Algoma
PUBLIC HEALTH
Santé publique Algoma

June 22, 2022

BOARD OF HEALTH MEETING

Videoconference

www.algomapublichealth.com

Meeting Book - June 22, 2022, Board of Health Meeting

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regarding Support for South West Tobacco Control Area Network, dated June 15, 2022.

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Board of Health Meeting
AGENDA
June 22, 2022 at 5:00 pm
Video/Teleconference

BOARD MEMBERS	APH MEMBERS
Sally Hagman - Chair	Dr. John Tuinema - Acting Medical Officer of Health & CEO
Lee Mason - 1st Vice-Chair	Antoniette Tomie - Director of Corporate Services
Deborah Graystone - 2nd Vice-Chair	Laurie Zeppa - Director of Health Promotion & Prevention
Louise Caicco Tett	Chris Spooney - Acting Director of Health Protection
Micheline Hatfield	Leo Vecchio - Manager of Communications
Musa Onyuna	Leslie Dunseath - Manager of Accounting Services
Ed Pearce	Dr. Emil Prikryl - Public Health and Preventive Medicine Resident
Brent Rankin	Tania Caputo - Board Secretary
Matthew Scott	Tanya Storozuk - Executive Assistant

1.0 Meeting Called to Order — *S. Hagman*

a. Land Acknowledgment

b. Declaration of Conflict of Interest

2.0 Adoption of Agenda — *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated June 22, 2022 be approved as presented.

3.0 Delegations / Presentations — *A. Tomie, L. Zeppa*

a. COVID-19 Recovery Framework

4.0 Adoption of Minutes of Previous Meeting — *S. Hagman*

RESOLUTION

THAT the Board of Health minutes dated May 25, 2022 be approved as presented.

5.0 Business Arising from Minutes

a. alPHa AGM report — *S. Hagman*

b. Indigenous Awareness Training - Briefing Note — *D. Graystone*

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports — *J. Tuinema*

i. MOH Report - June 2022

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for June 2022 be accepted as presented.

b. Finance and Audit — *L. Mason*

i. Finance and Audit Committee Chair Report

RESOLUTION

THAT the Finance and Audit Committee Chair Report for June 2022 be accepted as presented.

ii. Unaudited Financial Statements for the period ending April 30, 2022. *L. Mason*

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending April 30, 2022, as presented.

iii. Communications Infrastructure Upgrade - Briefing Note *L. Mason*

RESOLUTION

THAT the Board of Health has reviewed the Communications Infrastructure Upgrade Briefing Note dated June 8, 2022, and recommends that APH:

- upgrade the software communication system with Bell and;
- purchase new telephones for all client/public areas where there is currently a telephone and for staff based on the leadership assessment.

7.0 New Business/General Business

8.0 Correspondence *S. Hagman*

a. Letter to the Office of Policy and Strategic Planning, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada from Grey Bruce Health Unit regarding **Support for South West Tobacco Control Area Network,** dated June 15, 2022.

b. Letter to the Boards of Health in Ontario and the Association of Local Public Health AgenciesResponse to COVID-19 - April 2022 Update (Item HL36.1) regarding **Support for South West Tobacco Control Area Network,** dated June 15, 2022.

9.0 Items for Information *S. Hagman*

10.0 Addendum *S. Hagman*

11.0 In-Camera *S. Hagman*

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of in-camera minutes,** security of the property of the board, litigation or potential litigation.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting *S. Hagman*

Resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings: *S. Hagman*

Governance Committee Meeting
Wednesday, September 14, 2022 @ 5:00 pm
Video Conference │SSM Algoma Community Room

Board of Health Meeting
Wednesday, September 28, 2022 @ 5:00 pm
Video Conference │SSM Algoma Community Room

14.0 Monthly and Annual Evaluations *S. Hagman*

15.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

A Brief Introduction:

Algoma Public Health's Framework for COVID-19 Recovery

Antoniette Tomie, Director of Corporate Services
Laurie Zeppa, Director of Health Promotion
June 22, 2022

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Overview

- Core functions of public health
- Guidance for our way forward
- COVID-19 and recovery
- Recovery framework
  - Employee Engagement
  - Communication
  - Routinize, Restore and Rebuild
- Next steps

Core Functions of Public Health

- Population Health Assessment
- Health Surveillance
- Disease and Injury Prevention
- Health Promotion
- Health Protection
- Emergency Preparedness and Response

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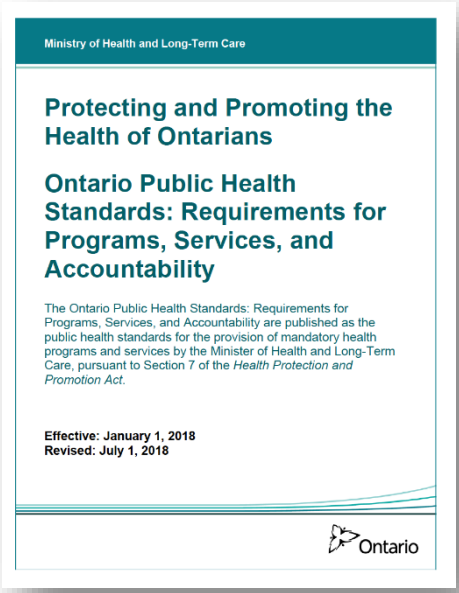
Resource: Government of Canada. (2004). Executive summary: Learning from SARS: Renewal of public health in Canada.

Guidance for Our Way Forward

- Ontario Public Health Standards
- Strategic Plan
- Mission, Vision and Values
- Community Health Profile
- Standard Implementation and Program Plans
- COVID-19 Evaluations
- Emergency Response Plans

… and more!



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Resource: Ministry of Health and Long-Term Care. (2018). Ontario public health standards: Requirements for programs, services, and accountability.

COVID-19 and Recovery

- The COVID-19 pandemic has been reported as the **health crisis of our lifetime** and the **biggest public health crisis** we have faced in a century
- COVID-19 response teams have worked tirelessly in prevention, mitigation, and response functions
- Public health teams not involved in COVID-19 response ensured the continued delivery of highest risk, core public health services and programs
- COVID-19 response has resulted in **backlogs** in core public health services, and altered **population health priorities**

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Resources:
Guterres, A. (2020). Now is the time for unity. *United Nations: COVID-19 Response*.
Government of Canada. (2021). A vision to transform Canada's public health system: Chief Public Health Officer's Report on the State of Public Health in Canada 2021.

What is Recovery?

- Recovery involves **addressing the impact of COVID-19** on our agency and our community
- Recovery planning is a deliberative, **strategic process** that integrates lessons learned and considers both current and future public health priorities
- As an organization, **employee engagement and excellence** need to come first
- Integrating COVID-19 response work and restoring core public health programs **will take time** and will bring with it many opportunities

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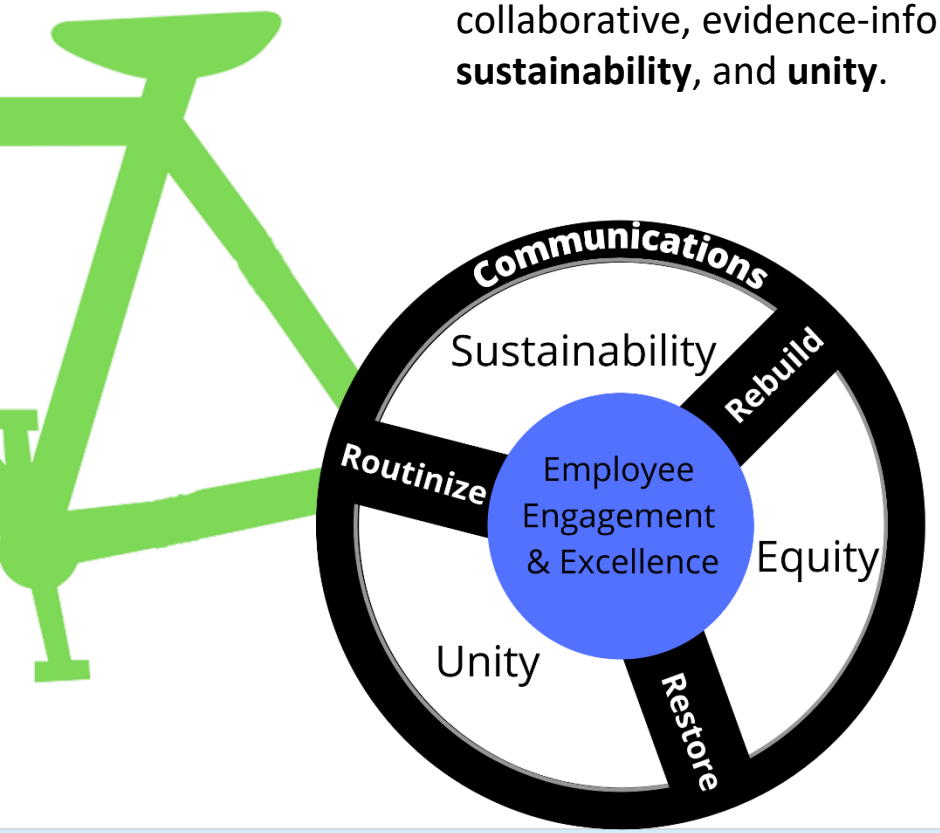
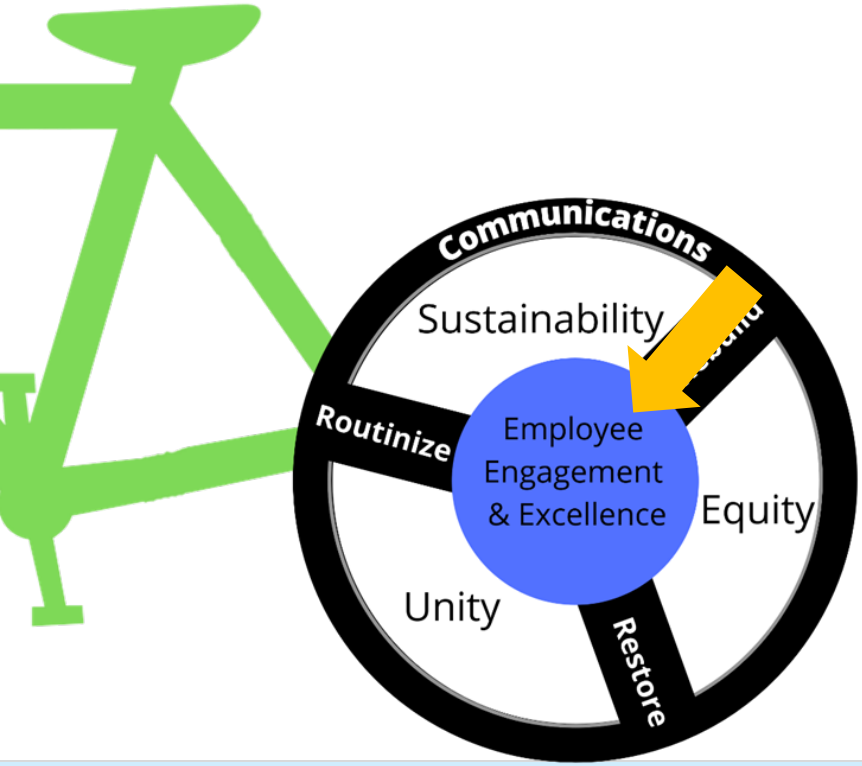
Our Recovery Framework

- **The Goal:** To effectively recover from the Covid-19 pandemic using a collaborative, evidence-informed approach founded on principles of **equity**, **sustainability**, and **unity**.



Hub: Employee Engagement and Excellence

- Revitalize the public health workplace through employee engagement and excellence, focusing on employees' lived experience, lessons learned, employee wellness, and organizational capacity development.

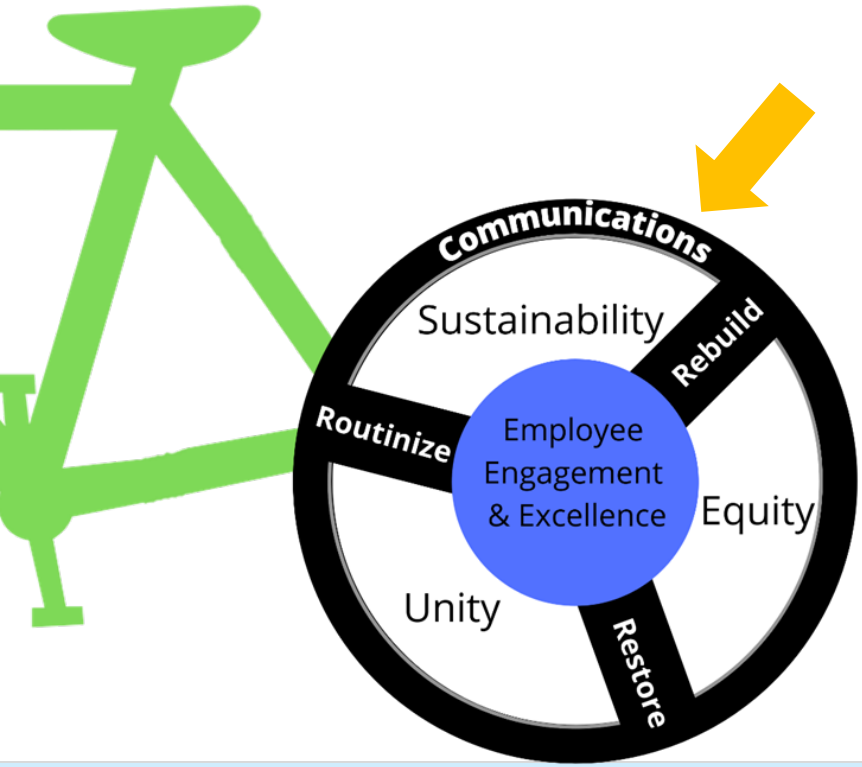


Starting Actions:

- Workforce wellness & workplace development plan
- Leadership development program
- Public health competency & skill renewal plan

Wheel: Communication

- Facilitate internal and external engagement and participatory action through ongoing and transparent communication related to Covid-19 recovery planning.

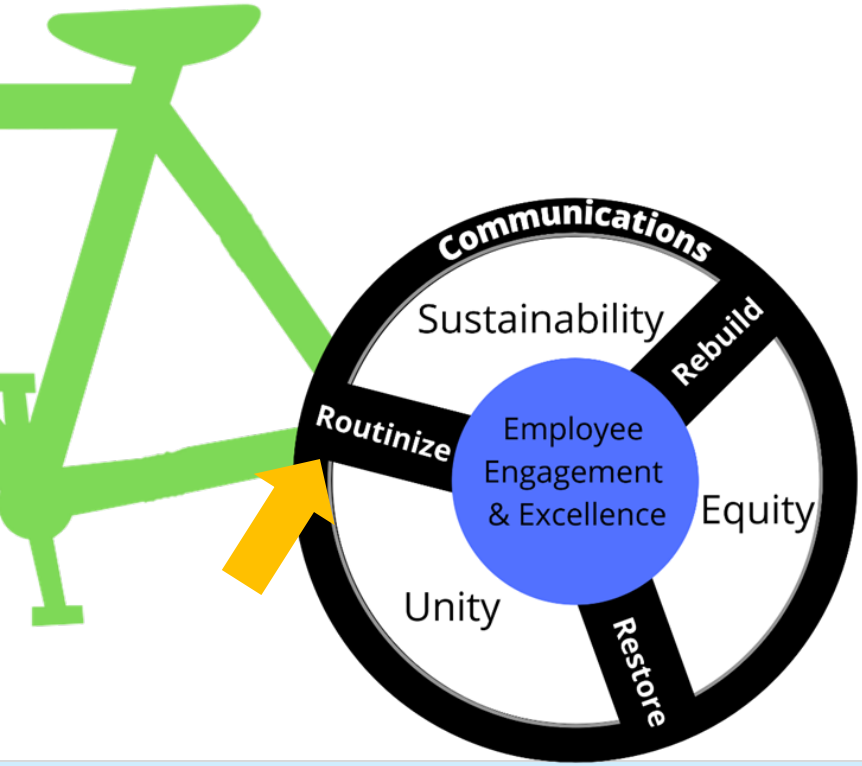


Starting Actions:

- Bi-weekly MOH updates to all employees
- All staff town halls
- Pathway for employee feedback
- Team meetings
- Employees share experiences and lessons learned

Spoke #1: Routinize COVID-19 Response

- Routinize Covid-19 work for sustainable prevention, mitigation, preparedness, and response to Covid-19.

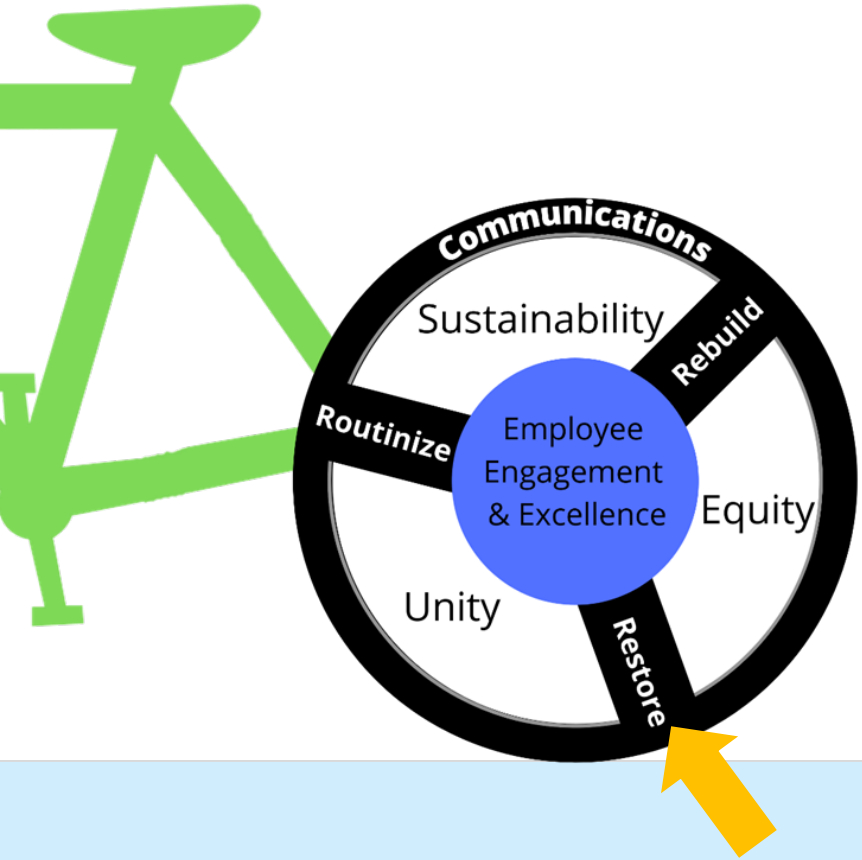


Starting Actions:

- Integrate COVID-19 case management into the Infectious Diseases program
- Integrate COVID-19 vaccines into the Immunization Program
- Sustain partnerships for response
- Develop surge plans

Spoke #2: Restore Programs and Services

- Restore public health programs and services considering lessons learned from Covid-19, alignment with Ontario Public Health Standards, and post-pandemic public health priorities in Algoma.

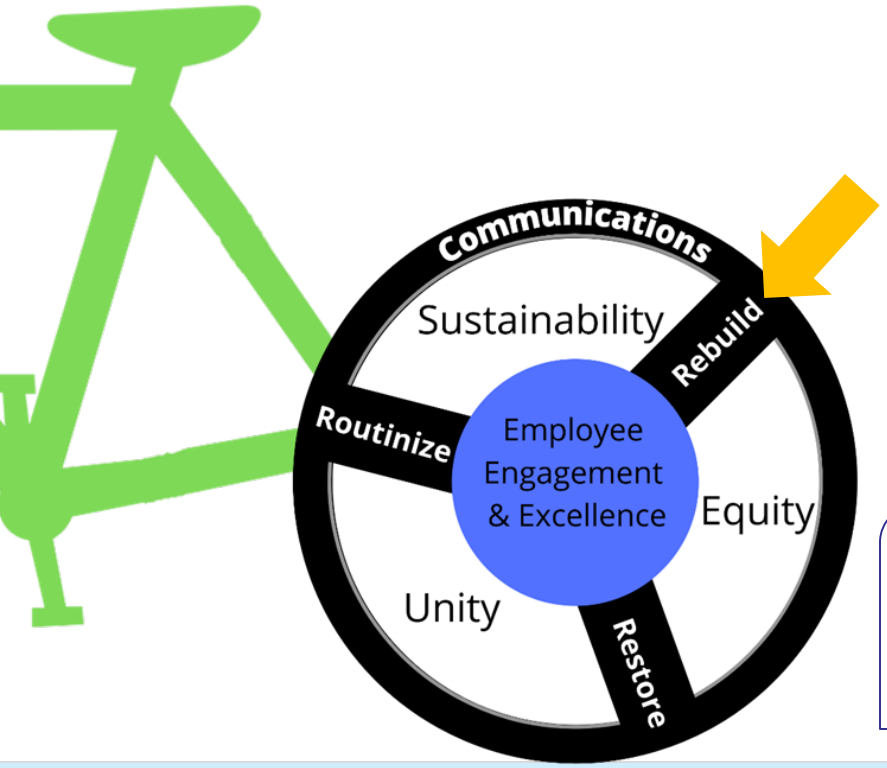


Starting Actions:

- Assess the backlog and impact on programs and services due to the COVID-19 response
- Identify existing and new population health priorities
- Employee reorientation
- Continue to engage with clients, partners and communities based on shared goals

Spoke #3: Rebuild Local Public Health

- Rebuild local public health, with a focus on strategic policy and evidence to engage in change at local, provincial, and federal levels.



Starting Actions:

- Update our Community Health Profile
- Advance evidence-informed practice and healthy public policy

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Peddling Forward…

- Our **first priority is our APH team** – our collective wellness and capacity, while ensuring we take the time needed to debrief and capture lessons learned
- Recovery is complex and will take time – it will **be a journey** and require engagement from both internal staff and external partners
- Early planning is underway to move the framework into **action** with input from all
- Recovery will **give us many opportunities** to grow and advance our public health programs and services, as well as community partnerships, to meet evolving population health needs

"Recovery is a process. It takes time. It takes patience. It takes everything you've got."

- Unknown

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Questions?

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alPHa

Association of local PUBLIC HEALTH Agencies

June 13 -14, 2022

Pre-Conference Workshop – June 13, 2022

Lead with "AND" ~ The Secret to Resilience and Results in a Polarized World

As public health leaders in our communities we are committed to making the world a better place. The last two years have been very stressful on everyone. The unknowns around public health and where it is going; the pandemic, home schooling children, supply shortages, human resource shortages, rising gas prices, rising housing costs/ no housing available, isolation, the war in Ukraine, the rise in the consumer price index and the list goes on and on! No wonder we're exhausted! Phew!

During the afternoon session, Tim Arnold took us through a number of breakout interactive sessions. I first saw Tim during the 2020 alPHa Conference when he spoke about "The Power of Health Tension". I was so impressed with his first workshop, allowing me to be excited about these new revelations!

These are Tim's words:

The secret is to move beyond the traditional either/Or approach to solving problems and embrace the transformational power of Both/And thinking.

Learn how to rise above polarity, division and conflicting values. Join leaders from around the world who have the courage to Lead with and become more resilient in your day-to-day life.

The Secret to Sustainability – Care for Others and Care for Yourself

When looking beneath the surface of some of the most incredible difference makers in recent history you'll often find family breakdowns, health issues and burnout. The sad reality is that making a difference often comes at a high personal cost. Is there a way to lay down your life and have a life? Is there a secret to caring for others while not neglecting yourself in the process? It's critical that we identify self-care practices that are meaningful and manageable and find ways to fit them in your life.

Stephen Covey states that we should be working in quadrant two which is the not urgent and important quadrant. It is being proactive, building relationships and ensuring self-care and exercise.

If you look at the axis of caring for oneself and caring for others, you want to be in quadrant two thinking, being supportive and strong. You can accomplish this by getting enough sleep,

exercising 30 minutes a day, drinking plenty of water, eating nutritious foods and avoid drugs and alcohol. Socialization is equally important for our mental health.

Self-Care Hacks:

1. Meaningful – Connect to what form of self-care works for you. Each of us have different needs and part of practicing effective self-care knowing which actions fell most supportive and help you feel the way YOU want to feel.
2. Manageable – It's doing the simple things consistently that make the biggest impact for your mental wellness and health.

Outsmarting Change – Embrace AND Preserve Stability

The reward for leadership success is often more work, and there are more opportunities coming you way than ever before; potential partnerships, new services, growth and expansion. The question is, "How much is too much?" How do you know when the benefits of change and innovations are coming at the expense of your mission? Learn to skillfully pivot and leverage opportunities while holding on to core values and proven practices.

Going back to quadrant thinking, it's important to embrace change by staying current and preserve stability by being confident.

The Change Cycle can be though of as moving from Denial (shock, numb, "not real", focusing on the past); Anger ("Why me?" Fear, Yearning), Bargaining ("Yes but…") to Acceptance (Reorganize, New Skills, Live in the Present and Focus on the Future).

The High-Performance Paradox – Have Expectations AND Extend Grace

You know that goals and objectives can increase motivation, focus and performance. You also know that as a leader, it's your job to see and call out the best in others. At the same time, non-stop high expectations can lead to resentment, stress and burnout. Beyond that, everyone you work with is fighting a battle you know nothing about. Learn how to be driven towards goals and excellence while having empathy and acceptance with yourself and others.

Remember:

To laugh is to risk appearing the fool.
To weep is to risk being called sentimental.
To reach out to another is to risk involvement.
To expose feelings is to risk exposing your true self.
To place your ideas, your dreams before the crowd is to risk being naïve.
To love is to risk not being loved in return.
To live is to risk dying.
To hope is to risk despair and to try is to risk failure.
But risks must be taken because the greatest hazard in life is to risk nothing.
The person who risks nothing does nothing, has nothing and becomes nothing.

They may avoid suffering and sorrow, but they simply cannot learn and feel change and grow and love and live. Chained by certitudes, they are a slave, they have forfeited their freedom. Only the person who risks is truly free. Author Unknown

When looking at what the **Expectations** are verses being **Graceful** ~ always be supportive and striving as opposed to coasting and critical.

Recognize the various zones of our own mental health:

1. The Panic Zone is an unhealthy place where you often fight, flight or freeze. Also known as the shutdown zone.
2. The Moderate Zone is where you are being stretched either physically, emotionally or mentally. Also known as your learning zone.
3. The Comfort Zone is where you are comfortable, confident and familiar with. Doesn't take a lot of physical, emotional or mental energy.

Remember to give yourself permission slips when dealing with a situation or circumstance that is giving you stress or anxiety. Think about what you need to do to feel more in control of the situation. Write yourself a permission slip that gives you the grace to do what you need. Examples could include:

- I give myself permission to have a messy house during a busy month
- I give myself permission to be a beginner and make mistakes
- I give myself permission to quit smoking

Foundations of **Expectations**:

1. Choose to move into your moderate learning zone ~ "The most interesting things in life happen just on the other side of your comfort zone "(Michael Hyatt)
2. Be challenging AND realistic ~ 1 – 3 goals per season
3. Have minimum standards that non-negotiable at work and at home ~ e.g., Dinner with the family around the table 3x per week

Foundations of **Grace:**

1. Choose generosity – what's the least negative assumption I can make about this person/situation; assume that people are doing their best – always! Don't ask what's wrong with them, ask what happened to them.
2. Give permission slips to others and to yourself.

Learning Commitment – putting learning into action!
When reading my notes what point would you like to remember?
What can you start, stop, or continue doing in the next 30 days to put my learning into action?
What impact will succeeding with this commitment have on your effectiveness at work? At Home? Or in Your relationships?

More information is available at www.LeadersforLeaders.ca

Day Two
Conference & AGM

Opening Remarks and Land Acknowledgement
Hon. Dr. Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health
Steini Brwon, Dean, Dalla Lana School of Public Health, University of Toronto
Syd Gardiner, Chair, Board of Health, Eastern Ontario Health Unit

Ontario Health representatives provided an update
Matt Anderson, President and CEO, Ontario Health presented with Paul Sharma, alPHa Board of Directors moderating

Live, Learn, Apply, Repeat: System Learnings from the COVID-19 Pandemic ~ With the lifting of most restrictions, a decline in COVID-19 case counts and hospitalizations and the provincial election, public health in Ontario is once again at a turning point. Top of mind is what comes next. Colleen Geiger, President and CEO (Acting); Chief, Strategy and Stakeholder Relations, Research Information and Knowledge, PHO; Brian Schwartz, Vice President, PHO; Dr. Samir Patel, Chief, microbiology and Laboratory Science (acting), PHO and Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer, PHO with Moderator Steven Rebellato, alPHa Board of Directors discussed how we can leverage our COVID-19 system learnings to better prepare for, identify and address public health issues facing Ontario.

Harnessing the promise of a learning health system in public health: Challenges and Opportunities. The idea of a learning health system is gaining traction in discussions focused on integrated health systems. Thus far public health has not figured prominently in these discussions. In his presentation Dr. Upshur, Dalla Lana School of Public Health outlines the reason why including public health is critical to the success of a learning system.

The duration of the morning included the alPHa AGM Business Meeting and Resolutions.

Presentations are available on the alPHa website.

Distinguished Service Awards were awarded by alPHa to individuals in recognition of their outstanding contributions made to public health in Ontario.

Board of Health Section Meeting 1:30 – 4:00 p.m.

Post-Provincial Election Analysis – John Perenack, Principal, Strategy Corp & Aidan Grove-White, Director of Municipal Affairs Strategy Corp

Guide to the Second Ford Government – creating conditions for success

- Majority increased – NDP has fewer seats, Liberals failed to achieve official party status
- Get it done is Fords success showing progress on infrastructure
- Conservatives are sensitive to criticism – want to be liked
- Economy will be the defining influence of the second Ford Government
- Budget will be passed some time in summer
- New Minister of Health and LTC to be named
- Views on Public Health
    - Performance varies across PHU
    - Public Health delivery should be rethought
    - Public Health needs unity and consistency
    - There are strategi opportunities for alPHa
- Effective Government Relations – advance the interest of local public Health agencies with government – communications should celebrate successes, manage issues and reputation and in the policy sector – deliver positive results & avoid problems

We want this from them ~ This means – who are we, what do we want and who can deliver on this
Public Health wants policy and funding to engage the decision makers, influencers or potential allies.
There is strength in solidarity and a collective voice – focus on the communities and people we serve and where internal or inter-organizations solidarity cannot be maintained be careful not to undermine collective efforts.
Key Government Audiences – know who to talk to (political or public servant, central agency or line Ministry "the decision-making drive train is different for every situation")

Prioritize your asks – focus on outcomes, not inputs, be mindful of timing/context and find areas of alignment with the province – where can PPHU help

Three additional elements – Timing – when to engage in the process, Tactics – how and who to engage in the process & Performance Measurement – How will we know how we are doing?

AMO Update & Public Health – Monika Turner, Director of Policy, AMO

Provincial Election reflections:

- Highways Hospitals and Housing focus
- 9 new PC members and direct elected municipal experience
- Noted collaborative approach with Federal and Municipal government
- Stated continuous improvement in efficiencies from province and municipal government

Municipal areas of provincial interest:

- Housing, housing and housing – 4 year work plan
- Health – mental health (wellness) + addictions and hospital beds focus
- Public health modernization
    - COVID reflections on local + province response
    - Form needs to follow function
    - Community Paramedicine – legislative basis and stable funding needed
    - LTC – increasing bed and standards (4 hours of care) – police check regulation flag

AMO Conference:

- May be first public outing for new cabinet
- Delegation meetings
- Public health concurrent – part of the program

Opioids: An Epidemic within the Pandemic – Dennis Doyle, Chair, BOH, Kingston, Frontenac, Lanark & Addington Public Heal; Dr. Lisa Simon, Associate Medical Officer of Health, Simcoe Muskoka District Health Unit; Sarah Collier, Manager, Epidemiology and Data Analytics, Toronto Public Health

One of the consequences of the COVID-19 pandemic has been the worsening of the opioid epidemic across all ages, races, socioeconomic groups, and genders. Many communities in Ontario are reporting record numbers of opioid-related deaths, overdoses, and hospitalizations.

- Requesting support from MPs and MPPs in seriously looking for support and attention to look at the poisoning crisis
- Impact to family and friends is escalating levels of deaths in communities
- Street drug supply is impacting young adults
- Societal – community-interpersonal and personal levels are affected
- Need a collaborative local drug strategy
- Harm reduction initiatives could include collaborations, expanded distribution nof naloxone and harm reduction supplies and anti-stigma campaigns
- Key opportunities include safer inhalation and safer opioid supply

- Substance use prevention and mental health promotion – healthy babies, healthy children and school based mental health promotion – primary prevention and early intervention by PH and/or partners

Health equity, partnerships and drug policy – involvement of people who use drugs, strategy in place and looking at determinants of health, including poverty and supportive housing and decriminalization of personal use and possession.

Board of Health Provincial Recommendations

- Multi sectoral task force
- alPHa resolutions going forward to the province

Toronto Overdose Information system: Using local data to inform action

- Opioid crisis increased as pandemic numbers increased
- In epidemiology each piece of data is a piece of the puzzle
- This promotes action – there are five pieces of information including paramedic response, understanding where in the city there are higher use areas, supervised consumption services help demonstrate the increased toxicity of the drug supply, drug checking is the number of expected fentanyl samples where fentanyl was found and it was noted that there were synthetic (more powerful) drugs found
- Every public unit in the province is facing the same crisis
- Dedicated epi resources to develop and maintain the data relationships and reporting
- Timeliness is key
- Partnerships are paramount

alPHa Update/Section Business/BOH Elections

- Meeting minutes from Feb 25, 2022 Section meeting approved
- alPHa BOH Section Executive were recognized
- the executive was acclaimed!
- Loretta Ryan, Executive Director of AlPHa provided closing remarks
- Presentations will be made available on the alPHa website

Closing Remarks:

In closing, I'd like to thank the Board of APH for approving my attendance to this conference. While I have tried to capture all the presentations, it's one thing to read my report but to experience the alPHa presentations in person puts one at a whole other level! Thank you for this experience!

Respectfully submitted by

Sally Hagman
APH Board Chair

Briefing Note

To: APH Board of Health
From: Deborah Graystone 2nd Vice Chair, Board of Health
Date: June 22, 2022
Re: **4 Seasons of Reconciliation:** Indigenous Awareness Training Opportunity for the APH Board of Health

[X] For Discussion

[X] For a Decision

Purpose:
To provide Reconciliation Education's **4 Seasons of Reconciliation** training to board members of the Algoma Public Health Unit to comply with the recommendations from the Truth and Reconciliation Commission of Canada's Calls to Action of 2015.
The calls to actions were developed to "redress the legacy of residential schools and advance the process of Canadian reconciliation" (Truth and Reconciliation Commission Calls to Action 2015).

Key Message:
- The Board of Health, to comply with the Truth and Reconciliation commission Calls to Action, will ensure the thorough understanding of Indigenous history for all board members
- To ensure that health inequity issues for the Indigenous population in Algoma are acknowledged and improved
- To continue to build positive and trusting relationships with cultural sensitivity between the Algoma Board of Health and the Indigenous population of Algoma

Background:
As noted in the Ontario Public Health Standards: Requirements for Programs, Services and Accountability Protecting and Promoting the Health of Ontarians Effective: June, 2021 related to "Health Equity" the Board of Health is accountable to learn, understand and ensure effective implementation of processes to ensure health equity.

- "The Indigenous population in Ontario is comprised of First Nations, Métis, and Inuit people. There are many different Indigenous communities across the province, including many different First Nation governments each with their own histories, cultures, organizational approaches, and jurisdictional realities that need to be considered. Relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity. It is important to acknowledge that as part of this relationship building, First Nations in Ontario believe that Canada, in its fiduciary capacity and as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for these communities. One important first step for boards of health in beginning to build and/or further develop their relationships with Indigenous communities and organizations is to ensure it is done in a culturally safe way. The Relationship with Indigenous Communities Guideline, 2018 (or as current) provides boards of health with information about the different Indigenous communities that may be within the area of jurisdiction of the board of health."

Bio of Presenter

- Dr. Kay Vallee is currently employed as a Professor within the Nursing Program at Sault College. She has also been employed intermittently with Algoma Public Health as an Immunizer for both the Covid-19 and H1N1 immunization campaigns. She has also completed contract work with Veterans Affairs Canada to conduct health assessments for veteran's health benefits.
- Dr. Vallee has prior work experience as a Public Health Nurse in Halton Region, working within elementary schools in Oakville and Milton.
- Her admiral qualifications include a Nursing Diploma at Sault College which culminated in completion of her RN BSCN; MSc in Nursing in Health Promotion; and PhD in Nursing in Education at Western University. Her MScN thesis focused upon Indigenous women as caregivers to the elderly in geographically isolated settings. This focus was integral to her return to northern Ontario. Her dissertation focused upon Indigenous nursing students and critiquing the sociocultural context of nursing education. This focus was based upon her early experiences working with Indigenous peoples and nursing students. Her dissertation was an important step in understanding her own biases and how, as a nurse and an educator, contribute to the inclusion and exclusion of Indigenous students.
- In her professional practice and education preparation, she has spent several years working with Indigenous education and nursing stakeholders to work toward identifying and implementation of positive changes that will contribute to the inclusion and engagement of Indigenous students within nursing education.
- In 2017, she was invited to pilot a curriculum titled: Four Seasons of Reconciliation that was developed by First Nations University. The curriculum was aimed at college and university students and was developed to address the calls to action from the Truth and Reconciliation Commission of Canada. Four Seasons of Reconciliation aims to provide learners with essential knowledge about history, racism, treaties, and colonization within Canada and provides learners with an understanding of how to work toward reconciliation.
- Dr. Vallee is currently a member of both the Sault College and Algoma Nurse Practitioner-Led Clinic Board of Governors. The ANPLC Board of Directors was seeking education on Indigenous peoples and Kay offered the curriculum as a starting point to provide general education. The ANPLC Board was impressed by the curriculum and has subsequently started providing the education to all ANPLC employees.

- ***"Recommendation # 18***. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties." (Truth and Reconciliation Calls to Action, 2015)

- ***"Recommendation #23***. We call upon all levels of government to: increase the number of Aboriginal professionals working in the health-care field, ensure the retention of Aboriginal health-care providers in Aboriginal communities and **provide cultural competency training for all health-care professionals."** (Truth and Reconciliation Calls to Action, 2015

- ***"Recommendation #57***. We call upon federal, provincial, territorial, and municipal governments to provide **education to public servants** on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the

> Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. "(Truth and Reconciliation Calls to Action, 2015)

Consideration:

After participating in this education process at the Algoma Nurse Practitioner-Led Clinic Board of Directors, and as a Provincial appointee of the Algoma Public Health Board, I felt obligated to bring this to the attention of our board members for consideration. At our May meeting, the offer was made to the board to include indigenous education at our regular board meetings. This was met with unanimous approval by the board.

To comply with appropriate processes this briefing note has been prepared for consideration and formal decision by the Algoma Public Board of Health.

Dr. Kay Vallee has offered to provide Indigenous education regarding Truth and Reconciliation for our Algoma Public Health Board free of charge.

It is incumbent upon us as leaders in public health to ensure we comply with the recommendations based on the following recommendation from the National Council for Reconciliation to:
"Monitor, evaluate, and report to Parliament and the people of Canada on reconciliation progress across all levels and sectors of Canadian society, including the implementation of the Truth and Reconciliation Commission of Canada's Calls to Action."
"Promote public dialogue, public/private partnerships, and public initiatives for reconciliation." (Truth and Reconciliation Commission Calls to Action 2015).

Recommendation:

That the Algoma Public Board of Health accept the offer of engaging in the eight modules for learning in the **4 Seasons of Reconciliation** facilitated by Dr. Kay Vallee**.**

Following the reading of the Land Acknowledgement at the commencement of each board meeting, one module to be presented for a 15 minute session; Dr. Vallee has agreed to stay for questions or clarification if required.

Four Seasons of Reconciliation

In honour of the Residential School Survivors and on the heels of the Truth and Reconciliation Commission's 94 Calls to Action, Reconciliation Education is the foremost educational tool for corporate, community, and classroom anti-racist training in providing the basic foundational 1:0:1 on reconciliation with authentic Indigenous voices.

Beginning at our September Board Meeting in 2022, Dr. Kay Vallee will facilitate 8 modules from Four Seasons of Reconciliation. In preparation, please visit the following student portal:

Student Portal: https://info.reconciliationeducation.ca/ed-stud-portal/1

Password: wayfinders

Within the portal, you will discover a variety of multi-media resources. To start, please complete step 1 and 2 prior to the fall. Steps 3 and 4 are optional and dependent upon your personal learning needs.

1. Complete the Required Readings:
    a. Highlights from the Report of the Royal Commission on Aboriginal Peoples
    b. Truth and Reconciliation Commission of Canada: Calls to Action
    c. They Came for the Children: Canada, Aboriginal Peoples, and Residential Schools
2. View "3rd World Canada" (30 minute and full-length versions are available).
3. Select videos and engage in further learning based on your own learning needs.
4. If you are interested in acquiring a Certificate of Completion, complete both the Pre-Unit Quiz (prior to the fall) and Final Quiz (after the completion of the 8 modules/slideshows).

Some of the preparatory learning activities may be difficult to engage in. Please feel free to reach out to kay.vallee@saultcollege.ca as she is happy to discuss or help direct to additional resources.

Algoma
PUBLIC HEALTH
Santé publique Algoma

June 22, 2022

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

COVID-19 Pandemic Response in Algoma

High-risk cases, outbreaks, hospitalizations, and the wastewater signal are currently at their lowest points since the start of the Delta wave in the fall of 2021. As a result of this and through streamlining of our COVID response, all staff that had been re-deployed to the COVID response are now back in their home public health programs. This much-needed reprieve from COVID-19 response work is allowing us to focus on the many public health needs being experienced by our communities. Although the rates of COVID are relatively low, it is still very much present in our community, and we are actively preparing for a possible resurgence. Surge plans are being developed should that need arise, and we continue to monitor all COVID indicators closely.

COVID-19 Pandemic Recovery

Our recovery efforts continue as we move closer to securing providers for our workforce and leadership development plans. We have begun creating draft plans for a return to working in-person and will be looking for staff input in the coming weeks on how those who have worked from home during the pandemic will return to the office. We look forward to increased work in the office but are planning carefully to ensure a successful and safe transition. APH staff have faced much uncertainty throughout this pandemic, so it is a priority of ours to provide stability and predictability in these transitions wherever possible. Our Recovery Task Force continues to meet biweekly to help design a plan for recovery to ensure we rebuild local public health to be stronger than before the pandemic.

St. Marys River Oil Spill

On June 9, a large quantity of oil was released into the St. Marys River from the Algoma Steel site in Sault Ste. Marie. This has the potential to affect drinking water along the river. Therefore, we activated our Emergency Response Plan and Incident Management Structure. We issued an advisory not to use the water until more information could be gathered and the risk could be properly assessed. Information continues to arrive, and the hope is to start lifting restrictions as soon as it is safe to do so.

Most affected by this spill was the community of Echo Bay, who had to shut off its water intake valve as oil was noted on the river nearby. Through conservation efforts and trucking in potable water, they have been able to maintain their water levels to service the community.

APH is working closely with Public Health Ontario, the Ministry of the Environment, Conservation and Parks, local communities, and First Nations partners to evaluate potential risks and keep residents of affected areas informed.

PARTNERSHIPS

Public Health 2022 Abstract Presentation Update: Walking Together with Indigenous Partners

As shared in the last Board of Health update, our abstract titled "***Walking Together: How four guiding principles underpinned meaningful collaboration between local public health and Indigenous partners during COVID-19***" written and submitted in partnership with Maamweysing North Shore Community Services to the Canadian Public Health Association (CPHA) was accepted for presentation at Public Health 2022[1].

On June 6, 2022, a recorded version of the oral abstract created with Maamweysing was submitted to the Canadian Public Health Association Public Health 2022 platform, becoming accessible by all conference participants.

On June 16, 2022, the oral abstract was presented in three unique sessions, included 10 minutes of speaking with 3 minutes of questions in each session. These sessions attracted attendees from local public health units across Ontario and community organizations. As of June 16, there have been 25 views on the YouTube version of the presentation, and we are awaiting updated analytics from the CPHA platform.

We hope that conference participants and those who access the recording will integrate the principles and wise practices that facilitated meaningful collaboration between local public health and Indigenous partners in Algoma during COVID-19 to inform future approaches to working together.

Again, **miigwech** to our partners for their involvement in the Board of Health presentation that led to this abstract, and to Maamweysing for their partnership in the submission and presentation creation.

As part of our next steps, we are in the early stages of planning for continued collaboration with Indigenous partners beyond COVID-19. At present, this work includes providing updates at Maamweysing's biweekly COVID-19 task team meetings, meeting with First Nations communities and Indigenous partners as needed, sharing relevant communications, and finalizing the process of hiring of a permanent Indigenous Engagement Facilitator to develop an Indigenous Engagement Strategy for APH with Indigenous partners and guide our way forward.

[1] Canadian Public Health Association. (2022). Public health 2022.

Algoma Public Health
(Unaudited) Financial Statements April 30, 2022

Algoma Public Health
Statement of Operations
April 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	**$ 2,094,608**	$ 2,094,608	$ (0)	$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	**2,902,701**	2,909,958	(7,257)	8,773,425	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**534,494**	652,806	(118,312)	4,259,650	-18%	82%
Provincial Grants - Mitigation Funding	**324,312**	345,932	(21,620)	1,037,800	-6%	94%
Fees, other grants and recovery of expenditures	**91,155**	76,208	14,947	379,075	20%	120%
Total Public Health Revenue	**$ 5,947,270**	$ 6,079,512	$ (132,242)	$ 18,639,166	-2%	98%
Expenditures						
Public Health Cost Shared	**$ 5,532,405**	$ 5,660,156	$ 127,751	$ 16,648,021	-2%	98%
Public Health 100% Prov. Funded Programs	**567,088**	633,437	66,350	1,991,145	-10%	90%
Total Public Health Programs Expenditures	**$ 6,099,492**	$ 6,293,593	$ 194,101	$ 18,639,166	-3%	97%
Total Rev. over Exp. Public Health	**$ (152,222)**	$ (214,081)	$ 61,859	$ 1		
Healthy Babies Healthy Children (Fiscal)						
Provincial Grants and Recoveries	**$ 89,011**	89,001	(10)	1,068,011	0%	100%
Expenditures	**105,077**	88,818	16,260	1,068,011	18%	118%
Excess of Rev. over Exp.	**(16,066)**	183	(16,249)	0		
Public Health Programs (Fiscal)						
Provincial Grants and Recoveries	**$ 517,064**	638,269	121,205	1,985,000	-19%	81%
Expenditures	**88,744**	109,247	(20,503)	1,985,000	-19%	81%
Excess of Rev. over Fiscal Funded	**428,320**	529,022	(100,702)	-		
Community Health Programs (Non Public Health)						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**0**	0	-	0	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Expenditures						
Child Benefits Ontario Works	**0**	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Total Rev. over Exp. Calendar Community Health	**$ -**	$ -	$ -	$ -		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 70,771**	$ 38,513	$ 32,258	$ 320,308	84%	184%
Municipal, Federal, and Other Funding	**47,684**	47,684	-	114,447	0%	100%
Other Bill for Service Programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ 118,455**	$ 86,197	$ 32,258	$ 434,755	37%	137%
Expenditures						
Brighter Futures for Children	**8,185**	9,537	1,352	114,447	-14%	86%
Infant Development	**105**	0	(105)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	**179**	0	(179)	58,155	#DIV/0!	#DIV/0!
Nurse Practitioner	**16,115**	13,346	(2,769)	162,153	21%	121%
Stay on Your Feet	**3,797**	8,333	4,536	100,000	-54%	46%
Rent Supplements CMH	**32,258**	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	**0**	0	-	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	**-**	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	**$ 60,638**	$ 31,217	$ (29,421)	$ 434,755	94%	194%
Total Rev. over Exp. Fiscal Community Health	**$ 57,816**	$ 54,980	$ 2,836	$ (0)		

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months
and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For Four Months Ending April 30, 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Bgt. to Act. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Annual Budget 2022	*Comparison Prior Year:* YTD Actual 2021	YTD BGT 2021	Variance 2021
Levies Sault Ste Marie	1,475,862	1,475,863	(0)	2,951,725	0%	50%	1,341,694	1,341,694	0
Levies District	618,746	618,746	0	1,237,491	0%	50%	562,496	562,496	0
Total Levies	**2,094,608**	**2,094,608**	**(0)**	**4,189,216**	**0%**	**50%**	**1,904,190**	**1,904,190**	**0**
MOH Public Health Funding	2,902,701	2,909,958	(7,257)	8,773,425	0%	33%	2,902,704	2,902,704	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	**2,902,701**	**2,909,958**	**(7,257)**	**8,773,425**	**0%**	**33%**	**2,902,704**	**2,902,704**	**0**
MOH Funding - MOH / AMOH Top Up	60,215	63,100	(2,885)	189,300	-5%	32%	86,809	77,204	9,605
MOH Funding Northern Ontario Fruits & Veg.	39,134	39,133	1	117,400	0%	33%	39,134	39,133	1
MOH Funding Unorganized	176,800	176,800	0	530,400	0%	33%	176,800	176,800	0
MOH Senior Dental	232,633	341,106	(108,473)	1,114,150	-32%	21%	232,633	232,633	(0)
MOH Funding Indigenous Communities	32,666	32,667	(1)	98,000	0%	33%	32,666	32,664	2
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 extraordinary costs mass imms	(6,954)	0	(6,954)	2,210,400	#DIV/0!	0%	(6,954)	0	(6,954)
Total Public Health 100% Prov. Funded	**534,494**	**652,806**	**(118,312)**	**4,259,650**	**-18%**	**13%**	**561,088**	**558,435**	**2,654**
Total Public Health Mitigation Funding	**324,312**	**345,932**	**(21,620)**	**1,037,800**	**-6%**	**31%**	**345,934**	**345,936**	**(2)**
Recoveries from Programs	3,520	3,333	187	11,625	6%	30%	3,520	3,360	160
Program Fees	27,098	17,209	9,889	50,000	57%	54%	51,845	49,352	2,494
Land Control Fees	40,550	30,000	10,550	183,000	35%	22%	47,290	20,000	27,290
Program Fees Immunization	8,140	16,664	(8,524)	50,000	-51%	16%	6,808	16,664	(9,856)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	7,490	6,668	822	20,000	12%	37%	4,425	6,600	(2,175)
Other Revenues	4,357	2,333	2,024	24,450	87%	18%	0	0	0
Total Fees and Recoveries	**91,155**	**76,208**	**14,948**	**379,075**	**20%**	**24%**	**113,888**	**95,976**	**17,913**
Total Public Health Revenue Annual	**5,947,270**	**6,079,512**	**(132,241)**	**18,639,166**	**-2%**	**32%**	**5,827,804**	**5,807,240**	**20,566**
Public Health Fiscal April 2022 - March 2023									
Needle Exchange Supplies	0	2,625	(2,625)	31,500	-100%	0%			
Infection Prevention and Control Hub	497,814	561,667	(63,853)	1,240,000	-11%	40%			
Practicum	0	2,500	(2,500)	30,000	-100%	0%			
School Nurses Initiative	19,250	58,078	(38,828)	522,700	-67%	4%			
Fire System Upgrade	0	7,325	(7,325)	87,900	-100%	0%			
Smoke Free Ontario Tablets	0	983	(983)	11,800	-100%	0%			
Upgrade Network Switches	0	5,092	(5,092)	61,100	-100%	0%			
Total Provincial Grants Fiscal	**517,064**	**638,270**	**(121,206)**	**1,985,000**	**-23%**	**26%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Four Months Ending April 30, 2022

(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Budget 2022	*Comparison Prior Year:* *YTD Actual 2021*	*YTD BGT 2021*	*Variance 2021*
Salaries & Wages	3,586,236	3,728,305	142,069	11,220,407	-4%	32%	$ 3,168,917	$ 3,982,023	$ 813,106
Benefits	868,959	871,176	2,217	2,621,584	0%	33%	868,204	835,162	(33,041)
Travel	25,106	62,902	37,796	188,705	-60%	13%	31,215	56,136	24,921
Program	302,450	410,036	107,586	1,320,941	-26%	23%	290,668	366,817	76,150
Office	14,342	22,467	8,124	67,400	-36%	21%	23,823	22,460	(1,363)
Computer Services	308,242	284,138	(24,105)	852,416	8%	36%	233,486	315,033	81,547
Telecommunications	114,349	109,176	(5,173)	327,528	5%	35%	100,224	108,467	8,242
Program Promotion	21,838	28,311	6,473	84,932	-23%	26%	14,959	24,258	9,298
Professional Development	3,893	28,714	24,821	86,141	-86%	5%	12,142	31,000	18,858
Facilities Expenses	451,045	368,797	(82,248)	1,106,391	22%	41%	348,667	307,677	(40,990)
Fees & Insurance	257,309	236,100	(21,209)	332,300	9%	77%	199,771	174,767	(25,004)
Debt Management	152,474	152,474	0	457,421	0%	33%	154,458	153,633	(824)
Recoveries	(6,750)	(9,000)	(2,250)	(27,000)	-25%	25%	(62,213)	(37,059)	25,154
	$ 6,099,493	$ 6,293,594	$ 194,101	$ 18,639,166	**-3%**	**33%**	$ 5,384,322	$ 6,340,375	$ 956,053

Notes to Financial Statements – April 2022

Reporting Period

The April 2022 financial reports include four months of financial results for Public Health. All other non-funded public health programs are reporting one month of results from operations year ending March 31, 2023.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

We have received our updated Public Health Funding and Accountability Agreement for the 2022 year, as well as confirmation of our approved one-time funding allocations for the 2022-23 fiscal year. Highlights are as follows:

- 1% increase to base funding for mandatory Public Health programming
- $555K increase in funding for Ontario Seniors Dental Care Program ($697K in 2021 vs. $1,253K in 2022)
- Approved 50% of our COVID Response budget and 70% of our COVID Immunizations budget for a total of $2.2M vs original ask of $3.4M (programs combined)
- $523K in order to fund 7 FTE until December 2023 under the School-Focused Nurses Initiative
- One time fiscal funding initiatives include:
    - $61K to upgrade our office network switches (i.e. IT infrastructure)
    - $32K for extraordinary Needle Exchange supplies
    - $30K to fund 2 Public Health Inspector practicum students
    - $12K to purchase tablets to support delivery of our Smoke Free Ontario program
    - $88K to retro-fit our Fire System at 294 Willow Ave.
    - $1,240K for our IPAC Hub program which includes $500K carry-over from the 2021-22 fiscal year
    - No funding approved to date for COVID Recovery initiatives

Budgets for both our Public Health calendar and Public Health fiscal programs have been updated to reflect the above.

As of April 30, 2022, Public Health calendar programs are reporting a $62K positive variance driven by a $194K positive variance in expenditures and a $132K negative variance in revenues.

Public Health Revenue (see page 2)

Overall, our Public Health revenues are on budget for 2022. Of note, is a $108K negative variance associated with the Ontario Senior Dental program. This is based on the fact that the 2022 Public Health budget approved by the Board assumed a $280K increase in costs & revenues associated with this program. A catch up payment for all base increase and one time funding initiatives is expected in June.

Mitigation funding from the province will continue for the 2022-2023 fiscal year.

The province has confirmed that one time extraordinary cost reimbursement for the COVID 19 programs will continue through 2022, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. No payments have been made to date in 2022.

The COVID-19: School-Focused Nurses Initiative has been extended to December 31, 2022.

Public Health Expenses (see page 3)

Salary, Wages & Benefits
There is a $144K positive variance associated with Salary, Wages & Benefits driven by ongoing position vacancies. Recruitment efforts are ongoing.

Travel
There is a $38K positive variance associated with Travel expenses. This is a result of APH employees continuing to work virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Programs
There is a $108K positive variance associated with Programs. This is largely driven by the continued focus of our staff redeployment to COVID 19 immunization and response programs, preventing our regular mandatory programming to be operating a regular capacity. We expect to see this gap start to close as regular mandatory programming continues to resume.

Professional Development
There is a $25K positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and limited opportunities for professional development due to COVID-19.

Facilities Expense
There is a $82K negative variance associated with facilities expenses which is driven by continued increased janitorial and security requirements associated with COVID 19 response and needs.

COVID-19 Expenses

COVID-19 Response
This program includes case and contact management as well as supporting the information phone lines. April YTD expenses were $1,372K. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

COVID-19 Mass Immunization
This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. April YTD expenses were $732K.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of April 30, 2022. Cash includes $1.40M in short-term investments.

Long-term debt of $4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. $239k of the loan relates to the financing of the Elliot

Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of April 2022	April 2022	December 2021
Assets		
Current		
Cash & Investments	$ 5,176,596	$ 5,969,759
Accounts Receivable	177,614	623,372
Receivable from Municipalities	182,200	35,481
Receivable from Province of Ontario		
Subtotal Current Assets	5,536,410	6,628,612
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,269,801	1,838,503
Payable to Gov't of Ont/Municipalities	432,349	1,414,828
Deferred Revenue	320,846	550,066
Employee Future Benefit Obligations	2,829,539	2,829,539
Term Loan	4,089,091	4,089,091
Subtotal Current Liabilities	8,941,625	10,722,027
Net Debt	(3,405,215)	(4,093,414)
Non-Financial Assets:		
Building	22,934,750	22,934,750
Furniture & Fixtures	2,026,666	2,026,666
Leasehold Improvements	1,583,166	1,583,166
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	-11,879,577	-11,879,577
Subtotal Non-Financial Assets	17,957,225	17,957,225
Accumulated Surplus	14,552,009	13,863,810

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

To: Finance and Audit Committee

From: Dr. John Tuinema & Antoniette Tomie

Date: June 8, 2022

Re: **Communications Infrastructure upgrade**

☐ For Information ☐ for Discussion ☒ for a Decision

ISSUE:

The current communications system was installed eleven (11) years ago and is now considered obsolete. In order to maintain the current software component of the system for approximately two (2) years, new hardware will need to be purchased in the amount of $75,000- $80,000. Telephones currently available in all offices are also obsolete and are no longer supported by the provider.

BACKGROUND:

The current Bell communications system was installed when the Sault Ste. Marie office was built eleven (11) years ago. In order to maintain the current software component of the communications system for about two (2) years, new routers and servers will need to be purchased.

The hardware, e.g. telephones in all APH offices are also considered obsolete and no longer supported by Bell. During the last few years of staff having the ability to work from home, a number of solutions were provided to them and they have the ability to use their landline extension remotely. Leadership are currently conducting an assessment of need for staff to have a physical telephone for their workstation. All client/public areas will continue to have a telephone available.

The current Bell system had an appointment centre feature however did not meet our needs for booking COVID-19 immunization appointments. In 2021, APH purchased a call-centre type software from Cloudli, another communications solution provider.

Our current annual communication costs with Bell and Cloudli are $118,545.

In discussions with Bell, they have provided a solution that is cloud based, includes a robust call-centre module and the annual cost at time of writing would be approximately $55,980. There is a one-time implementation cost of approximately $8,000. The significant savings is due to APH not needing to purchase or upgrade servers.

The updated solution would take about two (2) months to implement and APH would like a solution in place for client influenza booking in the fall of 2022.

Utilities/Communication Infrastructure are exempt from the APH procurement policy 02-04-030 and therefore APH does not need to proceed with a quotation procedure.

RECOMMENDATION:

Leadership recommends to:

- upgrade the software communication system with Bell. APH will save approximately $60,000 per annum by implementing the upgrade. Once the upgrade has been implemented, the appointment centre solution from Cloudli will no longer continue; and
- purchase new telephones for all client/public areas where there is currently a telephone and for staff based on the leadership assessment.

CONTACT:

Antoniette Tomie, Director of Corporate Services

June 15, 2022

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
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Re: <u>Support for South West Tobacco Control Area Network</u>

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

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

Motion No: 2022-41

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

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

Carried.

Sincerely,

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

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

Encl.
/mh

Appendix B to Report No. XX-22

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

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

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

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

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

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

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

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

Health Canada Messaging about Vapour Products

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

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

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

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

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

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

Vapour Product Flavouring and Additives

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

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

Vapour Product Promotion and Advertising

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

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

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

On-Screen Impressions of Smoking and Vaping

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nicotine Concentration and Uniform Dosing Levels

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

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

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

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

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

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

SECTION 3
PROTECT THE HEALTH OF YOUNG PERSONS BY RESTRICTING ACCESS TO VAPING PRODUCTS.

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

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

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

Retailer Prohibitions of Sales of Tobacco and Vaping Products

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

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

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

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

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

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

Reciprocal Relationships and Cooperation Between Federal and Provincial Inspectors

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

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

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

Tighten Restrictions for Online Retail Marketing

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

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

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

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

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

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

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

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

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

Enactment of a Tax and Vapour Product Pricing Regime

There is unequivocal evidence documented in the tobacco control literature that price increases result in decreased demand and use of cigarettes, and increased intentions to quit smoking (SFO-SAC, 2017). Many provinces have proposed or passed

legislation to tax vapour products, including British Columbia, Alberta, Prince Edward Island, Saskatchewan and Newfoundland Labrador. There exists the opportunity to enact a national tax regime on vapour products to reduce the consumption of vapour products by youth and young adults as they tend to be more price sensitive than adults (U.S. Department of Health and Human Services, 2000). The revenue from taxes from tobacco products along with the revenue from the taxation regime applied to vapour products could be used to fund comprehensive tobacco and vapour product control programming, including prevention and cessation efforts, increased compliance monitoring and enforcement, and ongoing research. A complementary measure to increase the retail price of tobacco and vapour products is to mandate a minimum pre-tax set price minimum (Feighery, et al., 2005). Setting minimum price limits inhibits the manufacturers' ability to use discount pricing and the retail sale of low-cost brands or devices to offset the price increases from taxation (SFO-SAC, 2010). Minimum price polices are effective and widely used to reduce alcohol consumption and harms (Anderson, et al., 2009). The taxation level and the set price minimums for vapour products should be set independently from tobacco products, with careful consideration being given to ensure that e-cigarettes do not become more expensive than cigarettes but set high enough to deter youth and young adult initiation. The 2021 federal budget announced the Government of Canada's intention to introduce a new taxation framework for vaping products in 2022.

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

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

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

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

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

Appealing Vapour Product Marketing and Unsubstantiated Health Claims

Websites selling vapour products online are ubiquitous and use marketing tactics that are appealing to youth. In 2019, the Ontario Tobacco Research Unit (OTRU) collected samples of flavoured vaping products from online Canadian vape stores and found several examples of flavoured vaping products with attractive packaging, design elements, names and descriptors with youth-appeal (O'Connor, et al., 2019). Furthermore, researchers who conducted a systematic content and legal analysis of the claims made by e-cigarette manufacturers and retailers on their websites concluded that the vast majority of websites made at least one health-related claim, focusing on potential health benefits while minimizing or eliminating information about possible harmful effects of vaping products (Klein, et al., 2016). Grana and Ling's (2014) content analysis of e-cigarette retail websites also discovered that health claims and cessation messages that are unsupported by current scientific evidence are frequently used by vapour product retailers to sell vaping products (Grana and Ling, 2014). Vaping products have not been approved by Health Canada as a smoking cessation aid because they are not currently tested, manufactured, and regulated as such in Canada. Therefore, claims about vapour product efficacy as a cessation tool should be strictly prohibited.

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

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

Vapour Product Appearance and Packaging Design

In November 2019, Canada implemented plain and standardized tobacco product packaging regulations. With strict promotion and advertising rules in effect for tobacco products across Canada, the tobacco package became an important marketing tool, using colours, images, logos and distinctive fonts, finishes and sizing. According to Moodie, Mackintosh, Hastings and Ford, (2011), studies have determined that the colour, shape and size of a package can influence consumer behaviour and contributes to consumer perceptions of the product. Package design can make its contents appear safe to use, undermining the visibility, credibility and effectiveness of health warnings. The same body of evidence can be applied to the regulation of vapour products and packaging. Devices are being manufactured to look like small, discrete everyday objects, so that youth can vape discretely, hiding their nicotine addiction from parents, employers and teachers. Across southwestern Ontario, the ability to "stealth vape" in school washrooms and classrooms undermine the efforts that school staff and public health unit staff are taking to promote and enforce the *Smoke-Free Ontario Act, 2017* on school property. The devices can be customized, which complements the lifestyle messaging that youth are receiving from the internet and on social media.

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

SECTION 5
ENHANCE PUBLIC AWARENESS OF HEALTH HAZARDS

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

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

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

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

Comprehensive Review of Available Scientific Evidence Required

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

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

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

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

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

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

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

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

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

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

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

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

At present, vaping products have not been approved by Health Canada as a smoking cessation aid because they are not currently tested, manufactured, and regulated as such in Canada. Therefore, until an intensive review of the latest evidence is completed, Health Canada's messaging is confusing and contributing to misperceptions of perceived product safety.

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

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June 9, 2022

SENT VIA E-MAIL

To: Boards of Health in Ontario and the Association of Local Public Health Agencies

Subject: Response to COVID-19 - April 2022 Update (Item HL36.1) (see Part 10 of the Toronto Board of Health's decision on page 2 which is addressed to all Boards of Health in Ontario and the Association of Local Public Health Agencies)

The Toronto Board of Health, during its meeting on April 11, 2022, adopted Item HL36.1, as amended, and:

1. Expressed its full support to the Medical Officer of Health to implement additional measures to address the harm of COVID-19, as needed.

2. Requested the Medical Officer of Health, in partnership with Ontario Health and the City's community and health sector partners, to accelerate the integration of the delivery of on-site COVID-19 vaccination, testing, treatment, and health and social services.

3. Requested the Medical Officer of Health to continue using the VaxTO program for the COVID-19 3rd- and 4th-dose campaign, and to scale up live calling in support of vaccine booster dose uptake.

4. Requested the Province of Ontario to re-enable local Medical Officers of Health to issue letters of instruction as part of the local toolkit to reduce the impact of COVID-19 and help keep people safe.

5. Requested the Medical Officer of Health to implement a public health promotion campaign to inform the public of COVID-19 risks and provide guidance for risk mitigation.

6. Requested the Medical Officer of Health and the Province of Ontario to provide additional focused guidance to help the public discern how best to employ layers of protection against COVID-19 and to provide support to those at greatest risk for severe outcomes from COVID-19, including priority access to testing, personal protective equipment, and other resources to support safer public interactions.

7. Requested the Medical Officer of Health to explore innovative and accessible ways to use data to communicate with the public to enable informed decisions about how best to mitigate the risk of COVID-19.

8. Requested the Ministry of Health and Ontario Health to work with Toronto Public Health, primary care, pharmacies, other health care practitioners, and any other relevant stakeholders, to facilitate access to and increase appropriate uptake of COVID-19 treatments, incorporating core elements such as:

    a. an information campaign to raise awareness among health care providers and the public of the availability of this effective treatment;

    b. resources to support health care providers and the public to use available COVID-19 treatments; and

    c. a strategy to leverage existing community vaccine distribution infrastructure to ensure effective, equitable access to COVID-19 treatment.

9. Requested the Province of Ontario to work with relevant stakeholders and communities to expand the collection of sociodemographic data in the health system (which may include, for example, optimizing the linkage of existing Census data with health data) to ensure that resources are deployed to the populations with the greatest need and to ensure equitable and culturally-safe access to health and social services.

10. Forwarded Part 9 above, concerning the collection of sociodemographic data, to all Boards of Health in Ontario and the Association of Local Public Health Agencies.

11. Requested the Medical Officer of Health to provide public reporting on, and consider for potential inclusion in dashboard changes, the following:

    a. COVID-19 related hospitalizations among school-aged children and youth;

    b. transmission of COVID-19 in schools; and

    c. health workforce absentee data.

To view this item and background information online, please visit: http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2022.HL36.1.

Yours sincerely,

JAAmoroso

Julie Amoroso
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following Boards of Health in Ontario and the Association of Local Public Health Agencies:

- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair
- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair

- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer
- Dr. Paul Roumeliotis, Association of Local Public Health Agencies, President, COMOH Representative, East Region

cc (via e-mail):
- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health