Board of Health Meeting

MS Teams Electronic Participation
Thursday, September 9, 2021
3:00pm

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Larry Martin	
1.2	Approval of Agenda	Larry Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • June 3, 2021 • July 6, 2021	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Request for Continuation of Mitigation Funding and COVID-19 Extraordinary Expenses** Southwestern Public Health – July 20, 2021 *Summary: This letter advocates for the continuation of mitigation funding for the 2022 fiscal year. It also requests that the Ministry consider extending the availability of one-time funding for COVID-19 extraordinary expenses.*	Larry Martin	Receive and File
3.2	**Response to Correspondence dated July 20, 2021** Ministry of Health – August 18, 2021 *Summary: This letter acknowledges the correspondence received from SWPH dated July 20, 2021. This letter confirms the Ontario governments commitment to extending the one-time mitigation funding through 2022.*	Larry Martin	Receive and File
3.3	**Continuation of Mitigation Funding** Letters from other Public Health Units (PHUs) to the Province of Ontario re: continuation of mitigation funding *Summary: Letters from various PHUs requesting continuation of mitigation funding, the financial burden municipally if this funding does not continue, the increased staffing in public health that is required for a continued response to covid-19.*	Larry Martin	Receive and File
3.4	**Disposition of Resolutions, 2021 Annual General Meeting** Association of Local Public Health Agencies (alPHa) – June 8, 2021 *Summary: These two resolutions passed at alPHa's recent AGM. One is in relation to reducing the harms, availability, and youth appeal of electronic cigarettes and vaping products through regulation and the second is related to addressing the opioid crisis by capitalizing on the momentum of managing the covid-19 emergency.*	Larry Martin	Receive and File

3.5	**Message to all Board of Health Members** alPHa, Chair, Boards of Health Section – August 30, 2021 *Summary: The letter provides notice that Mr. Wess Garrod will remain Chair for the third year, for the Boards of Health section. Mr. Garrod congratulated the Boards of health on their leadership, support and necessary role modelling thus far and encouraging all to continue the battle against COVID-19.*	Larry Martin	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	**Letter for Paid Sick Leave** Southwestern Public Health – September 9, 2021 *Summary: This letter is drafted based upon Board of Health direction from a previous meeting. It advocates for paid sick leave for all Ontarians, during the COIVD-19 pandemic and beyond.*	Peter Heywood	Acceptance
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Governance Standing Committee Report for September 9, 2021	Larry Martin	Acceptance
5.2	Chief Executive Officer's Report for September 9, 2021	Cynthia St. John	Acceptance
5.3	Medical Officer of Health's Report for September 9, 2021	Dr. Joyce Lock	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	Thursday, October 7, 2021	Larry Martin	Decision
10.0 ADJOURNMENT			

June 3, 2021

Board of Health Meeting

Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, June 3, 2021 virtually through MS Teams commencing at 3:01 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M Nusink	Director, Finance
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Ms. M. Cornwell	Manager, Communications
Ms. S. Fox	Program Manager
Mr. I. McCallum	St. Thomas Times Journal
Mr. G. Colgan	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express

ABSENT:

Mr. G. Jones	Board Member

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2021-BOH-0603-1.2)

Moved by D. Mayberry
Seconded by D. Warden

That the agenda for the Southwestern Public Health Board of Health meeting for June 3, 2021 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2021-BOH-0603-2.1)
Moved by T. Comiskey
Seconded by L. Rowden

That the minutes for the Southwestern Public Health Board of Health meeting for May 6, 2021 be approved.

Carried.

3.0 CONSENT AGENDA

Resolution # (2021-BOH-0603-3.0)
Moved by T. Marks
Seconded by D. Mayberry

That the Board of Health for the Southwestern Public Health receive and file consent agenda items 3.1 – 3.2.

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

P. Heywood reviewed the correspondence.

P. Heywood noted that COVID-19 has exposed great socioeconomic disparities in our country, and we believe that this should force us to change the way we think about innovation and policy development.

P. Heywood noted that SWPH recognizes the need for enhanced paid sick leave accountability by the Ontario government in combination with the growing number of public health experts, municipal leaders, and workers' advocates who have supported this urgent need amidst the COVID-19 pandemic.

L. Rowden asked if there will be any enforcement or requirements to be vaccinated. P. Heywood noted that there is no requirement to be vaccinated within the Bill, however sick leave does allow for employees to attend their vaccination appointments.

L. Baldwin-Sands noted that there is an error in the report noting Peggy Sattler is an MPP, not MPP. Heywood noted that this amendment would be made to the draft letter once finalized.

S. Molnar asked for further details regarding the statement "and beyond" for paid sick leave. P. Heywood noted that the Bill 239 states that the leave incorporates personal emergencies such as influenza, beyond COVID-19. S. Molnar noted that many other correspondences received were focused solely on the COVID-19 response and not beyond.

J. Preston asked for the status of this Bill within the legislature. P. Heywood noted that Bill 239 was lost on division at the second reading on March 1, 2021.

D. Mayberry noted that he supports the letter and SWPH is in the business of health protection and prevention, and this is the intent of the letter.

T. Marks noted that he has concerns and does not support the correspondence.

Dr. Lock noted that COVID-19 is not going to go away anytime soon and we need to learn to live with it. She noted that key intervention to contain the spread of COVID-19 is keeping people apart. She noted that vaccines are not going to completely get rid of the virus as it mutates very easily. She noted that allowing and encouraging people to stay home when they are sick is going to be an ongoing public health measure. She noted that this will also support businesses to continue operating, by keeping case counts low.

C. St. John noted that one of our mandates as SWPH is to advocate for health equity and programs and services and advocacy in the area of ensuring equitable health outcomes for all.

The board directed staff to amend the letter to advocate for paid sick leave, not specific to MPP Sattler's Bill, but tie it to SWPH's mandate of seeking better health outcomes for all.

Resolution # (2021-BOH-0603-4.0)

Moved by D. Mayberry
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health defer the Letter of Support for MP Peggy Sattler's Letter re: Paid Sick Leave as presented with noted amendments, until the next meeting.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION

5.1 Finance and Facilities Standing Committee Report for June 2021

J. Preston reviewed the report. There were no questions.

Resolution # (2021-BOH-0603-5.1A)
Moved by D. Warden
Seconded by T. Marks

That the Board of Health for Southwestern Public Health approve the first quarter financial statements for Southwestern Public Health as presented.

Carried.

Resolution # (2021-BOH-0603-5.1B)
Moved by T. Comiskey
Seconded by D. Warden

That the Board of Health ratify the signing of the Annual Service Plan for 2021.

Carried.

Resolution # (2021-BOH-0603-5.1)
Moved by L. Rowden
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Finance and Facilities report for June 3, 2021.

Carried.

5.2 Chief Executive Officer's Report for June 2021

C. St. John reviewed her report.

C. St. John noted that the most significant challenge of delivery vaccinations is predictable vaccine supply. She noted that SWPH can increase capacity at its Mass Immunization Clinics, however vaccine supply will not allow us to do so. She noted that there are several pop-up clinics that have already occurred and many more planned to ensure our residents in more rural communities have easier access to vaccinations.

C. St. John commended our municipal and community partners on sharing our social media messaging with their communities.

S. Molnar asked if the target of 75% of the SWPH population receiving at least one vaccine includes the entire population or only those 18 years of age and older. It was noted that the target is based on the entire SWPH population.

S. Molnar noted that eLearning should be provided to all board members not just Public Appointees so it is disappointing that the Public Appointments Secretariat does not share the entire eLearning modules afforded to Order in Council appointees.

Resolution # (2021-BOH-0603-5.2A)
Moved by L. Baldwin-Sands
Seconded by S. Molnar

> That the Board of Health for Southwestern Public Health approve the signing of the 2020 program-based grants annual reconciliation report.
>
> Carried.

Resolution # (2021-BOH-0603-5.2)
Moved by D. Mayberry
Seconded by T. Comiskey

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for June 3, 2021.
>
> Carried.

5.3 Medical Officer of Health's Report for May 2021

Dr. Lock reviewed her report.

Dr. Lock noted that the goal to have 90% of our population vaccinated is going to be a challenge as there is a significant percentage of our population that is vaccine hesitant. She noted that SWPH has a lot of work to do in the future to encourage vaccination and educate those who are hesitant to receive the vaccine.

Dr. Lock noted that SWPH will be updating guidance documents that align with provincial direction and encompass the vaccination of our population.

Dr. Lock believes that vaccine coverage, vaccine effectiveness, the relaxing of public health measures and increase of indoor activities will have an impact on whether we will have a fourth wave.

Dr. Lock noted that SWPH would like to resume other public health work in the future and lean on more traditional vaccine channels that deliver immunizations such as pharmacies and primary care offices, which aligns with the direction of the Ministry.

Dr. Lock reviewed a slide that displays first and second dose planning of Pfizer vaccine. She noted that by the week of July 26th, we hope to have 150,000 residents vaccinated with at least one dose and by the week of November 15th, we hope to have 150,000 residents vaccinated with both doses.

L. Rowden asked what the rate of vaccine hesitancy is within our region. Dr. Lock noted that the province is reporting that there is a significant uptake of vaccine and an increase in uptake from traditional flu vaccines. She noted that locally our vaccinate hesitancy campaign will continue.

Resolution # (2021-BOH-0603-5.3)
Moved by S. Molnar
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for June 3, 2021.
>
> Carried.

D. Mayberry asked if there is a clear and simple message for our community regarding second doses. C. St. John noted that a media release regarding the shortened second dose for those 80 years of age and older will be issued imminently. Dr. Lock noted that the National Advisory Committee on Immunization (NACI) statement was issued last week, and effective June 4th, they are indicating that the first and second dose of the vaccine can be two different vaccines.

Dr. Lock noted that there are studies that show benefits of delaying the second dose so individuals should not be concerned if they end up having to wait the full 112 days between doses of mRNA vaccines.

7.0 TO CLOSED SESSION

Resolution # (2021-BOH-0603-C7)
Moved by D. Mayberry
Seconded by D. Warden

That the Board of Health moves to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;
(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:
(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2021-BOH-0603-C8)

Moved by S. Molnar
Seconded by J. Preston

That the Board of Health rise with a report.

Carried.

Resolution # (2021-BOH-0603-C3.1)
Moved by J. Preston
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee's report for June 3, 2021.

Carried.

Resolution # (2021-BOH-0603-C3.2)
Moved by D. Warden
Seconded by J. Preston

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee's report for June 3, 2021.

Carried.

Resolution # (2021-BOH-0603-C3.3)
Moved by D. Warden
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for June 3, 2021.

Carried.

10.0 ADJOURNMENT

Resolution # (2021-BOH-0603-10)

Moved by L. Baldwin-Sands
Seconded by S. Molnar

That the meeting adjourns at 4:43 p.m. to meet again virtually on September 9, 2021.

Carried.

Confirmed: _____

July 6, 2021

Board of Health Meeting

Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Tuesday, July 6, 2021 virtually through MS Teams commencing at 8:01 a.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

GUESTS:

Ms. M Nusink	Director, Finance
Ms. N. Rowe	Senior Communications Coordinator
Ms. W. Lee	Administrative Assistant
Mr. R. Perry	Aylmer Express

ABSENT:

Mr. T. Comiskey	Board Member
Dr. J. Lock	Medical Officer of Health

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2021-BOH-0706-1.2)

Moved by L. Baldwin-Sands
Seconded by D. Mayberry

That the agenda for the Southwestern Public Health Board of Health meeting for July 6, 2021 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute taking purposes.

2.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION

2.1 Chief Executive Officer's Report for July 6, 2021

C. St. John reviewed her report.

C. St. John noted that she recommends that the Line of Credit be increased to $2 million. She noted that she believes this is the most efficient way to manage our cash flow. C. St. John confirmed that she has requested that the Ministry flow monies as soon as possible.

C. St. John noted that the only other possibility is that the Board levy the obligated municipalities suggested that the reserve funds that were returned to municipalities in 2019 could be used in this instance.

C. St. John confirmed that interest incurred on the line of credit is an admissible expense for COVID-19 extraordinary funding by the Ministry.

D. Warden asked if the Ministry has given any indication on when monies will flow to public health units. C. St. John noted that there was no specific date other than late spring or early summer, but that SWPH has received monies from the Ministry as late as December in previous years.

D. Mayberry noted that Public Health Units, Municipalities and Provincial Governments are low risk borrowers. He suggested that SWPH continue to advocate with the bank for a larger increase then $1.8 million given the unknown date of receipt from the Ministry. He noted that advising the obligated municipalities of SWPH's current financial situation would be a courtesy that they would appreciate. C. St. John noted she has already crafted a letter with an update for obligated municipalities.

The board directed SWPH staff to send a letter to the obligated municipalities advising them of the discussions that occurred today. C. St. John confirmed that she will send the letter as directed.

It was noted that board members should be advocating through their provincial channels for monies to flow as soon as possible.

Resolution # (2021-BOH-0706-2.1)
Moved by S. Molnar
Seconded by

> That the Board of Health for Southwestern Public Health approve increasing its existing line of credit from $800,000 to $1,800,000 to manage cash flow concerns that will arise.
>
> Carried.

The board discussed the opportunity to request an additional increase of our line of credit more than $1.8 million. C. St. John and M. Nusink noted that an increase to $3 million should cover expenses through to September 30th.

L. Rowden asked how long it would take for the obligated municipalities to send the levied amounts to SWPH. D. Mayberry noted that he believes obligated municipalities have 30 days to pay a levy. C. St. John believes that is correct, however she will confirm what the legislation states.

T. Marks departed the meeting at 8:32 a.m.

Resolution # (2021-BOH-0706-2.2)
Moved by S. Molnar
Seconded by D. Mayberry

> That the Board of Health for Southwestern Public Health supports a pre-authorization from our financial institution for a maximum of $3,000,000 temporary line of credit to assist with COVID-19 related expenses.
>
> Carried.

3.0 FUTURE MEETINGS AND EVENTS

The Board of Health is scheduled to meet again virtually on September 9, 2021 at 3:00 p.m.

4.0 ADJOURNMENT

Resolution # (2021-BOH-0706-4)

Moved by J. Preston
Seconded by G. Jones

That the meeting adjourns at 8:42 a.m. to meet again virtually on September 9, 2021.

Carried.

Confirmed: _____

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

July 20, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

delivered via email
christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we wish to applaud the continuing commitment shown by you and your government for the financial support of local public health units in their ongoing COVID-19 pandemic response. The collective effort of all levels and branches of government in their prioritization of the health and well-being of Ontarians has been truly exceptional and heartening.

Much progress has been made in increasing vaccine rates, decreasing cases, alleviating pressures on our healthcare system, containing transmission, and implementing public health measures against COVID-19 whereby we have now progressed to Step 3 in the Roadmap to Reopen Ontario. Indeed, the improvements we have seen in recent weeks is cause for a thoughtful and thorough consideration of our larger recovery plans as the pandemic has significantly impacted our many and diverse communities.

As other health units have experienced, the extensive resources required to support our COVID response resulted in the necessary reduction or cessation of many programs and services. As we look towards the latter part of the fiscal year and into 2022, we note that much work remains as SWPH engages in rebuilding programs and services, addressing community needs, reviving regional connections and supports, and assessing the aftereffect of public health's focused pandemic work on local populations.

In essence, the recovery of post-pandemic public health programs and services cannot rest upon the support of local funders alone. Without a continuation of mitigation funding, our board will need to reduce staffing numbers that would be needed to resume standard public health services as well as address ongoing COVID-19 work, such as vaccine outreach and immunization, possible booster vaccinations, and case and contact management in schools and workplaces.

Given the leadership role public health units will play in their continued COVID-19 response, the extensive resources required to ensure Ministry targets and requirements are met and maintained, and public health's commitment to the mandates identified in the Ontario Public Health Standards (OPHS), we request that the Ministry commit to the following:

- Extension of mitigation funding for the 2022 fiscal year;
- Extension of the availability of one-time funding for COVID-19 extraordinary expenses;
- An increase in base funding levels to accommodate increasing operating costs since 2019; and,
- Multi-year funding dedicated to COVID recovery to restore and return programs to OPHS requirement levels.

Sufficient and sustained financial support from you and your government is a key component of public health recovery planning. At this time, we await approval of SWPH's 2021 Annual Service Plan and COVID-19 extraordinary expense one-time funding submission – plans and scope which have considerably exceeded our initial estimation given the priority mandate to vaccinate local populations posthaste. I would emphasize once more that our local plans to meet the needs of our communities hinge upon a timely indication of vital funding commitments for 2022 as well as this current year.

Our Board extends its sincere thanks for considering this critical request.

Yours truly,

Larry Martin
Chair, Board of Health

c: Cynthia St. John, CEO, Southwestern Public Health
The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP Oxford County
Jeff Yurek, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Ontario

Ministry of Health

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

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Ministère de la Santé

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

Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

361-2021-8526

August 18th, 2021

Mr. Larry Martin
Chair, Board of Health
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas ON N5P 1G9

Dear Mr. Martin:

Thank you for your letter dated July 20, 2021 to the Honourable Christine Elliott, Deputy Premier and Minister of Health, regarding public health funding, including the status of one-time mitigation funding.

Ontario's public health system has demonstrated remarkable responsiveness to COVID-19, as the outbreak has evolved locally and globally. The government acknowledges the extraordinary and continuing efforts of the public health sector, including public health units, to prevent, monitor, detect, and contain COVID-19 in the province.

Our government continues to make significant investments to support Ontario's public health sector. In total for 2021, the Oxford Elgin St. Thomas Health Unit (operating as Southwestern Public Health) received approximately $14 million in provincial funding to support the delivery of public health programs and services in accordance with the Ontario Public Health Standards, including funding to support implementation of the Ontario Seniors Dental Care Program which provides comprehensive dental care to eligible low-income seniors.

Ontario has also helped expand the capacity of public health units to prevent, monitor, detect, and contain COVID-19 in the province. Since 2020, the Ministry of Health has invested approximately $4 million in additional funding for Southwestern Public Health to support and enhance COVID-19 monitoring, case and contact management, and the delivery of the COVID-19 vaccine program at the local level. This increased investment is over and above the funding approved to support public health programs.

.../2

Mr. Larry Martin

To further support public health units as they continue to respond to the COVID-19 pandemic across the province, the Ontario government is extending the one-time mitigation funding through 2022. This funding will provide continued support for public health units and municipalities beyond the funding approved in previous years and ensures that municipalities do not experience any increase as a result of the cost-sharing change during this critical time.

Ontario remains committed to working with public health and municipal sector partners to monitor capacity and funding requirements for the COVID-19 response and ensure critical public health services are maintained and delivered to protect the health and well-being of Ontarians.

Yours truly,

Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC
Chief Medical Officer of Health

c: Hon. Jeff Yurek, Member of Provincial Parliament, Elgin-Middlesex-London
Ernie Hardeman, Member of Provincial Parliament, Oxford County
Cynthia St. John, Chief Executive Officer, Southwestern Public Health
Dr. Joyce Lock, Medical Officer of Health, Southwestern Public Health
Elizabeth Walker, Director, Accountability and Liaison Branch, Ministry of Health

simcoe muskoka
DISTRICT HEALTH UNIT

3.3

June 21, 2021

Honourable Christine Elliott
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit, I commend the strong progress being made in bringing COVID-19 under control through the public health measures and the vaccination campaign directed by the provincial government of Ontario. Much work remains as we collectively work to complete the vaccination of the population and to work through the provincial Roadmap very carefully, all the while maintaining close surveillance on the trajectory of transmission. However, our strong progress enables us to begin planning for and working towards recovery, including the recovery of the public health system across the province.

One essential enabler of recovery is financial stability. At this point in time, boards of health are in active communication with Ministry of Health staff on the finances required to continue managing the pandemic in our communities. However, it would also be timely to consider for boards of health to soon receive communication from the province on the financial support from the province for our operational budgets in 2022. The Mitigation Funding received in recent years has been essential in maintaining public health programming by boards of health and easing the related financial impacts on our obligated municipalities, particularly during our response to the pandemic in 2020 and 2021. For this reason, on June 15, the Board of Health approved a motion recommending that boards of health receive the Mitigation Funding from the Ministry of Health in 2022 that they received in 2021.

Boards of health have had to greatly augment their staffing through the course of the pandemic to enable our overall response, including the immunization of the population that has proved to be so essential. As we recover, boards of health will need to reduce staffing provided that the pandemic continues to come under control and remain under control; however, boards of health will also need to maintain staff levels sufficient for the resumption of our standard public health programming, and for any outstanding needs related to the ongoing control of the pandemic (such as remaining case and contact management, the potential for booster vaccinations at some point in the future, and ongoing work to ensure the safety of the school environment).

Without a continuation of Mitigation Funding in 2022 the maintenance of these activities would be greatly challenged. Boards of health would need to engage with their funding municipalities regarding the potential for substantial levy increases. Resulting staffing reductions below the levels that had been in place before the pandemic, would both impact program delivery and require sufficient advance notice to be managed. To be in place in time for the commencement of the 2022 year, boards of health would

also need to commence these staffing reductions in the present year while we are still responding to the pandemic.

For these reasons the Board of Health urges the provincial government to commit to the Mitigation Funding in 2022 at a level in keeping with that in 2021. The communication of this commitment soon would help to avoid the potential for boards of health to otherwise commence this kind of anticipatory action.

Thank you for considering this important matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health
MPPs of Simcoe Muskoka
Mayor Jeff Lehman, City of Barrie
Mayor Steve Clarke, City of Orillia
District Chair John Klinck, District of Muskoka
Warden George Cornell, County of Simcoe
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies.

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

519-258-2146 | www.wechu.org

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

June 17, 2021

The Hon. Christine Elliott
Minister of Health, Deputy Premier
Ministry of Health
College Park 5th Floor
777 Bay St, Toronto, ON M7A 2J3

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

Dear Minister Elliott/Premier Elect Doug Ford:

Appeal to the Province of Ontario – Public Health Funding

The Board of Health for the Windsor-Essex County Health Unit operates as an autonomous Board of Health. The Windsor-Essex County Health Unit (WECHU) services the geographic area of Windsor and Essex County, having a population of 398,953 based on the 2016 census.

In April 2019, with the proclamation of the 2019 Ontario Budget, Protecting what Matters Most, the Province of Ontario made changes to the funding model for public health units as well as introduced modernization plans having an impact on the structure and delivery of public health in Ontario. More specifically, regionalization to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units. Funding changes, which included:

- Mandatory programs funded at 75% by the Province of Ontario and 25% by the Obligated Municipalities would change to a model of 70% and 30% respectively;
- Related programs funded at a rate of 100% by the Province of Ontario, would change to being funded at a rate of 70% by the Province of Ontario and 30% by the Obligated Municipalities

These funding changes represented a substantial shift in the burden of public health funding to the obligated municipalities in a relatively short timeframe. After consultations with the Association of Municipalities of Ontario as well as other stakeholders, the Province of Ontario approved mitigation funding equivalent to the change in the percentage of the funding allotment. The mitigation funding was for a two-year period expiring December 31, 2021.

On March 20, 2020, the WECHU reported its first case of COVID-19 in Windsor and Essex County (WEC). WEC is home to one of the busiest border crossings in North America. Approximately six thousand (6,000) residents in WEC work in the state of Michigan and, in particular, seventeen hundred (1,700) in the health care industry. In addition, WEC is home to eight thousand (8,000) to ten thousand (10,000) temporary foreign workers, one hundred seventy-six (176) farms and over seven hundred (700) seasonal accommodations. WEC also has forty-four (44) long-term care and retirement homes. These characteristics have made it challenging, from a public health perspective, to

manage the response to the COVID-19 pandemic. To date, WEC has had 16,753 cases of COVID-19 of which, 1,920 represent Variants of Concern. Our community has lost 433 of our residents to COVID-19.

On January 1, 2021, the WECHU started COVID-19 vaccination efforts in the community beginning with the vaccination of staff and residents of long-term care and retirement homes followed by other priority groups as mandated by the Ministry of Health. Our approach was and continues to be a coordinated effort with various stakeholders in the community, all with a common goal, to return our hard-hit community to some semblance of normalcy. To date, we have successfully immunized 72.9% of our adult population with one dose of a COVID-19 vaccine. In addition, 27.4% of our adult residents are now fully vaccinated with the completion of a two-dose series. It is anticipated that vaccination efforts will continue throughout the summer months.

In the months and year ahead, the WECHU will focus on planning and administering programs that are centred on the recovery needs of our community. Additional human resource capacity previously hired to support case and contact management, as well as vaccination administration, will be deployed to support recovery efforts. The loss of mitigation funding effective January 1, 2022, impacts those efforts. The WECHU will be required to reduce human resource capacity to meet operating budgets at the expense of meeting the public health needs of our community.

The WECHU endeavours to carry out its fiduciary responsibilities while balancing the needs of the residents of WEC. We respectfully request that the Province of Ontario reconsider its approach to funding public health. Public health has been instrumental in the response to the COVID-19 pandemic, and it is crucial that the focus of Public Health in Ontario continues to meet the needs of the communities it serves.

Sincerely,

Gary McNamara
Board of Health Chair

Theresa Marentette, RN, MSc
CEO, Chief Nursing Officer

c: Dr. David Williams, Chief Medical Officer of Health, Ontario
Lisa Gretzky, MPP Windsor-West
Percy Hatfield, MPP Windsor-Tecumseh
Taras Natyshak, MPP Essex
Rick Nicholls, MPP Chatham-Kent-Leamington
Association of Municipalities of Ontario (AMO)
Brian Masse, MP Windsor-West
Irek Kusmierczyk, MP Windsor-Tecumseh
Chris Lewis, MP Essex
Dave Epp, MP Chatham-Kent-Leamington

North Bay Parry Sound District
Health Unit
Bureau de santé
du district de North Bay-Parry Sound

June 24, 2021

The Honourable Christine Elliott
Minister of Health
Ministry of Health
777 Bay Street
College Park 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott:

RE: Public Health Funding for 2022

At the recent meeting of the Board of Health for the North Bay Parry Sound District Health Unit (Health Unit), public health funding for 2022 was discussed. In follow up to direction provided by the Board of Health, this correspondence is being forwarded to bring attention to some urgent issues related to 2022 public health funding. The Board of Health resolution from the June 23 meeting is attached. (Appendix A).

The background behind this discussion began in April 2019 with the introduction of the provincial Public Health Modernization initiative, along with a change to the funding formula to 30% municipal / 70% provincial cost-sharing for almost all public health programming. At that time, it was communicated that there was to be a phased in approach to the funding formula while the Modernization process took place.

With the need for the Public Health Modernization process to be put on hold to address and respond to the COVID-19 pandemic, the Province announced in August 2020 that mitigation funding would be provided for 2020 and 2021 to help relieve over-burdened municipalities. Without continuation of this mitigation funding, the Health Unit's 31 member municipalities will suffer an increase in their 2022 municipal levies of 50.5%.

The Board of Health has been informed by our municipalities, many of whom have a small population base, that levy increases are not manageable, particularly at this significant of an increase.

The cost-sharing formula is only one piece of the public health funding issue for 2022. Health units have had only one base funding increase in the past five years; however, wage and benefit

.../2

increases and general increases to operating costs due to inflation continue.

The COVID-19 pandemic has taught us that a robust, prepared public health system is more important then ever. Without a base funding increase, public health's capacity will be diminished, with even harder choices having to be made regarding where we can assist in building healthier and sustainable communities. A base funding increase for 2022 is necessary in order to maintain public health at status quo.

Additionally, there are new pressures on public health as a result of the COVID-19 pandemic that will require funding if public health is to participate fully in the health recovery of the citizens of Ontario.

Some examples of health recovery that will be required post-pandemic include, but are not limited to the following:

1. Mental wellness: Families and youth have undergone a considerable level of stress in the past two years. Public health needs to be at the table to assist with bringing together health, education and other partners to reach a consolidated plan forward to improve family resiliency and outlook.
2. Harm Reduction – Youth and Opioid: There are many community drug strategies. Public health can provide more capacity to these important and much needed community strategies by assisting partners with leadership, evaluation support, population health data, research, and best practice to ensure that initiatives have the best possible outcomes.
3. Backlogged Services: Backlogs within the Health Unit's critical clinics and community programming has occurred due staff redeployment to COVID-19 immunization clinics, call centres, and case and contact management. Staff deployment to the COVID-19 pandemic response has meant:
    i. Increased wait lists for oral health services, especially preventative care and school-based programs
    ii. Sexual health clinic clients are presenting with more complex issues due to COVID-19 lockdowns/stay-at-home orders, fear of attending clinic appointments during the pandemic, and extended wait times for appointments
    iii. School-based vaccine programs have not operated since the fall of 2019, leaving many age cohorts under vaccinated
    iv. Smoking cessation clinics have longer than usual wait lists because clinics were suspended during lockdowns, and because staff were deployed to address prioritized COVID-19 activities

Of other consideration are the ongoing costs directly related to COVID-19. We know that COVID-19 will be managed by public health moving forward, but how that will look is still being formulated

and negotiated at the provincial level. However, some things we know will continue into 2022 are as follows:

- Case and contact management and outbreak management for COVID-19;
- Infection prevention and control (IPAC) guidance and support in long-term care homes, retirement homes, and other congregate settings;
- Provision of accurate information for the public, businesses, and municipalities as rules, regulations, and guidelines change to address situations until such time that things normalize;
- There will be added costs for doing regular business, such as:
    - Personal protective equipment (PPE)
    - Additional cleaning and disinfecting between clients, impacting the number of clients that can be seen per day, and increase use of cleaning supplies;
- It is a requirement that there be 24-hour per day / 7 days per week medical officer of health coverage; the pandemic has made it abundantly clear that an Associate Medical Officer of Health is necessary to sustain this required coverage, particularly during a long crisis period, such as the COVID-19 pandemic, or for any other major public health emergency; and
- There will likely be outstanding COVID-19-related court/enforcement issues continuing into 2022.

Both 2020 and 2021 have been extremely difficult on staff. The burden of continued wait lists can be an added stressor on staff diligently working to get through these wait lists to address the needs of our vulnerable populations who are often in crisis situations. Recruitment of qualified professionals, whether staff or management, has been affected by the Public Health Modernization, and this continues to be a challenge.

Over the next few years, we believe we will continue to see retention and recruitment challenges along with burnout and stress effects throughout the Health Unit. People cannot work at current pressure levels on a continual basis without ramifications. A **healthy workplace** will require additional personnel in order to get caught up on work that has been paused.

Without additional support from the province, program prioritization will need to take place. In these times, deciding which programs/services not to return to will be difficult as the need for public health assistance is all around us.

As a final point, we would like to emphasize the urgency of establishing funding expectations for 2022. This is not a good time for public health to reduce its participation in recovery plans due to lack of capacity. We need to plan now for 2022, and while we understand and appreciate the burden on the Province and the Ministry of Health in responding to the COVID-19 pandemic, we are respectfully requesting assistance by setting public health funding expectations as soon as possible.

We look forward to discussing with you the ways Public Health Units can work with the Province to bring better health and well-being to all of the citizens of Ontario.

Sincerely yours,

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer

Nancy Jacko
Chairperson, Board of Health

/sb

Enclosure (1)
Copy to: Premier Doug Ford
Hon. Helen Angus, Deputy Minister of Health
Chief Medical Officer of Health
Elizabeth Walker, Director, Public Health Accountability and Liaison Branch
Collen Kiel, Director, Public Health Strategy and Planning Branch
Vic Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health
Member Municipalities (31)
Association of Municipalities Ontario (AMO)
Hon. Steve Clark, Minister of Municipal Affairs and Housing

North Bay Parry Sound District Health Unit
Bureau de santé district de North Bay-Parry Sound

NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH

RESOLUTION

DATE: June 23, 2021 **MOVED BY:** Jamie McGarvey

RESOLUTION: #BOH/2021/06/04 **SECONDED BY:** Gary Guenther

Whereas, *the Government of Ontario in its budget of April 11, 2019, initiated a Public Health Modernization process which included a change in municipal cost-sharing from 25% of mandatory public health programs covered by municipalities to 30% of almost all public health programs based on 2018 third quarter spending levels; and*

Whereas, *on August 21, 2020, the Ministry of Health (Ministry) announced that provincial mitigation funding would be provided to offset the increase to municipal cost-sharing for 2020 and 2021; and*

Whereas, *the COVID-19 pandemic, which started in early 2020, has further affected municipalities' ability to pay levy increases, it has stalled modernization processes, increased the cost-of-living, and affected the health and well-being of the public, and more specifically, public health clients and staff.*

Therefore Be It Resolved, *that the Board of Health for the North Bay Parry Sound District Health Unit supports returning to the 2018 cost-sharing formulas at 25%/75%, with 100% provincially funded programs; and*

Furthermore Be It Resolved, *that the Board of Health supports mitigation funding continue for 2022 to eliminate the additional financial burden of a 42-50% levy increase to the Health Unit's 31 member municipalities if it is not possible to return to the 2018 cost-sharing formula with 100% provincially funded programs; and*

Furthermore Be It Resolved, *that the Board of Health requests the 2022 public health funding include increases to reflect, cost-of-living increases, public health program changes related to ongoing COVID-19 response, and funding to assist with program and community recovery efforts; and*

Furthermore Be It Resolved, *that the Board of Health requests a base funding increase to fund an Associate Medical Officer of Health to support the Medical Officer of Health with the continual demands of 24/7 on call coverage that have been highlighted throughout the COVID-19 pandemic; and*

Furthermore Be It Resolved, *that the Board of Health instructs the Medical Officer of Health and Senior Management to write a letter to the Minister of Health detailing the financial and organizational pressures on public health, including outlining the urgency for establishing the funding levels for 2022 to assist public health and community budget planning.*

CARRIED: ✓ **AMENDED:** ____ **DEFEATED:** ____ **CHAIRPERSON:** M Jackson

Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.
myhealthunit.ca

Call Toll Free: 1-800-563-2808

345 Oak Street West,
North Bay, ON P1B 2T2
705-474-1400
705-474-8252

70 Joseph Street, Unit 302
Parry Sound, ON P2A 2G5
705-746-5801
705-746-2711

CONFLICT OF INTEREST DECLARED AND SEAT(S) VACATED:

1.	4.
2.	5.
3.	6.

RECORDED VOTE FOR CIRCULATION: Yes / No **(Please circle one)**

Name:	For:	Against:	Abstain:	Name:	For:	Against:	Abstain:
Dean Backer	✓			Jamie McGarvey	✓		
Dave Butti	✓			Scott Robertson	✓		
Blair Flowers	✓			Dan Roveda	✓		
Gary Guenther	✓			Marianne Stickland	✓		
Nancy Jacko	✓			Tanya Vrebosch	absent		
Stuart Kidd	✓						

Disposition of Resolutions
2021

2021 Annual General Meeting
Monday, June 8, 2021
Online

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

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

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

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

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

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

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

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

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

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

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

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

WHEREAS there is substantial evidence that e-cigarette use increases the risk of cigarette smoking initiation among n

on-smoking youth and young adults; and

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

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

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

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

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

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

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

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

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

ACTION FROM CONFERENCE: Carried

Supplementary information attached (13 pages)

Statement of Sponsor Commitment

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

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

Too much remains unknown about the short- and long-term health effects of vaping to ignore this growing public health issue. Across Canada, as of February 18, 2020, there were 18 cases of 14Tvaping-associated lung illness1 reported to the Public Health Agency of Canada, resulting in the hospitalization of 14 people including a 17-year-old high school student from the London area who spent 47 days in the hospital, part of it on life support (Government of Canada, 2020). In the United States, as of February 18, 2020, there have been a total of 2807 hospitalized 14Te-cigarette or vaping product use-associated lung injury (14TEVALI) cases including 68 deaths (CDC, 2020). At this time, there has yet to be a consistent product, substance, or additive that has been isolated as the cause in these cases. Continued efforts are needed from all levels of government to address the harms, the availability and youth appeal of e-cigarettes and vaping products through regulations like those contained in this resolution.

Dr. Christopher Mackie, Medical Officer of Health for the Middlesex-London Health Unit will be able to provide clarification on this resolution at the 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 21PstP, 2019, Health Canada published the *Vaping Products Promotion Regulations (VPPR)*, in the Canada Gazette, Part I. The proposed regulations intend to address the rapid increase in youth vaping, to raise awareness about the harms of vapour product use, and to mitigate the impact of vaping product promotion on young persons and non-users of tobacco products. On August 7, 2020 the final Vaping Products Promotion Regulations came into force with the exception of the point-of-sale display prohibition, which came into force on September 6, 2020. The regulations prohibit advertising that can be seen or heard by young people; prohibit the display of vaping products that can be seen by

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

In Ontario on January 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). Regulations were set to come into force on May 1PstP, 2020; however, due to the COVID-19 pandemic, the government changed the implementation of Regulation 268/18 to July 1st, 2020. Details of the regulations include: restricting the retail sale of most flavoured vapour products to specialty vape stores and cannabis stores, restricting the retail sale of high nicotine vapour products (more than 20 mg/mL) to specialty vape stores, and requiring specialty vape stores to ensure that vapour product displays and promotions are not visible from outside their stores. Ontario's proposed approach also included enhanced cessation services through increasing access to services to help people quit vaping through Telehealth and enhancing mental health and addiction services and resources to include vaping and nicotine addiction. However, these initiatives were not introduced. Lastly, Ontario is proposing to work with major online retailers of vapour products to ensure compliance with age restricted sales, as well as establishing a Youth Advisory Committee to provide advice on vaping initiatives in an effort to reduce the prevalence of youth vaping (Ministry of Health, 2020). It is unclear at this time where these initiatives stand.

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

Vapour Product and E-Substance Flavours

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

Restricting the Concentration and/or Delivery of Nicotine

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

Appearance and Product Packaging Design

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

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

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

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

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

Enactment of a Tax and Vapour Product Pricing Regime

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

A complementary measure to increase the retail price of tobacco and vapour products is to mandate a minimum pre-tax set price minimum (Feighery, et al., 2005). Setting minimum price limits can inhibit the manufacturers' ability to employ discount pricing and the retail sale of low-cost brands to absorb and offset the price increases from taxation (SFO-SAC, 2010). Minimum price 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.

References

American Cancer Society. (2020). What Do We Know About E-cigarettes? Retrieved from https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/e-cigarettes.html.

Anderson, P., Chisholm, D., & Fuhr, D. C. (2009) Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet, 373*(9682), 2234-46. Doi: 10.1016/S0140-6736(09)60744-3.

Association of Local Public Health Agencies. (2014). *alPHa Resolution A14-2*. Retrieved from https://www.alphaweb.org/page/Resolutions_2014.

Berry, K. M., Fetterman, J. L., Benjamin, E. J, et al. (2019). Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Netw Open, 20192*(2):e187794. doi:10.1001/jamanetworkopen.2018.7794. Retrieved from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723425.

Bhatta, D. N., & Glantz, S. A. (2020). Association of E-Cigarette Use with Respiratory Disease Among Adults: A Longitudinal Analysis. *American Journal of Preventive Medicine*, *58*(2), 182–190. Retrieved from https://www.ajpmonline.org/article/S0749-3797(19)30391-5/fulltext.

Boak, A., Elton-Marshall, T., Mann, R. E., & Hamilton, H. A. (2020). *Drug use among Ontario students, 1977-2019: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS)*. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from https://www.camh.ca/-/media/files/pdf---osduhs/drugusereport_2019osduhs-pdf.pdf?la=en&hash=7F149240451E7421C3991121AEAD630F21B13784.

Centre for Addiction and Mental Health. (2019). *Alcohol Policy Framework*. Toronto: CAMH. Retrieved from http://www.camh.ca/alcoholpolicy.

Centers for Disease Control and Prevention. (2020). Smoking & Tobacco Use: Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults. Retrieved from

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html.

Czoli, C. D., Fong, G.T., Goniewicz, M.L., & Hammond, D. (2019). Biomarkers of Exposure Among "Dual Users" of Tobacco Cigarettes and Electronic Cigarettes in Canada. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, *21*(9), 1259–1266. Retrieved from https://doi.org/10.1093/ntr/nty174.

Etiévant, P., Guichard, E., Salles, C., et al. (Eds.). (2016). *Flavor: From Food to Behaviors, Wellbeing and Health*. Philadelphia: Elsevier Science.

Euromonitor International. (2015). Vapour Devices and E-cigarettes in the Global Tobacco Market. Retrieved from https://blog.euromonitor.com/vapor-devices-and-e-cigarettes-in-the-global-tobacco-market/.

Feighery, E. C., Ribisl, K. M., Schleicher, N. C., Zeller, L., & Wellington, N. (2005). How do minimum cigarette price laws affect cigarette prices at the retail level? *Tobacco Control, 14*(2), 80-85. Retrieved from https://tobaccocontrol.bmj.com/content/14/2/80.long.

Glantz, S. A., & Bareham, D. W. (2018). E-cigarettes: use, effects on smoking, risks, and policy implications. *Annu Rev Public Health, 39,* 215-235. Retrieved from https://doi.org/10.1146/annurev-publhealth-040617-013757.

Goriounova, N. A., & Mansvelder, H. D. (2012). Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harbor Perspectives in Medicine, 2*(12), a012120. doi:10.1101/cshperspect.a012120. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543069/.

Hammond, D., Reid, J. L., Rynard, V. L., Fong, G. T., Cummings, K. M., McNeill, A., et al. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *British Medical Journal,* 365, l2219. Retrieved from https://www.bmj.com/content/365/bmj.l2219.

Hammond, D., White, C. M., Czoli, C. D., Martin, C. L., Magennis, P., & Shiplo, S. (2015). Retail availability and marketing of electronic cigarettes in Canada. *Canadian Journal of Public Health*, *106*(6):e408-12. Available from: http://journal.cpha.ca/index.php/cjph/article/view/5105/3215.

Health Canada. (2018). New Tobacco and Vaping Products Legislation Receives Royal Assent. Ottawa: Canada. News Release: May 23, 2018. Retrieved from https://www.canada.ca/en/health-canada/news/2018/05/new-tobacco-and-vaping-products-legislation-receives-royal-assent.html.

Health Canada. (2019). *Results of the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS). 2018-19*. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html.

Health Canada. (2019). Risks of Vaping. Retrieved from: https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html.

Health Canada. (2019). *Notice of Intent – Potential Measures to Reduce the Impact of Vaping Products Advertising on Youth and Non-users of Tobacco Products*. Retrieved from https://www.canada.ca/en/health-canada/programs/consultation-measures-reduce-impact-vaping-products-advertising-youth-non-users-tobacco-products/notice-document.html

Health Canada. (2019). Canada Gazette, Part 1, Volume 153, Number 51: Vaping Products Promotion Regulations. Retrieved from http://www.gazette.gc.ca/rp-pr/p1/2019/2019-12-21/html/reg1-eng.html.

Heart and Stroke Foundation of Canada. (2018). E-cigarettes in Canada. Retrieved from https://www.heartandstroke.ca/-/media/pdf-files/position-statements/ecigarettesincanada.ashx?la=en&hash=8939FF52C37A5E11C551176982F2E4AC5D38D605.

Inoue-Choi, M., Liao, L., Reyes-Guzman, C., Hartge, P., Caporaso, N., & Freedman, N. (2017). Association of long-term low-intensity smoking with all-cause and cause-specific mortality in the NIH-AARP Diet and Health Study. *JAMA Internal Medicine, 177*(1), 87-95. DOI:10.1001/jamainternmed.2016.7511.

Institute of Medicine of the National Academy of Sciences. (2015). *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Washington, DC: National Academies Press. DOI: 10.17226/18997.

Jeffords, S. (2020, January 23). Health Advocacy Group asks Ontario to Tax Vapes to Cut Down on Teen Use. *City News.* Toronto: Canada. Retrieved from https://toronto.citynews.ca/2020/01/23/ontario-vape-tax/.

Kalkhoran, S., & Glantz, S. A. (2016). E-cigarettes and smoking cessation in real-world and clinical settings: a systematic review and meta-analysis. *Lancet Respir Med, 4,* 116-128. Retrieved from https://doi.org/10.1016/S2213-2600(15)00521-4.

Mennella, J. A., Pepino, M. Y., & Reed, D. (2005). Genetic and environmental determinants of bitter perception and sweet preferences. *Pediatrics. 115*(2), e216-e222. DOI:10.1542/peds.2004-1582.

Ministry of Health. (2020). Backgrounder: Ontario Protecting Children and Youth from Dangers of Vaping. Queen's Printer of Ontario, 2020. Retrieved from: https://news.ontario.ca/mohltc/en/2020/02/ontario-protecting-children-and-youth-from-vaping.html.

Ministry of Health. (2020 February 28). News Release: 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. Queen's Printer of Ontario, 2020. Retrieved from: https://news.ontario.ca/mohltc/en/2020/02/ontario-protecting-children-and-youth-from-dangers-of-vaping.html.

Moodie, C., Mackintosh, A. M., Hastings, G., Ford, A. (2011). Young adult smokers' perceptions of plain packaging: a pilot naturalistic study. *Tobacco Control, 20*(5), 367-73. DOI:10.1136/tc.2011.042911.

National Academies of Sciences, Engineering and Medicine. (2018). *Public Health Consequences of E-Cigarettes*. Washington, DC: The National Academies Press. Retrieved from https://doi.org/10.17226/24952.

Piqueras-Fiszman, B., & Spence, C. (Eds.). (2016). *Multisensory Flavor Perception: From Fundamental Neuroscience Through to the Marketplace*. Cambridge: Woodhead Publishing.

Pope, M., Chaiton, M., & Schwartz, R. (2015). Raising the minimum age for access to tobacco products to 21. Ontario Tobacco Research Unit. Toronto: Canada. Retrieved from https://otru.org/wp-content/uploads/2015/08/update_august2015.pdf.

Public Health Agency of Canada. (2020, January 21). Statement from the Council of Chief Medical Officers of Health on Nicotine Vaping in Canada. Retrieved from https://www.canada.ca/en/public-health/news/2020/01/statement-from-the-council-of-chief-medical-officers-of-health-on-nicotine-vaping-in-canada.html.

Reid, J.L., Hammond, D., Rynard, V.L., Madill, C.L., & Burkhalter, R. (2019). *Tobacco Use in Canada: Patterns and Trends, 2019 Edition.* Waterloo, ON: Propel Centre for Population Health Impact, University of Waterloo. Retrieved from https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco_use_in_canada_2019.pdf

Small, D. M., & Green, B. G. (2012). A Proposed Model of a Flavor Modality. In: Murray, M. M. & Wallace, M.T. (Editors). *The Neural Bases of Multisensory Processes*, Chapter 36. Boca Raton FL: CRC Press/Taylor & Francis. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK92876/.

Smoke-Free Ontario Scientific Advisory Committee. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2010). *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*. Toronto, ON: Queen's Printer for Ontario. Retrieved from https://www.publichealthontario.ca/-/media/documents/comprehensive-tobacco-control-2010.pdf?la=en.

Smoke-Free Ontario Scientific Advisory Committee. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2016). *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)*. Toronto, ON: Queen's Printer for Ontario. Retrieved from https://www.publichealthontario.ca/-/media/documents/comprehensive-tobacco-control-2016.pdf?la=en.

Soneji, S.S., Sung H-Y., Primack, B.A., Pierce, J.P., & Sargent, J.D. (2018) Quantifying population-level health benefits and harms of e-cigarette use in the United States. PLoS ONE 13(3): e0193328. https://doi.org/10.1371/journal.pone.0193328.

Tozzi, J., & Bachman, J. (2014, June 17). Big tobacco keeps pushing into e-cigarettes. *Bloomberg Business Week*. Retrieved from: http://www.businessweek.com/articles/2014-06-17/big-tobacco-keeps-pushing-into-e-cigarettes.

U.S. Department of Health and Human Services. (2020). *Smoking Cessation. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf.

U.S. Department of Health and Human Services. (2016). *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health

Promotion, Office on Smoking and Health. Retrieved from https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf.

U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

U.S. Department of Health and Human Services. (2000). *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.

U.S. Food and Drug Administration. (2019). Selling Tobacco Products in Retail Stores. Retrieved from https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/selling-tobacco-products-retail-stores.

Wang, J. B., Olgin, J. E., Nah, G., Vittinghoff, E., Cataldo, J. K., Pletcher, M. J., & Marcus, G. M. (2018). Cigarette and e-cigarette dual use and risk of cardiopulmonary symptoms in the Health eHeart Study. *PloS one*, *13*(7), e0198681. Retrieved from https://doi.org/10.1371/journal.pone.0198681.

Willett, J. G., Bennett, M., Hair, E. C., et al. (2018). Recognition, use and perceptions of JUUL among youth and young adults. *Tobacco Control, 28*(1). Published Online First: 18 April 2018. http://dx.doi.org/10.1136/tobaccocontrol-2018-054273.

Williams, R. S., Derrick, J., & Ribisl, K.M. (2015). Electronic cigarette sales to minors via the internet. *Journal of the American Medical Association Pediatrics, 169*(3), e1563. doi:10.1001/jamapediatrics.2015.63.

Yourex-West, H. (2019, December 23). Most Canadians support increasing e-cigarette legal purchase age to 21: Ipsos poll. *Global News.* Toronto: Canada. Retrieved from https://globalnews.ca/news/6330451/legal-age-for-vaping-ipsos-poll/.

alPHa Resolution A21-2

Title: **Public Health to Lead and Coordinate the Response to Address the Opioid Crisis Capitalizing on the Momentum of Managing the COVID-19 Emergency**

Sponsor: **Grey Bruce Health Unit**

WHEREAS public health has been the leading agency in response to the COVID-19 pandemic emergency; and

WHEREAS public health excelled in mobilizing the community and partners to address the pandemic; and

WHEREAS public health successfully managed the pandemic; and

WHEREAS the opioid epidemic is a public health issue that predates the COVID-19 pandemic by over a decade; and

WHEREAS evidence shows that in many areas throughout Ontario, the COVID-19 pandemic is compounding the opioid crisis, with substance use related harms significantly increasing throughout the duration of the pandemic; and

WHEREAS boards of health are mandated under the Ontario Public Health Standards to reduce the burden of preventable injuries associated with substance use;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on all stakeholders and levels of government to capitalize on the momentum in combating COVID-19 and channel the above efforts to lead and coordinate the community and partners to address the opioid crisis as soon as soon as practical, taking into account the impact of the pandemic.

ACTION FROM CONFERENCE: Carried as Amended

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan
Sent: August 30, 2021 3:20 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: Carmen McGregor <carmen.mcgregor@chatham-kent.ca>; Paul Roumeliotis <proumeliotis@eohu.ca>; Steven Rebellato <Steven.Rebellato@smdhu.org>; Wess Garrod <wessgarrod@gmail.com>; Charles Gardner <Charles.Gardner@smdhu.org>; Trudy S. <TRUDSKI@hotmail.com>; Robert Kyle <Robert.Kyle@durham.ca>
Subject: [allhealthunits] Message from BOH Chair Wess Garrod to All Board of Health Members

PLEASE ROUTE TO:

All Board of Health Members

To all members of Ontario's 34 Boards of Health,

Hello. My name is Wess Garrod, and I am the Chair of the alPHa Boards of Health Section for the 2021-22 term. This is my third year serving the alPHa membership on its Board of Directors and I have already completed terms as Vice-President and Treasurer.

I have been a public appointee to the KFL&A Board of Health since 2014 and am currently the Vice-Chair, working closely with our Chair Denis Doyle. I also had the privilege of working equally closely with Dr. Kieran Moore, who was KFL&A's Medical Officer of Health until his recent appointment as Ontario's Chief Medical Officer of Health.

I strongly believe in the value and importance of local public health. We keep our communities safe and we make a difference. Our governance role is critical as we provide support and accountability for our MOHs, staff and the programs and services that they deliver.

Everyone in public health has worked diligently in extremely challenging circumstances during this pandemic and it appears that COVID-19 will continue to present challenges as we return focus to our mandated routine responsibilities.

As we move into the fall with a high percentage eligible Ontarians vaccinated, many of us feel safer and more optimistic than ever about a return to a new normal. Unfortunately, the highly infectious Delta variant has raised the bar. We must be constantly vigilant and continually reinforce the importance of public health measures such as vaccinations, mask wearing , hand washing and social distancing.

As your Chair, I am congratulating each of my counterparts in each of Ontario's 34 Boards of Health

for providing the leadership, support and necessary role modelling thus far and encouraging all of us to continue the battle against COVID-19.

Protect yourself.
Protect each other.
Protect your community.

alPHa is our organization that keeps us all connected and informed. Led by Executive Director Loretta Ryan, alPHa gives public health a collective voice that is heard and listened to by decision makers, partner associations such as the Association of Municipalities of Ontario (AMO), and numerous other stakeholders. alPHa staff does excellent work on our behalf and the means for all of us in public health to work together to provide strong and consistent messages about the value of local public health.

Together, we make a difference.

I look forward to working with all of you during the coming year.

Sincerely

Wess Garrod,
Chair, Boards of Health Section

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

September 9, 2021

The Honourable Doug Ford, P.C., MPP
Premier of Ontario
co: Office of the Premier
Room 281
Legislative Building, Queen's Park
Toronto, ON
M7A 1A1
Sent via email: doug.fordco@pc.ola.org

The Honourable Monte McNaughton, P.C., MPP
Minister of Labour, Training, and Skills Development
Government of Ontario
14th Floor
400 University Ave.
Toronto, ON
M7A 1T7
Sent via email: monte.mcnaughtonco@pc.ola.org

Dear Premier Doug Ford and Minister McNaughton,

Re: Support for paid sick leave across Ontario during the COVID-19 pandemic and beyond

Southwestern Public Health recognizes the need for enhanced paid sick leave accountability by the Ontario government in coalescence with the growing number of public health experts, municipal leaders, and workers' advocates who have supported this urgent need amidst the COVID-19 pandemic. An act to amend the *Employment Standards Act* through legislation would assist in limiting the spread of COVID-19, variants, and other infectious diseases by providing ample paid sick leave to employees.[1] A novel fourteen-day paid Infectious Disease Emergency Leave in Ontario would provide employees adequate time to be screened, tested, quarantine and await results, and appropriately isolate if they test positive for SARS-CoV-2. It would also allow close contacts of SARS-CoV-2 to quarantine and permit all individuals to receive the COVID-19 vaccination without financial repercussions. This is particularly important to improve the overall well-being of Ontarians and help fill in some of the gaps responsible for the loss of income and economic hardship due to the pandemic across the labour force.

On April 29, 2021, the entire province was notified that the Ontario Government rapidly passed Bill 284, *COVID-19 Putting Workers First Act, 2021*, entitling an employee up to three paid sick days for COVID-19 related reasons retroactively to April 19, 2021.[2,3] This program has not been utilized as initially expected; the anticipated budget for the program was $216-million, and thus far, $20.8-million has been paid out to Ontario residents (data from August 6).[4] This data suggests that Ontarians have not been misusing the sick days provided as per the legislation.

Nevertheless, it is also a call to action for stigma reduction strategies and a socially forward culture shift surrounding employees' beliefs and interpretations around employer repercussions for taking sick days when they are unwell. Under the *COVID-19 Putting Workers First Act* an employee is permitted to receive up to two hundred dollars per day.[2,3] However, this is an inaccessible and inadequate paid sick leave for Ontarians given expert public health advice, research, and guidelines. A three-day paid leave is not sufficient when individuals are asked to isolate for a minimum ten-day period, or longer in specific cases, after being infected with SARS-CoV-2. Not to mention it does not account for the possibility of subsequent infections, paid time off to receive the COVID-19 vaccination, or parents and caregivers taking time off to care for a dependent who tested positive for COVID-19. As a result, the Ontario government should consider the positive impact of implementing a province-wide 14-day Infectious Disease Emergency Leave, as it would continue to work in tandem with public health guidelines as increasing COVID-19 infection rates extend into the fall and winter months.

The Ontario COVID-19 Science Advisory Table modelled a proposed paid sick leave measure, which would entitle employees to guaranteed salary payment for a maximum of two work weeks.[5] The Advisory Table also provided evidence from the United States Families First Coronavirus Response Act (FFCRA), a temporary program that allows employees two-weeks of paid sick leave for reasons related to the pandemic.[4] Evaluation results indicate a 50% decrease in confirmed COVID-19 cases per state per day in the states which implemented the paid sick leave.[5] The FFCRA program is also associated with increased vaccination rates among workers because individuals are more likely to get immunized when offered financial support.[5]

The SARS-CoV-2 pathogen has a much longer incubation period than many other viruses, which can ostensibly lead to high and rapid transmissibility compared to other infectious diseases.[6] Symptoms of infection have appeared anywhere up to 14 days following initial exposure to the virus. This calls for robust and far-reaching paid sick leave, particularly with emerging COVID-19 variants of concern. Across all Organization for Economic Cooperation and Development (OECD) countries there has been strong evidence that paid sick leave offers both an effective social and employment policy response to a contagious pandemic.[7] Given the growing health and social inequities across our world in a time of rapidly emerging infectious diseases, our provincial government needs to garner appropriate ways to mitigate the damaging impacts of economic crises and individual setbacks moving forward.[8,9]

Noteworthy lessons can be acquired from Denmark's socially inclusive approach to COVID-19; the Nordic model urges the need to continuously adopt new social innovations. The Danish government was quick to enact and strengthen the transferability of paid sick leave for all citizens across different jobs and forms of employment to combat inequitable health and economic impacts of the virus.[7,10] Inclusive measures, while often allegedly perceived to slow decision-making, can in fact support critical action and accelerate change.[10] Denmark was quick to the call to action at the onset of the pandemic last March 2020 by being one of the first countries in Europe to lockdown the economy.[10] The government consulted with many large associations (i.e. employer associations and trade unions) to devise a plan to compensate up to 90 percent of workers' wages, so that there were few gaps in the pandemic "comprehensive rescue package".[10] Historically, the first 30 days off of work due to illness have been covered by employers in Denmark; however, the Danish government is now reimbursing wages for this entire period and any additional benefit durations.[7] Since the World Health Organization declared the COVID-19 pandemic in March 2020, many countries, including Canada, have seen large surges in unemployment rates, while Denmark has remained relatively stable around 5.4%.[10] Employees who had symptoms felt comfortable staying home and did not fear losing

their job as a repercussion of missing work and employers were incentivized to send sick employees home instead of terminating employment. This critical, inclusive approach assisted with lockdown compliance, societal buy-in, collaboration, and early exit from lockdown measures.[10]

It is imperative to consider data from previous pandemics, such as the Influenza A (H1N1) virus in 2009. The World Health Report (2010) presented information to support the fact that paid sick leave allows employees to promptly access medical care and "the opportunity to follow treatment recommendations, recuperate more quickly, reduce the health impact on day-to-day functioning, prevent more serious illnesses from developing," and improved labour and economic productivity due in part to faster recovery time.[8] It is estimated that the productivity losses due to working while sick are approximately three times higher than the loss of productivity associated with absence due to sickness.[8] As well, research has shown that paid-sick leave can boost adherence to public health isolation and quarantine guidelines. Brankston et al. (2021) found that more than 90% of Canadians self-reported feeling confident in their own ability to follow COVID-19 public health measures, however only 51% reported preparedness for illness given work expectations or their personal access to paid sick leave.[11] Therefore, it is crucial that the province implements comprehensive paid sick leave amidst the ongoing COVID-19 response and moving forward into a healthier Ontario for all.

We urge the provincial government to consider an additional amendment to the *Employment Standards Act* to include robust accessible paid sick leave across the province. We trust that by implementing effective, scientifically driven paid sick leave measures we will see increases in vaccination uptake, reduction in the spread of COVID-19 and subsequent variants, reduction in workplace closures and outbreaks, increased workplace productivity, improved economic stability, and greater post-COVID-19 recovery across the province.

Sincerely,

Mr. Larry Martin
Chair, Board of Health
Southwestern Public Health

copy: The Right Honourable Justin Trudeau, Prime Minister of Canada
Honourable Karen Vecchio, MP, Elgin-Middlesex-London
Honourable Jeff Yurek, MPP, Elgin-Middlesex-London
Honourable Dave Mackenzie, MP, Oxford
Honourable Ernie Hardeman, MPP, Oxford
C. St. John, CEO, Southwestern Public Health
J. Lock, Medical Officer of Health, Southwestern Public Health

References

1. Sattler, P. (n.d.). *Stay Home If You Are Sick Act, 2021*. Legislative Assembly of Ontario. https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239.
2. McNaughton, H. M. (n.d.). *COVID-19 Putting Workers First Act, 2021*. Legislative Assembly of Ontario. https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-284.
3. Pugen, D. (2021, May 4). *Ontario Government Mandates Paid Sick Leave - Employment and HR - Canada*. Mondaq. https://www.mondaq.com/canada/employee-benefits-compensation/1064286/ontario-government-mandates-paid-sick-leave-.
4. Brethour, P. (2021, August 20). *Provincial sick-leave programs only lightly used during COVID-19 pandemic*. The Globe and Mail. https://www.theglobeandmail.com/business/article-provincial-sick-leave-programs-only-lightly-used-during-covid-19/.
5. Thompson, A., Stall, N. M., Born, K. B., Gibson, J. L., Allen, U., Hopkins, J., … Schwartz, B. (2021, April 29). *Benefits of Paid Sick Leave During the COVID-19 Pandemic*. Ontario COVID-19 Science Advisory Table. https://covid19-sciencetable.ca/sciencebrief/benefits-of-paid-sick-leave-during-the-covid-19-pandemic/.
6. Vazquez, J., Islam, T., Beller, J., Fiori, K., Correa, R., & Correa, D. J. (2020). Expanding Paid Sick Leave as a Public Health Tool in the Covid-19 Pandemic. *Journal of Occupational & Environmental Medicine*, *62*(10). https://doi.org/10.1097/jom.0000000000001998
7. Secretary-General of the OECD. (2020, July 2). *Paid sick leave to protect income, health and jobs through the COVID-19 crisis*. OECD. https://www.oecd.org/coronavirus/policy-responses/paid-sick-leave-to-protect-income-health-and-jobs-through-the-covid-19-crisis-a9e1a154/#:~:text=Many%20OECD%20countries%20and%20major%20economies%20have%20expanded,timebound%20and%20limited%20to%20COVID%E2%80%9119%20sickness%20or%20quarantine.
8. Scheil-Adlung, X., & Sandner, L. (2010). The case for paid sick leave. *World Health Report*. Retrieved from http://digicollection.org/hss/documents/s18277en/s18277en.pdf
9. Heymann, J., Raub, A., Waisath, W., McCormack, M., Weistroffer, R., Moreno, G., ... & Earle, A. (2020). Protecting health during COVID-19 and beyond: a global examination of paid sick leave design in 193 countries. *Global public health*, *15*(7), 925-934.
10. Ornston, D. (2020, June 26). *Learning from Denmark's socially inclusive approach to COVID-19*. Policy Options. https://policyoptions.irpp.org/magazines/june-2020/learning-from-denmarks-socially-inclusive-approach-to-covid/.
11. Brankston, G., Merkley, E., Fisman, D.N. *et al.* Socio-demographic disparities in knowledge, practices, and ability to comply with COVID-19 public health measures in Canada. *Can J Public Health* 112, 363–375 (2021). https://doi.org/10.17269/s41997-021-00501-y

Governance Standing Committee

Open Session

MEETING DATE:	September 9, 2021
SUBMITTED BY:	Larry Martin, Committee Chair
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☒ Decision ☒ Discussion ☐ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2021-BOH-0909-5.1

1) **Self Evaluations** (Receive & File):

The Committee held its regular meeting on August 19, 2021. Discussed at the meeting was the importance of Board members completing the Board self-evaluation surveys which is consistent with the Board's policy on the matter. The Committee also discussed the importance of having a diverse skill set on the Board. Future expressions of interest for individuals wishing to be a provincial appointee on the Board will highlight these desired skills and experience. Lastly, the Committee discussed the need for Board continuity and diversity and as such, the Committee is recommending that the Board of Health approve issuing an expression of interest to the community for members who may be interested in pursuing a provincial appointment on the Board.

MOTION: (2021-BOH-0909-5.1)
That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Report for September 9, 2021.

CEO REPORT

Open Session

MEETING DATE:	September 9, 2021
SUBMITTED BY:	Cynthia St. John, CEO (**written as of September 1, 2021**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☒ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2021-BOH-0909-5.2

1) COVID-19 Response (Receive and File):

Given we are still operating in an IMS Structure, my CEO report continues to be organized according to our current IMS structure in response to the COVID19 emergency.

1.1 Operations – Case and Contact Management Branch

Case and Contact Management

The Case and Contact Team (CCT) continues to implement best practices related to the case and contact management for COVID-19. The team supports the community in identifying new cases of COVID-19 and responding to these cases and their contacts in a timely way. Cases continue to be contacted within 24 hrs of initial receipt of a positive result, and timely contact tracing has occurred. Staff continue implementing automation features for communicating with cases and contacts through the Ministry reporting database (CCM) and utilize the Ministry investigators to support case and contact management. Through the effective vaccination of residents and staff at our local long-term care homes and retirement homes, SWPH has seen few COVID outbreaks at these institutions during the summer.

Moving into the fall period, SWPH has processes and procedures to implement additional provincial workforce surge capacity supports if confirmed case counts continue to rise above SWPH staffing capacity. In addition, staff are preparing 2022 program plans related to COVID-19 response as the Ministry outlines case and contact management plans and outbreak management in workplaces, schools, and other community settings.

Schools

The team is preparing for what is anticipated to be a busy start to the school year. Staff have spent the summer preparing guidance and information packages, orientation and training for new staff and refresher training for the current school nurses. The team has worked closely with Middlesex London Health Unit (MLHU) and created several working groups to align our services and ensure shared priorities given our shared school boards. The identified priorities are:

1. COVID supports and processes;
2. Mental health promotion;
3. Parenting supports; and
4. Substance use prevention.

The School team plans for COVID and infection prevention and control to be the priorities for the first 6-8 weeks. Then we are hopeful that some of our attention will be directed to the other shared priorities in partnership with area schools and boards.

1.2 Operations - Vaccine Branch

Mass Vaccination Clinics

As you know, our COVID19 mass immunization clinics, located in St. Thomas and Woodstock, opened to serve our community on March 15th, 2021. The Tillsonburg expansion, through a partnership with Oxford County EMS, opened its doors on April 16th, 2021. This strategy to date, has resulted in over 200 000 doses being administered through these three sites. When considering the additional doses provided through dedicated channels like local pharmacies, SWPH's mobile vaccination teams, hospital partners who stepped up to vaccinate their patients and staff, and local primary care, this number jumps to over 250 000 doses in arms. As a result, SWPH has exceeded the Ministry of Health's original Stage 3 reopening targets of 80% of eligible residents with one dose and 70% of eligible residents fully vaccinated.

SWPH will continue to offer our community opportunities to seek COVID19 vaccinations at our 1230 Talbot Street, St. Thomas office and at Goff Hall, Woodstock. While the footprints of these clinics will be reduced from those of the mass clinics, these clinics strategically allow SWPH to respond to the possibilities of future change and eligibility during our pandemic response.

A very big thank you goes out to our community, our municipal partners and our incredible volunteers and staff who made this historic vaccination roll out happen for our communities!

We continue to aim our sights on 90% fully vaccinated by end of October in our continuous fight against COVID19 and its variants.

Mobile Vaccination Plans

In our efforts to continue to bring vaccinations to communities and individuals who may not have taken the opportunity to receive vaccinations, our mobile team – in partnership with Oxford County EMS – has travelled throughout SWPH's geography in July and August. The team could be found at local beaches, Farmer's Markets, fairs, and Community Centres. These mobile efforts will continue into September with several "pop ups" planned with our local school boards in areas where the mobile team may not have visited or where previous uptake would suggest a return visit.

Third Dose COVID19 vaccinations for Long Term Care Home & High-Risk Retirement Home residents

SWPH will also be partnering with our local Long Term Care Home (LTCH) and high-risk Retirement Homes (RH) (as identified by the Ministry of Health – must be registered Retirement Homes that are co-located with a LTCH or have a specialized Dementia Care Unit) to roll out a collaborative COVID19 third dose strategy as announced by the province on August 17th, 2021. This third dose strategy will take place during this month to add further and continued protection to residents congregating living in LTCHs or high risk RHs who are particularly vulnerable from COVID19 and its associated variants.

Groups also announced as eligible for third doses on August 17th include:

- Transplant recipients (including solid organ transplant and hematopoietic stem cell transplants).
- Patients with hematological cancers (examples include lymphoma, myeloma, leukemia) on active treatment (chemotherapy, targeted therapies, immunotherapy); and
- Recipients of an anti-CD20 agent (e.g., rituximab, ocrelizumab, ofatumumab).

In all of our vaccination efforts, we have included a robust communications support including the launching of our "Vaccination is Key" campaign designed to reach the "fence sitters," and encourage them to book their first appointments. As you have seen, the campaign included print ads, social media advertising and posts, a 29,000-piece mailer, billboards and transit shelter ads, radio commercials, and outreach to individuals and businesses we hoped would help us spread the message. Recently, a neighbouring public health unit (Huron Perth PHU) has requested permission to adapt the Vaccination is Key campaign for use within their region.

1.3 Operations – Information Branch

Community Support Task Force - COVID-19 Response Centre and Content Table

Over the summer, the COVID-19 Response Centre and Content Table have been busy answering various inquiries and calls primarily about the COVID-19 vaccine, exposure to a COVID-19 positive case and symptomatic testing. The team also received questions about international travel requirements as well as Ontario's reopening plan. With surge support from other teams, they also took on the task of rebooking second dose appointments to accelerate our

community's complete protection against COVID-19. Between July 29 to August 18, the team responded to a total of 733 inquiries (calls and emails), rebooked nearly 2000 second dose appointments and cancelled nearly 4000 appointments. The Community Support Task Force anticipates a busier fall with children returning to school (with many children still ineligible to receive the vaccine). In combination with the high transmissibility of the Delta variant, it is expected the Response Centre will receive a high volume of calls from parents and teachers.

IPAC Hub

As part of the province's response to COVID-19, local networks of Infection Prevention and Control (IPAC) expertise (IPAC Hubs) were established across the health system to enhance IPAC practices in community-based, congregate living organizations (CLOs). These organizations include long-term care homes, retirement homes, residential settings for adults and children, shelters, and supportive housing. Collectively the Hubs provide specialized IPAC guidance and support to congregate living organizations in the region, prioritizing those facilities currently in an outbreak.

This past summer, the team participated in several activities, including:

1. Facilitation of three Community of Practices (COPs) on environmental cleaning, co-horting and outbreak management,
2. Participation in an IPAC Q and A led by Ontario Health with hospice providers in the South West, and
3. Presenting a webinar with Ontario West IPAC team on vaccination hesitation.

Moving into the fall, the IPAC Hub lead will be working on pulling together additional 'networking' groups involving long term care homes, acute-care, primary care, and community medical clinics.

2) NON COVID-19 PROGRAMMING (Receive and File)

Programming this Fall

With our business continuity plan activated, we regularly review what programs and services will be prioritized given our need to respond to COVID-19. Not all programs and services offered this year have been COVID-19 focused. We have still been operating some of our programs and services in areas such as environmental health, sexual health, dental, healthy babies healthy children, and so forth. We hope to resume more of our programs and services in the fall recognizing that this is predicated on the trajectory of Covid-19. For example, staff are quickly organizing a return to in-school Grade 7 students' vaccinations and an in-school catch up strategy for Grade 8 students. During Fall 2021, SWPH's team will visit all local elementary schools to provide immunizations for protection against Human papilloma virus (HPV), Hepatitis B virus (HBV) and Meningococcal disease. Any student now in Grade 8 who did not complete their vaccination series because of the impacts of COVID19 virtual learning arrangements will be provided the opportunity to be fully vaccinated when our team is on-site at school this Fall. Our team is also readying for a busy universal influenza immunization

program (UIIP) this Fall. SWPH will be working with our local health system partners to ensure access to vaccine and promotional materials to support efforts to keep our community "flu"-free again this year.

2022 Program Planning

Program planning for 2022 is underway. Our program planning work will inform the 2022 draft budget. As you can imagine, planning for 2022 is going to be more challenging than ever in part because there are several unknowns. Critical for us will be the need to really understand the needs of our communities, post COVID as we know our communities are not the same as they were before the pandemic. Our COVID-19 recovery journey with local data will help inform what we should focus on and with whom.

3) Program Specific Audited Financial Statements (Decision):

I am pleased to report that the audit of our financial records for the Healthy Babies Healthy Children and Pre and Post Natal Nurse Practitioner programs (HBHC and PPNP) for the period ending March 31, 2021, has been completed by Graham Scott Enns. The audit was managed again this year by Jennifer Buchanan and overseen by Robert Foster.

The audited statements are attached for your review. There were no issues and no material errors noted.

MOTION: 2021-BOH-0909-5.2A
That the Board of Health for SWPH approve the audited financial statements the Healthy Babies Healthy Children and Pre and Post Natal Nurse Practitioner programs for the period ending March 31, 2021.

MOTION: 2021-BOH-0909-5.2
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for September 9, 2021.

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

March 31, 2021

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

For The Year Ended March 31, 2021

Table of Contents **PAGE**

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2021. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated March 25, 2020 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revenues and expenditures of the Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2021 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with the terms and conditions issued by the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Graham Scott Enns LLP

July 22, 2021

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Healthy Babies Healthy Children
Statement of Revenue and Expenditures
For The Year Ended March 31, 2021

	Budget $	**Actual $**
REVENUE		
Grant - Ministry of Children, Community and Social Services	1,653,539	**1,653,533**
Service recovery fees	-	**100**
TOTAL REVENUES	**1,653,539**	**1,653,633**
EXPENDITURES		
Salaries and benefits		
Public health nurses	801,143	**684,978**
Lay home visitors	308,122	**244,269**
Benefits	325,500	**240,011**
Management co-coordinator	100,170	**54,495**
Clerical	42,490	**33,629**
Total salaries and benefits	1,577,425	**1,257,382**
Contracted services		
IT Support	2,700	**2,700**
Operating costs		
Program resources	9,900	**11,624**
Travel	32,727	**11,030**
Communication	12,112	**6,783**
Office supplies	2,000	**6,360**
Public awareness/promotion	6,350	**3,006**
Audit	2,325	**2,325**
Professional development and training	8,000	**1,652**
Total operating costs	73,414	**42,780**
TOTAL EXPENDITURES	1,653,539	**1,302,862**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	**350,771**

Oxford Elgin St. Thomas Public Health
Healthy Babies Healthy Children
Notes to the Statement of Revenue and Expenditures
March 31, 2021

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Healthy Babies Healthy Children program which is administered by Southwestern Public Health. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

March 31, 2021

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

For The Year Ended March 31, 2021

Table of Contents **PAGE**

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Pre and Post natal Nurse Practitioner's program for the year ended March 31, 2021. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated March 25, 2020 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revnues and expenditures of the Southwestern Public Health - Pre and Post natal Nurse Practitioner's program for the year ended March 31, 2021 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Chilren, Community and Social Servies.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with the terms and conditions issued by the Minstry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Graham Scott Enns LLP

July 22, 2021

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Statement of Revenue and Expenditures
For the Year Ended March 31, 2021

	Budget $	**Actual** **$**
REVENUE		
Grant - Ministry of Children, Community and Social Services	139,000	**139,005**
EXPENDITURES		
Purchased services	139,000	**139,005**
TOTAL EXPENDITURES	139,000	**139,005**
DUE FROM MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	-

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Notes to the Statement of Revenue and Expenditures
March 31, 2021

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Pre and Post Natal Nurse Practitioner's Program which is administered by Southwestern Public Health. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

MOH REPORT

Open Session

MEETING DATE:	September 9, 2021
SUBMITTED BY:	Dr. Joyce Lock, MOH (**written as of 12:00noon, August 31, 2021**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2021-BOH-0909-5.3

1) Coronavirus COVID-19 (Receive and File):

CURRENT STATE

As of August 31, 2021, Southwestern Public Health (SWPH) has a cumulative confirmed case count of 4,080 residents who tested positive for COVID-19, of which 25 are active and 85 are deceased. Our region's risk of COVID-19 for the week of August 19th to August 25th is assessed at a 'medium' level, with transmission occurring via close contact or unknown exposure (which is notably indicative of community spread). While no longer highlighted in the provincial re-opening plan, indices such as the weekly percent positivity and weekly median Re (1.5% and 0.9 for our area, respectively) provide valuable insight into local risk levels. At the time of this report, SWPH's local indices signal a busy but manageable case load, while the capacity of our area health system partners is good. Nevertheless, when we look at provincial case counts rising from the lows of July (139 cases on July 20th) to the rising spike in cases each day since (874 on August 30th), we see troubling trends that indicate a fourth resurgence of COVID-19 cases driven by the Delta variant – even as days remain warm and people are more likely to gather outdoors (thereby minimizing the risk of transmission and infection for now).

DELTA VARIANT

The aggressive nature of the Delta variant (B.1.617.2, first identified in India) is a significant cause for concern. With its higher rater of transmissibility, higher viral loads, alongside lower vaccine

effectiveness wherein a single dose of COVID-19 vaccine is insufficient coverage against infection, and potential to cause more severe disease and increase the possibility of hospitalization, the Delta variant is currently the dominant strain circulating in our province. Indeed, when variants of concern (VOCs) first appeared in the Southwestern Public Health region (February 2021), cases were primarily the Alpha variant for three months; but, since June 2021, VOC cases are now primarily the Delta variant. In view of this highly infectious variant, we must all be cognizant of the ever-present possibility of accelerated and sustained case counts occurring in the community (and the ancillary strain upon our healthcare system and increased potential of hospitalizations and deaths). With this admittedly bleak scenario in mind, it is therefore critical that we strive for a 90% 2-dose vaccination rate in our region to lessen the impacts of the Delta variant as students return to in-class learning, restaurants and businesses recover from months of lockdown, and our population begins to move indoors with the onset of cooler weather.

COVID-19 VACCINE HESITANCY

Our regional vaccination effort has been buoyed and inspired by the energy and dedication of our staff, partners, primary care providers, nurse practitioners, EMS personnel, students, and volunteers in supporting and administering COVID-19 vaccines throughout the spring and summer months in our mass immunization clinics in Oxford and Elgin County. We have effectively met and exceeded the Ministry of Health's original Step 3 reopening targets of 80% of eligible residents with one dose and 70% of eligible residents who are fully vaccinated. As we reset our vaccination goals to achieving a rate of fully vaccinating 90% of our local population in the coming months, we do so with a full awareness of the slowing vaccination numbers in our region as well as the more elusive challenges of reaching out to those who are vaccine hesitant, neutral, wary, or skeptical.

The importance of connecting with those who have yet to receive their first shot or have delayed receiving their second shot can be seen in the vaccination status of confirmed cases in our region thus far. In a summary of 1,828 confirmed case records dating back to January 5, 2021 (the earliest possible date someone in the SWPH region could be partially vaccinated), 90.7% of COVID-19 cases were not vaccinated, 7.8% were partially vaccinated, and 1.5% were fully vaccinated. Between the week of August 19th – 25th, 76.9% (20 cases) were not vaccinated, 11.5% (3 cases) were partially vaccinated, and 11.5% (3 cases) were fully vaccinated. As such, the fourth wave of COVID-19, driven by the Delta variant, will primarily consist of those who are unvaccinated or partially vaccinated, resulting in breakthrough transmissions and infections even for those who are fully vaccinated.

SWPH COLLABORATIONS AND INITIATIVES

Collaborative work directed at the protection against COVID-19 and the promotion of COVID-19 vaccination has been at the forefront our recent SWPH efforts. Our staff are presently developing a 3As Vaccine Engagement Strategy (Ask, Advise, Act) that adapts historically effective tobacco cessation methodologies. The 3As will be a wide-ranging, concerted approach with both local and provincial outreach promoting a plan of engagement that goes beyond traditional health system partners, tapping into health-related associations, and emphasizing the importance of addressing vaccine hesitancy in a non-judgmental manner. In consultation with the Council of Universities

(COU) and Colleges Ontario (CO), I worked with Drs. Chris Mackie and Alex Summers from Middlesex London Health Unit (MLHU) in co-authoring a letter on behalf of the Council of Medical Officers of Health (COMOH) recommending mandatory vaccination policies be in place at all post-secondary institutions. MLHU and SWPH also continue to work closely together with local schoolboards to ensure students return to in-class learning safely.

Since the beginning of the pandemic, local Medical Officers of Health have used the tools they possess to protect the public against acquiring or spreading COVID-19 whether through the promotion of public health measures or issuance of recommendations, advice, letters of instruction, or class section orders. To reach out to this last section of our unvaccinated population now requires provincewide policy implementation of issues such as mandatory vaccination in workplaces and businesses to encourage vaccine uptake in this last mile.

SWPH & MEDIA

Keeping our community informed about the pandemic is a key priority. Media interviews play a key role. Initially, I responded to media requests as they arose – this included regular interviews with several local and regional radio and television stations. In recent months, we have moved to scheduled media conferences to provide an opportunity to share key health unit updates as well as address local questions and concerns. Media conferences have at times included guest speakers or staff members to address vaccine myths and provide granular details regarding SWPH's vaccination program.

CONCLUSION

That we are currently in a holding pattern in Step 3 of Ontario's Roadmap to Reopen speaks to the wide-ranging provincial, regional, and local concerns we all have as we enter the coming fall months. Even without current modelling indicating worrisome fourth wave projections, our lessons from a year ago have taught us well that cooler weather and more time spent indoors will lead to increased case counts and further risks of transmission. Our understanding of the prevalence of the Delta variant throughout the province, its virulence, infectiousness, and aggressiveness, is sufficient reason to advise everyone to exercise patience, caution, vigilance, and even more vigilance. The trajectory of COVID-19 requires adaptive and nimble adjustments to the ever-shifting landscape of policy and guidance as we all continue to work together to ensure that those who want their shot will get their shot and those who remain vulnerable to infection are protected by public health measures that continue to be the first line of defense against all variants of the coronavirus:

- Get the Covid-19 vaccination shot via a local mass immunization clinic, pop-up or mobile clinic, local pharmacy, or primary care provider.
- Practice physical distancing when away from home (2m distance).
- Wear a face covering to protect others (face coverings ***do not*** replace physical distancing).
- Wash hands often or use hand sanitizer (+60% alcohol) when soap and water are unavailable.
- Stay home if you experience signs of any illness.
- Get tested if you think you have even one symptom.

- Follow the provincial guidance of Step 3 in the Roadmap to Reopen Ontario.
- Share credible information about the safety of Covid-19 vaccines; share local updates and resources on COVID-19.
- Download the COVID-19 Alert App: https://www.ontario.ca/covidalert

MOTION: 2021-BOH-0909-5.3

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for September 9, 2021.