding capacity urgently to implement critical public health functions, such as case and contact management.

As the emergency measures in question may involve the temporary suspension of terms set out in your collective agreements, I strongly recommend that you engage in good faith with your bargaining agents in conjunction with the measures. If feasible, engagement could

include advance notice to and consultation with bargaining agents. If advance notice and/or consultation is not feasible in your particular circumstances, bargaining agents should be provided with notice upon adoption of the measures and should be informed that you seek to maintain a dialogue with them for their input and feedback with respect to the measures for your consideration in good faith in so far as the exigencies of the situation permit.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or Colleen Kiel, Director, Strategy and Planning at colleen.kiel@ontario.ca if you have any questions or would like additional guidance on implementation of the measures in this order.

The public health sector is undertaking incredible efforts to respond to this emergency in Ontario. Thank you for your action and commitment.

Yours truly,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

cc: Alison Blair, Assistant Deputy Minister, Emergency Health Services and Public Health Modernization Lead
Association of Municipalities of Ontario
Chief Administrative Officers and Clerks of Ontario's 444 municipalities