Algoma PUBLIC HEALTH
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April 24, 2024

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - April 24, 2024, Board of Health Meeting

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(CULD) to Algoma Public Health regarding the donation of equipment dated April 2024.

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14. Announcements

a. Next Meeting Dates

15. Adjournment

Board of Health Meeting

AGENDA

Wednesday April 24, 2024 - 5:00 pm

SSM Algoma Community Room | Videoconference

BOARD MEMBERS	APH MEMBERS
Deborah Graystone	Dr. John Harding - Public Health Physician
Sally Hagman - Chair	Rick Webb - Director of Corporate Services
Julila Hemphill	Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Donald McConnell - 2nd Vice-Chair	Leo Vecchio - Manager of Communications
Luc Morrissette - 1st Vice-Chair	Leslie Dunseath - Manager of Accounting Services
Loretta O'Neill	Tania Caputo - Board Secretary
Matthew Shoemaker	
Sonia Tassone	
Suzanne Trivers	
Jody Wildman	

GUESTS: KPMG - Eric Pino, Chris Pomeroy

1.0 Meeting Called to Order *S. Hagman*

- **a. Land Acknowledgment**
- **b. Roll Call**
- **c. Declaration of Conflict of Interest**

2.0 Adoption of Agenda *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated April 24, 2024 be approved as presented.

3.0 Delegations / Presentations

a. Communication Analytics *L. Vecchio*

4.0 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.

5.0 Open Meeting *S. Hagman*

Resolutions resulting from in-camera meeting.

6.0 Adoption of Minutes of Previous Meeting *S. Hagman*

RESOLUTION

THAT the Board of Health meeting minutes dated March 27, 2024, be approved as presented.

7.0 Business Arising from Minutes

8.0 Reports to the Board *R. Webb*

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - April 2024

- Healthy Babies Healthy Children (HBHC) Program
- Energy Efficiency Projects

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for April 2024 be accepted as presented.

9.0 a. Finance and Audit *L. Morrissette*

i. Finance and Audit Committee Chair Report

RESOLUTION

THAT the Finance and Audit Committee Chair Report for April 2024 be accepted as presented.

ii. Unaudited Financial Statements ending February 29, 2024 *L. Morrissette*

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending February 29, 2024, as presented.

10.0 New Business/General Business *K. Harper*

a. Briefing Note - Local, Provincial and Federal Restrictions on Nicotine Pouches.

RESOLUTION

11.0 Correspondence - requiring action *S. Hagman*

12.0 Correspondence - for information *S. Hagman*

a. alPHa Information Break - April 2024

b. 2023 Chief Medical Officer of Health Annual Report

c. 2024 alPHa Conference

d. Letter from Canadian Ukrainian Logistics Division (CULD) to Algoma Public Health regarding the donation of equipment dated April 2024.

13.0 Addendum *S. Hagman*

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

Governance Committee
Wednesday, May 8, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health
Wednesday, May 22, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Finance & Audit Committee
Wednesday, June 12, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

15.0 Evaluation *S. Hagman*

16.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

Communication Analytics

Presenter: Leo Vecchio

Date: April 24, 2024

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Overview

- Ontario Public Health Standards
- Health communication
- PESO model
- Analytics (social, website)
- Questions

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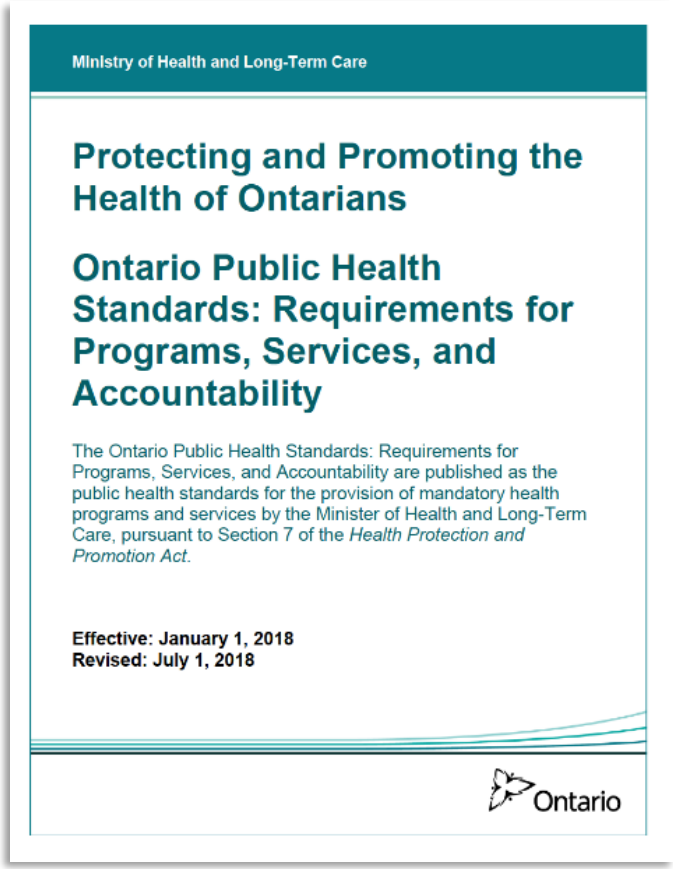
Strategic Directions

Advance the priority public health needs of Algoma's diverse communities.

Improve the impact and effectiveness of Algoma Public Health programs.

Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Ontario Public Health Standards



Ministry of Health and Long-Term Care

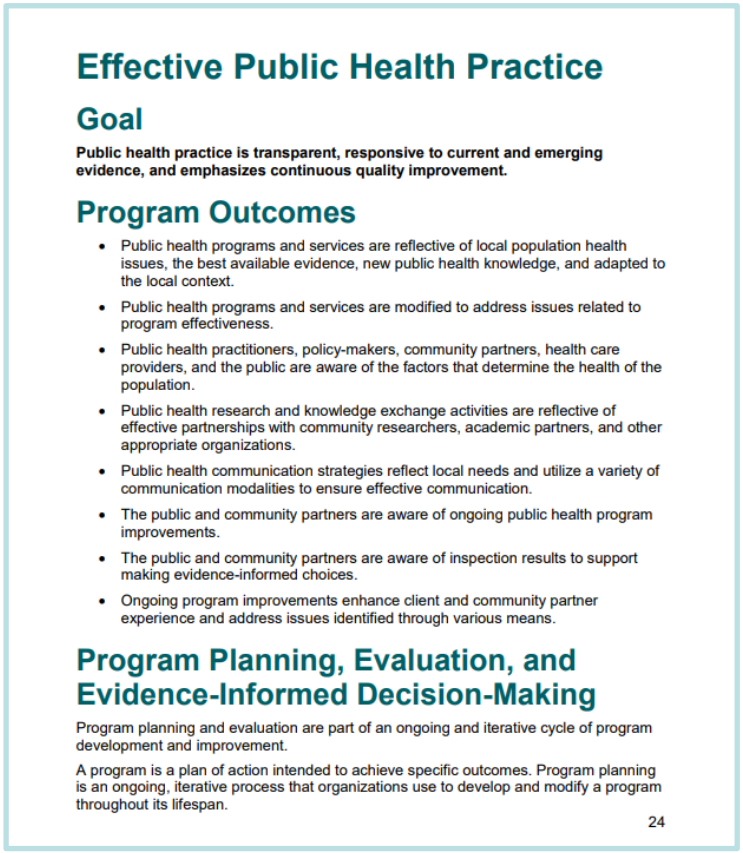
Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

Effective: January 1, 2018
Revised: July 1, 2018

Ontario



Effective Public Health Practice

Goal

Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

Program Outcomes

- Public health programs and services are reflective of local population health issues, the best available evidence, new public health knowledge, and adapted to the local context.
- Public health programs and services are modified to address issues related to program effectiveness.
- Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the factors that determine the health of the population.
- Public health research and knowledge exchange activities are reflective of effective partnerships with community researchers, academic partners, and other appropriate organizations.
- Public health communication strategies reflect local needs and utilize a variety of communication modalities to ensure effective communication.
- The public and community partners are aware of ongoing public health program improvements.
- The public and community partners are aware of inspection results to support making evidence-informed choices.
- Ongoing program improvements enhance client and community partner experience and address issues identified through various means.

Program Planning, Evaluation, and Evidence-Informed Decision-Making

Program planning and evaluation are part of an ongoing and iterative cycle of program development and improvement.

A program is a plan of action intended to achieve specific outcomes. Program planning is an ongoing, iterative process that organizations use to develop and modify a program throughout its lifespan.

24

Ministry of Health, Ontario. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

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Health communication

“…influence change among individuals, organizations, communities, and society.”

Source: The National Cancer Institute and the Centers for Disease Control and Prevention

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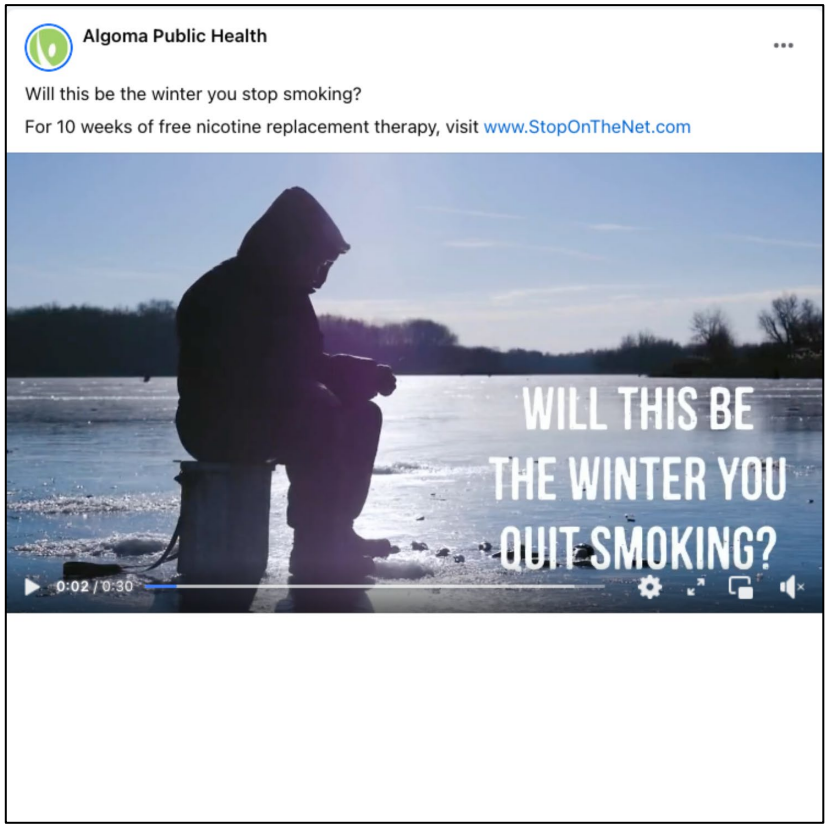
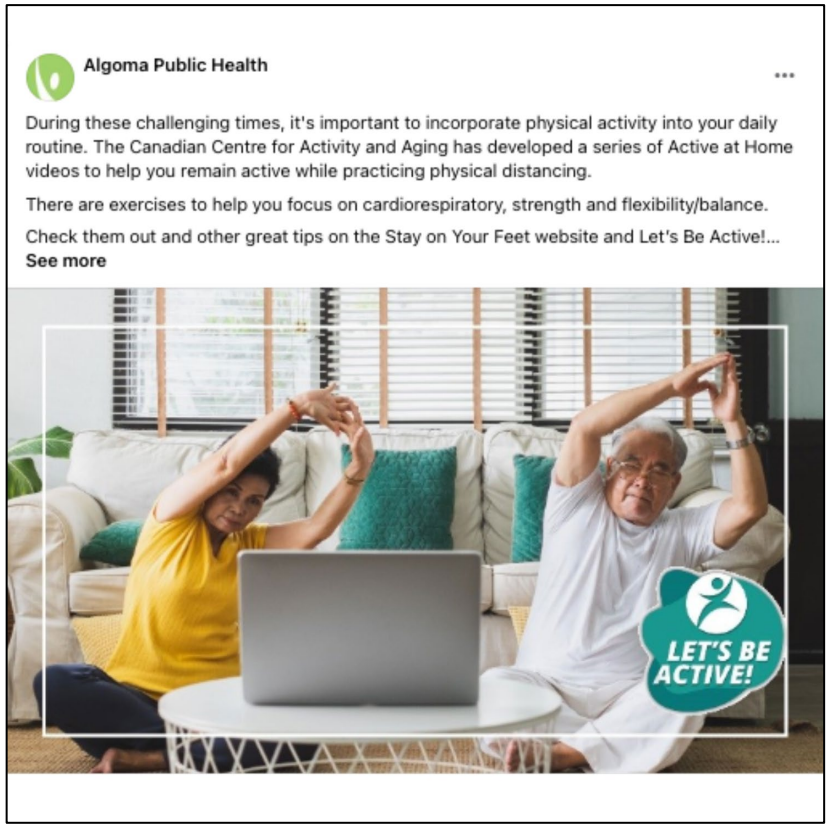
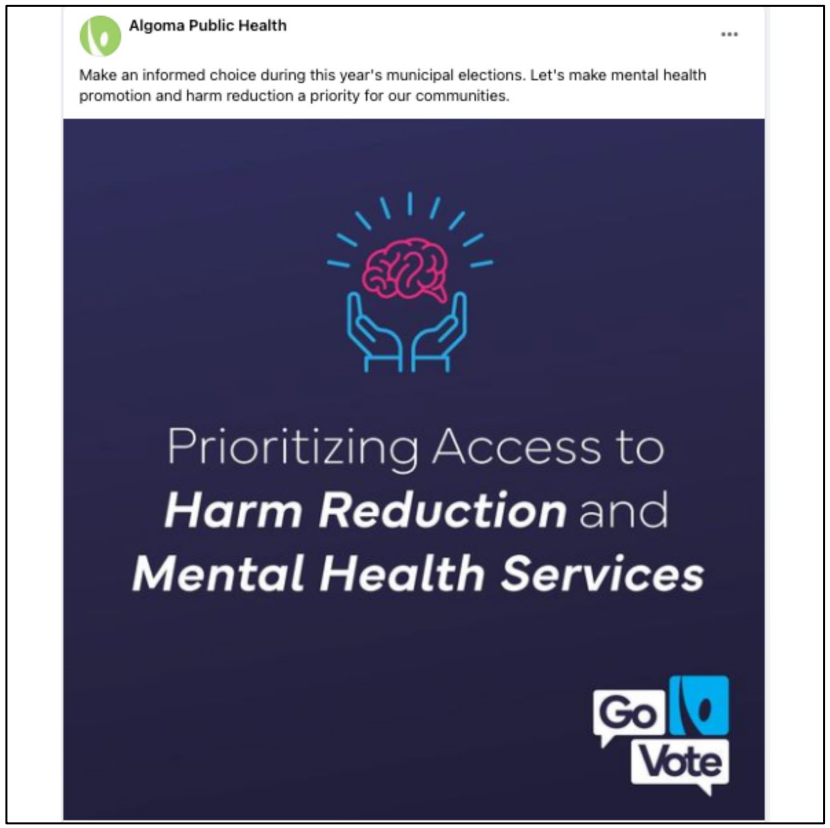
Communication can…







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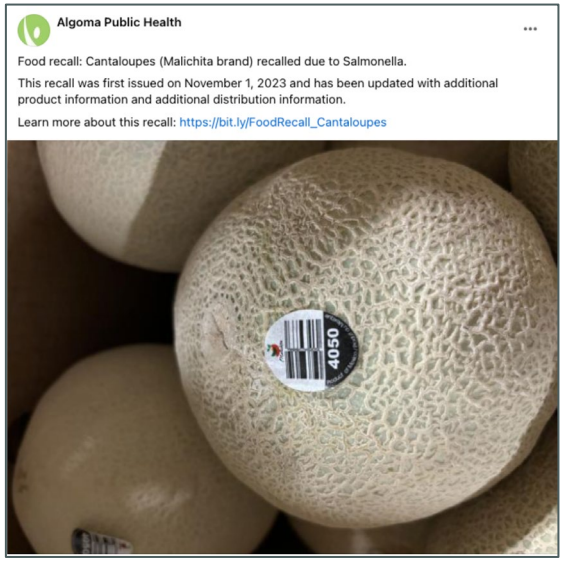
Responsive to program plans and needs

Responsive to program plans and needs



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Responsive to program plans and needs

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Responsive to program plans and needs

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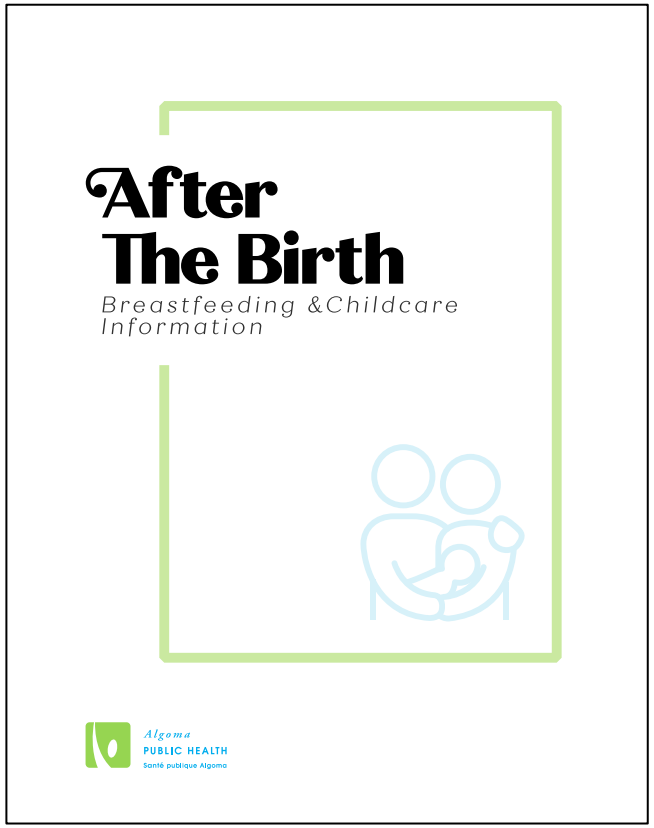
Sample of offline work



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Paid

Earned

Shared

Owned

PESO

PAID MEDIA

Google Ads

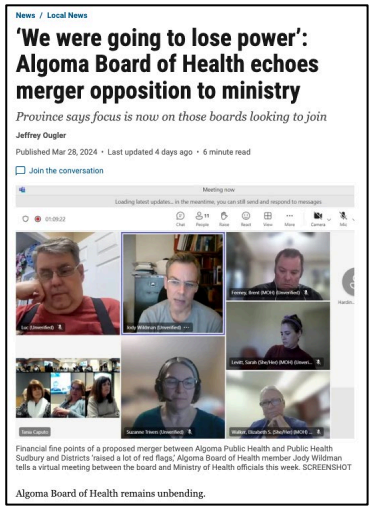
Bus Shelter

Interior bus

Arena advertising

PESO

EARNED MEDIA



News / Local News

'We were going to lose power': Algoma Board of Health echoes merger opposition to ministry

Province says focus is now on those boards looking to join

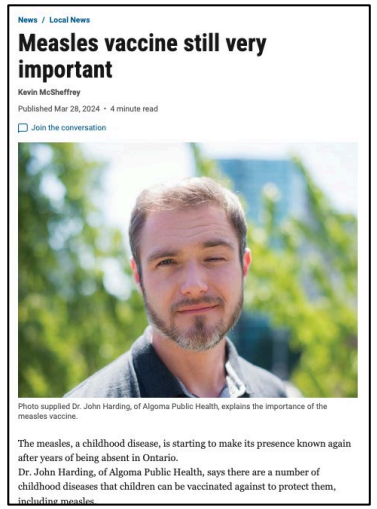
Jeffrey Ougler

Published Mar 28, 2024 • Last updated 4 days ago • 6 minute read

Join the conversation

Financial fine points of a proposed merger between Algoma Public Health and Public Health Sudbury and Districts 'raised a lot of red flags,' Algoma Board of Health member Jody Wildman tells a virtual meeting between the board and Ministry of Health officials this week. SCREENSHOT

Algoma Board of Health remains unbending.



News / Local News

Measles vaccine still very important

Kevin McSheffrey

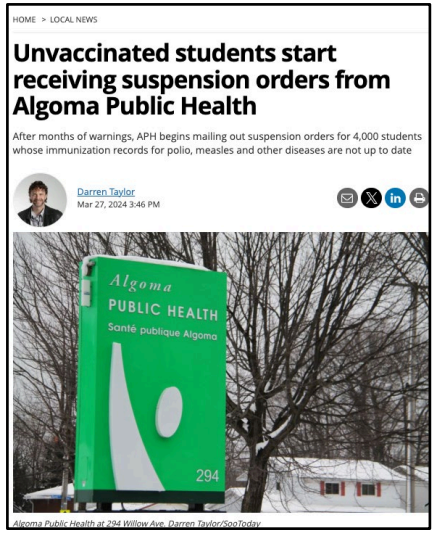
Published Mar 28, 2024 • 4 minute read

Join the conversation

Photo supplied Dr. John Harding, of Algoma Public Health, explains the importance of the measles vaccine.

The measles, a childhood disease, is starting to make its presence known again after years of being absent in Ontario.

Dr. John Harding, of Algoma Public Health, says there are a number of childhood diseases that children can be vaccinated against to protect them, including measles



HOME > LOCAL NEWS

Unvaccinated students start receiving suspension orders from Algoma Public Health

After months of warnings, APH begins mailing out suspension orders for 4,000 students whose immunization records for polio, measles and other diseases are not up to date

Darren Taylor
Mar 27, 2024 3:46 PM

Algoma Public Health at 294 Willow Ave. Darren Taylor/SooToday

The City of Sault Ste. Marie
April 8 at 8:00 AM

Parts of Ontario will receive a total solar eclipse today.

A total solar eclipse is a rare celestial event where the moon passes between Earth and the Sun, casting a shadow on the Earth's surface. This moving shadow, called 'the path of totality', will pass over many municipalities in Ontario. However, Algoma will not be in the 'path of totality' meaning that residents will only experience a partial eclipse.

The timeline for Algoma is 2 - 4:30 p.m. During this time, there are dangers associated with viewing a partial or total solar eclipse without proper eye protection. Even looking at a small portion of the sun can be harmful to your vision.

Stay safe. Visit: https://www.algomapublichealth.com/.../solar-eclipse-safety/

Solar Eclipse

Timeline for Algoma:
Monday, April 8, 2024
2 - 4:30 p.m.

Note that there are dangers of viewing a partial or total solar eclipse without proper eye protection.

Sault Ste. Marie Police Service
April 8 at 7:39 AM

While we will not see a total solar eclipse in our area, the partial eclipse is expected to begin 2:01 p.m. and at its maximum from 3:15 p.m. to approximately 3:18 p.m., with the partial eclipse fully ending by 4:26 p.m.

During this time, please remember these road safety tips:

❤Do not stop or pull over on the roadway or shoulder to observe the eclipse; Plan a safe pla to observe the eclipse ahead of time or carefully exit the roadway and park in a safe location away from traffic

❤Ensure your vehicle's headlights are on if you are driving during this time

For more tips on safely enjoying the eclipse, visit Algoma Public Health online.

Sault Ste. Marie POLICE

Solar Eclipse Safety

Monday, April 8 between 2:00 p.m. - 4:30 p.m.

PESO

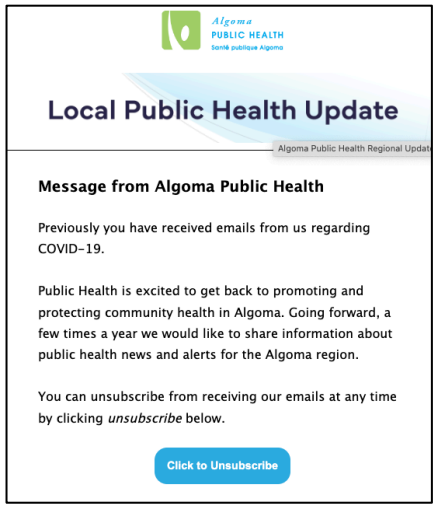
SHARED MEDIA






OWNED MEDIA

E-BLAST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Local Public Health Update

Algoma Public Health Regional Update

Message from Algoma Public Health

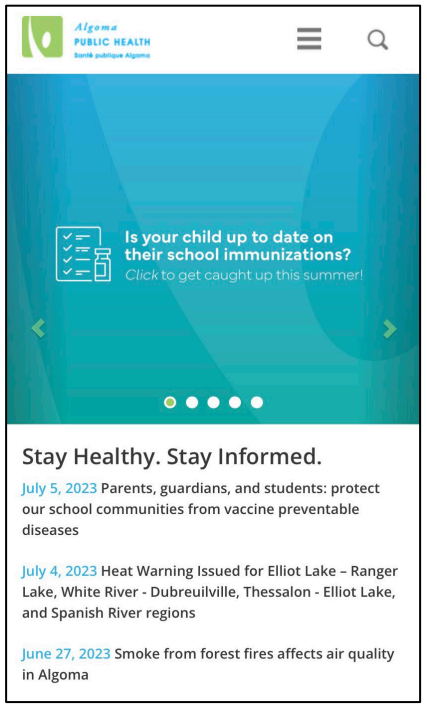
Previously you have received emails from us regarding COVID-19.

Public Health is excited to get back to promoting and protecting community health in Algoma. Going forward, a few times a year we would like to share information about public health news and alerts for the Algoma region.

You can unsubscribe from receiving our emails at any time by clicking *unsubscribe* below.

Click to Unsubscribe

WEBSITE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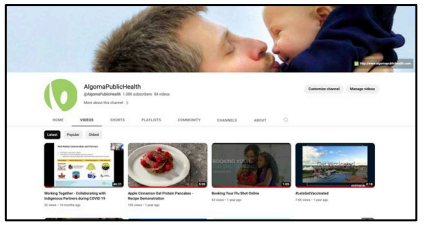
Is your child up to date on their school immunizations?
Click to get caught up this summer!

Stay Healthy. Stay Informed.

July 5, 2023 Parents, guardians, and students: protect our school communities from vaccine preventable diseases

July 4, 2023 Heat Warning Issued for Elliot Lake – Ranger Lake, White River - Dubreuilville, Thessalon - Elliot Lake, and Spanish River regions

June 27, 2023 Smoke from forest fires affects air quality in Algoma



YOUTUBE VIDEOS

Followers

14.5 K	2, 903	1, 800 +	1, 140	427

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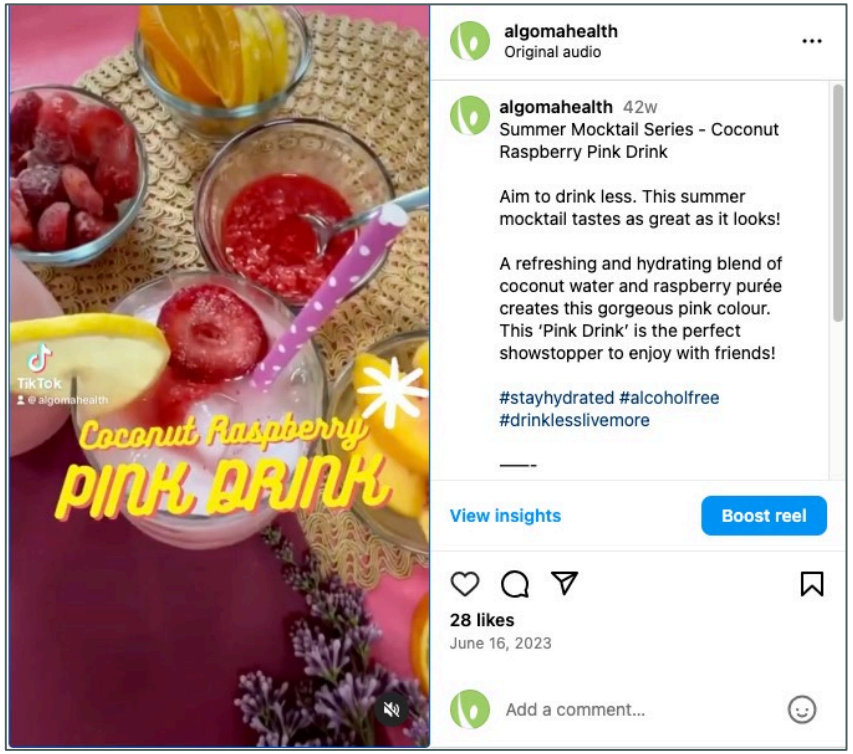
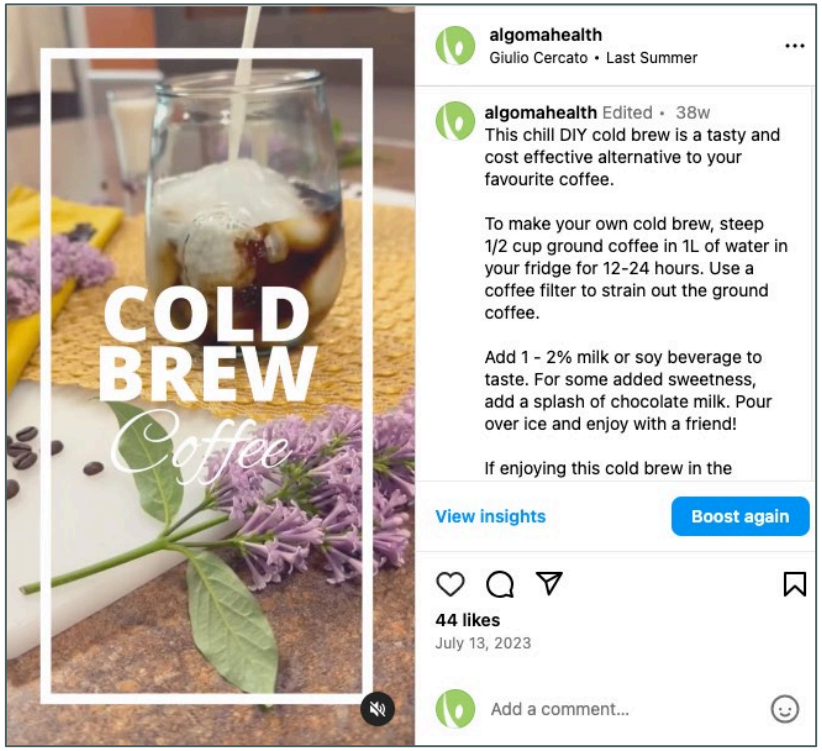
Mocktail videos

Organic (Free)



Plays	1,073
Saves	11
Shares	16

Paid



Plays	13,120
Saves	26
Shares	16

Food safety

Campaign timeline	July - September
Total spend	$3, 600
Engagement	Shares: 1, 543 Comments: 1,440
New followers on Facebook and Instagram	193
Website traffic to page	1,000 visits

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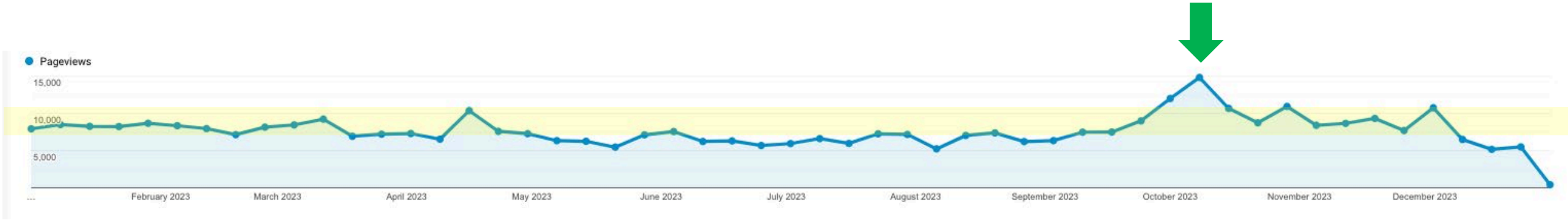
Website traffic - 2023



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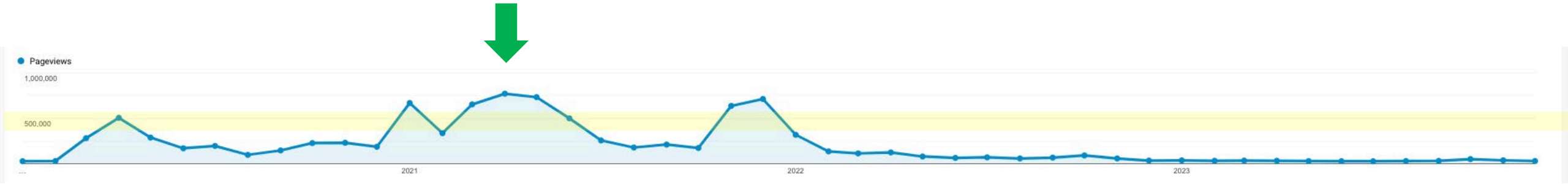
Website traffic – Jan 2020 – Dec 2023



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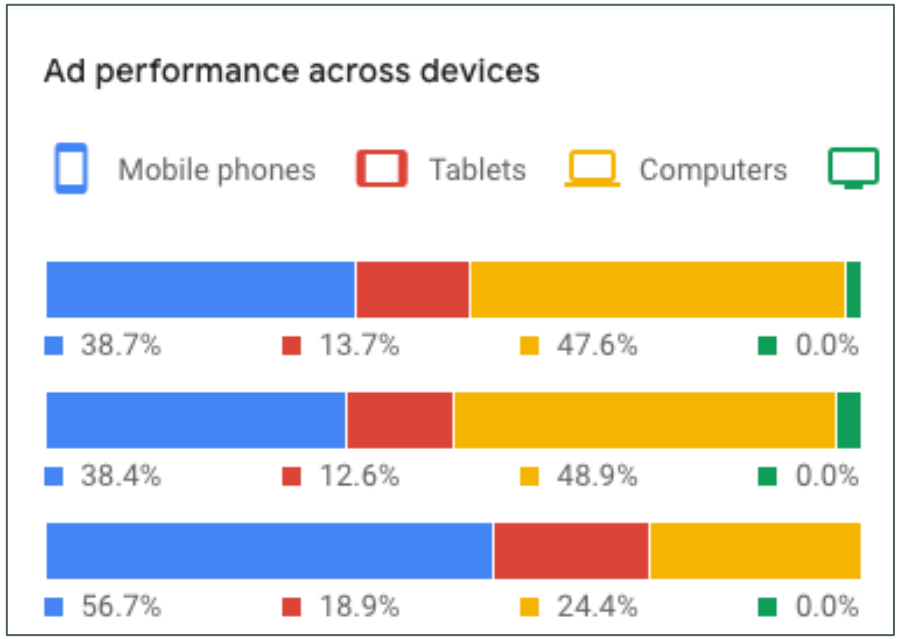
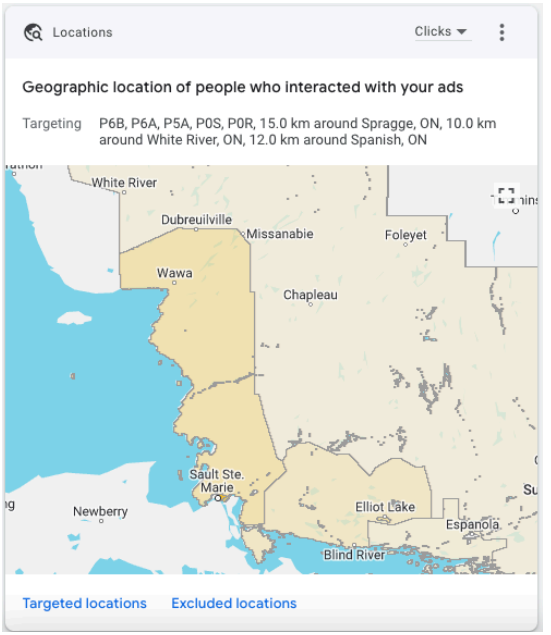
Avoid non-essential travel





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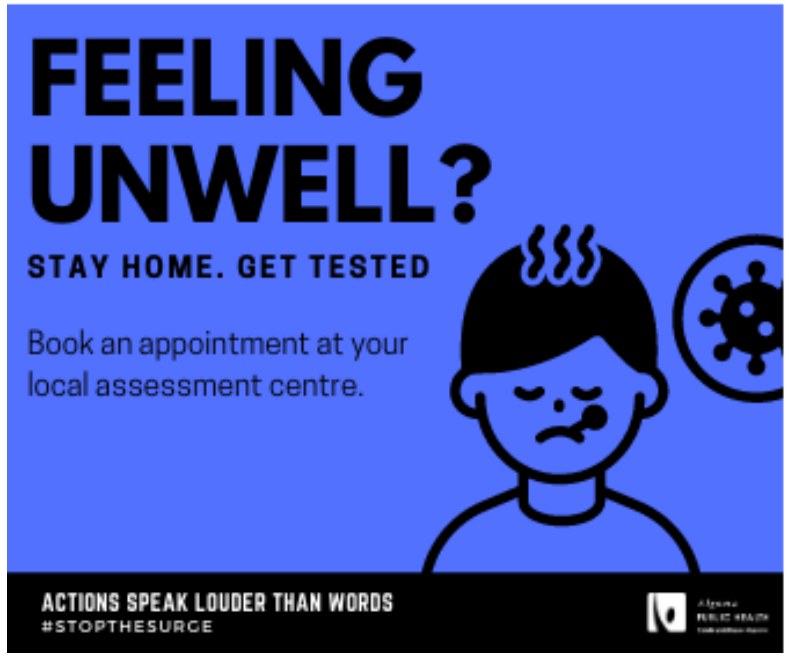
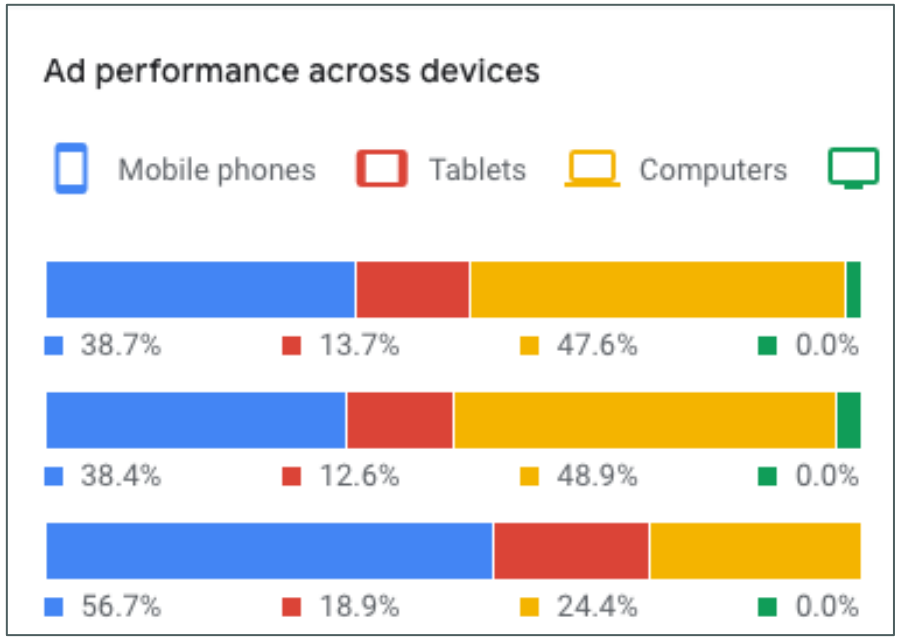
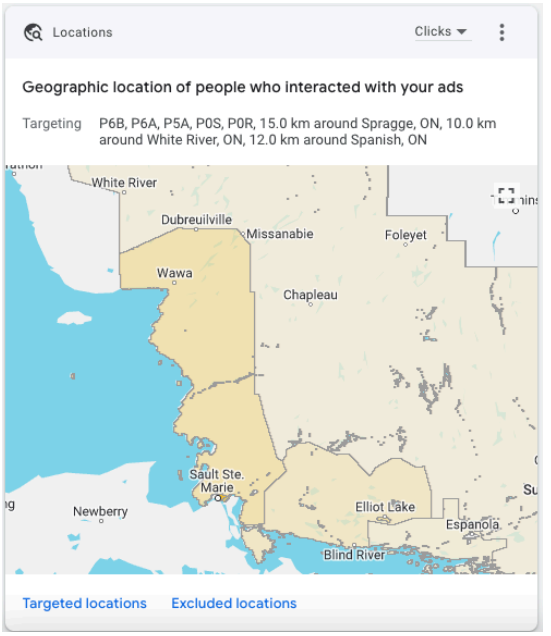
Avoid non-essential travel







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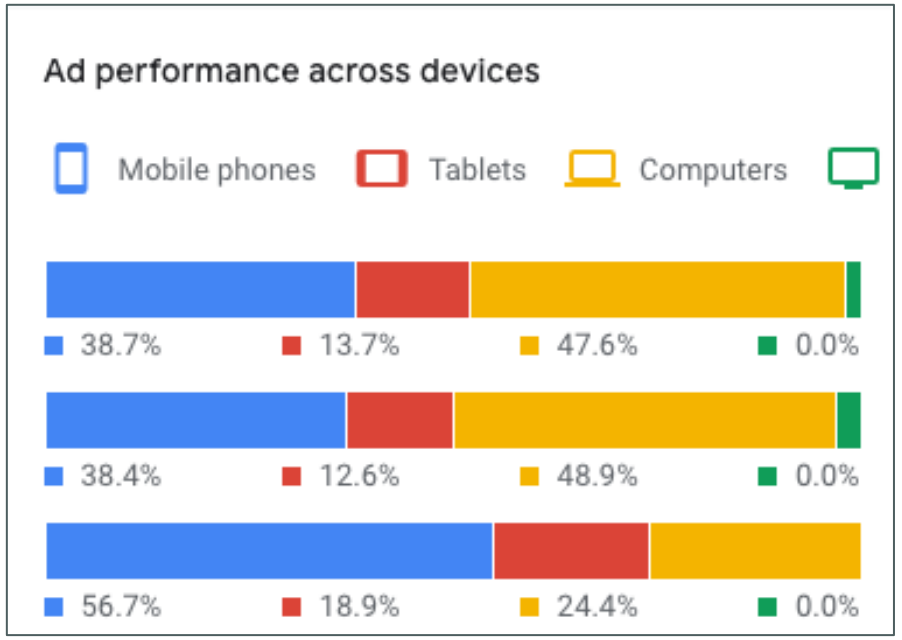
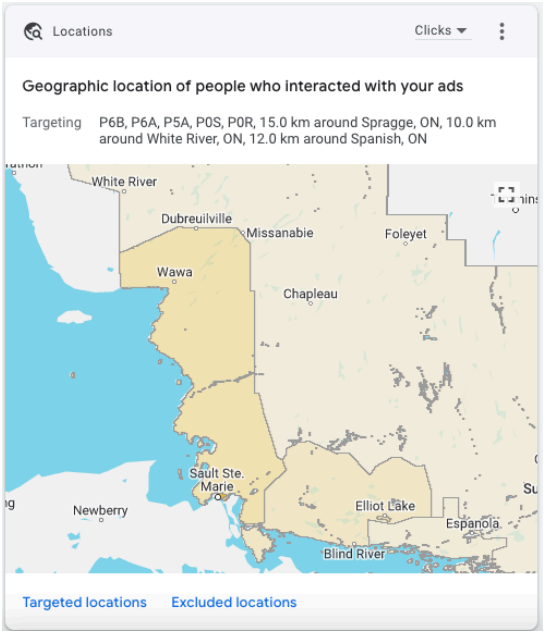
Avoid non-essential travel





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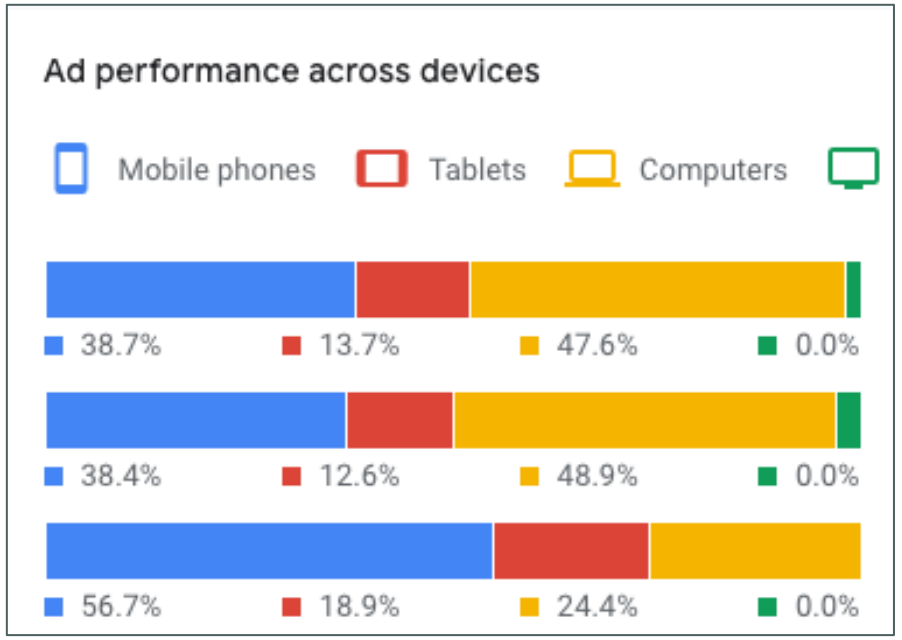

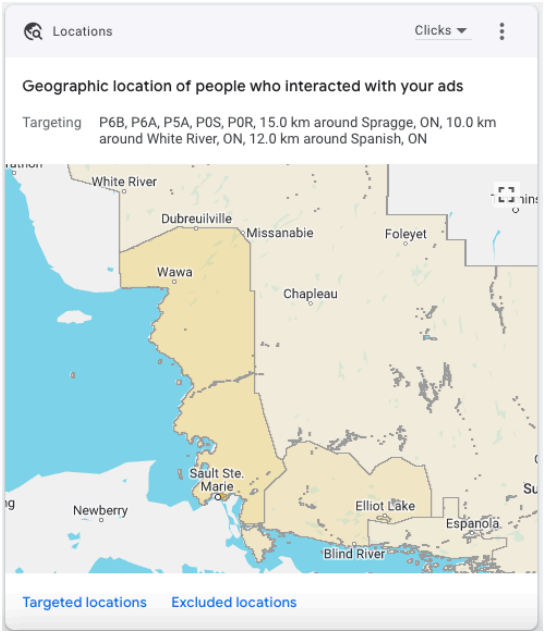

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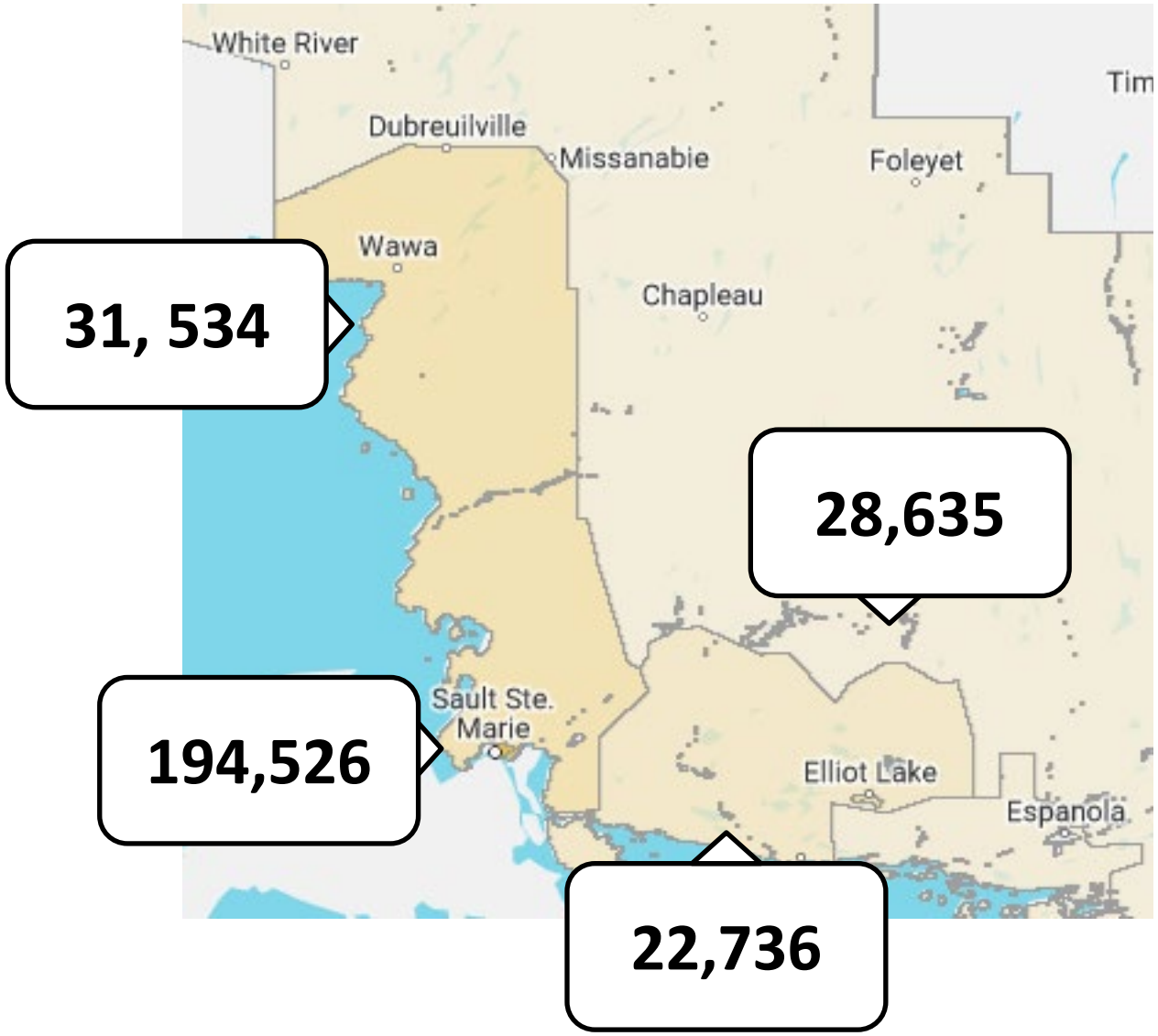
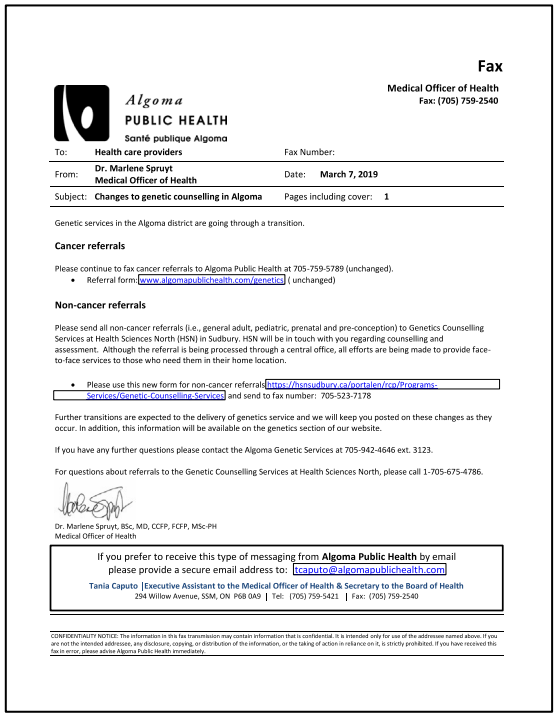


FAX to electronic

Sample FAX update



Fax

Medical Officer of Health
Fax: (705) 759-2540

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To:	**Health care providers**	Fax Number:	
From:	**Dr. Marlene Spruyt** **Medical Officer of Health**	Date:	**March 7, 2019**
Subject:	**Changes to genetic counselling in Algoma**	Pages including cover:	**1**

Genetic services in the Algoma district are going through a transition.

Cancer referrals

Please continue to fax cancer referrals to Algoma Public Health at 705-759-5789 (unchanged).

- Referral form:www.algomapublichealth.com/genetics (unchanged)

Non-cancer referrals

Please send all non-cancer referrals (i.e., general adult, pediatric, prenatal and pre-conception) to Genetics Counselling Services at Health Sciences North (HSN) in Sudbury. HSN will be in touch with you regarding counselling and assessment. Although the referral is being processed through a central office, all efforts are being made to provide face-to-face services to those who need them in their home location.

- Please use this new form for non-cancer referrals:https://hsnsudbury.ca/portalen/rca/Programs-Services/Genetic-Counselling-Services and send to fax number: 705-523-7178

Further transitions are expected to the delivery of genetics service and we will keep you posted on these changes as they occur. In addition, this information will be available on the genetics section of our website.

If you have any further questions please contact the Algoma Genetic Services at 705-942-4646 ext. 3123.

For questions about referrals to the Genetic Counselling Services at Health Sciences North, please call 1-705-675-4786.

Dr. Marlene Spruyt, BSc, MD, CCFP, FCFP, MSc-PH
Medical Officer of Health

If you prefer to receive this type of messaging from **Algoma Public Health** by email please provide a secure email address to: tcaputo@algomapublichealth.com

Tania Caputo |Executive Assistant to the Medical Officer of Health & Secretary to the Board of Health
294 Willow Avenue, SSM, ON P6B 0A9 | Tel: (705) 759-5421 | Fax: (705) 759-2540

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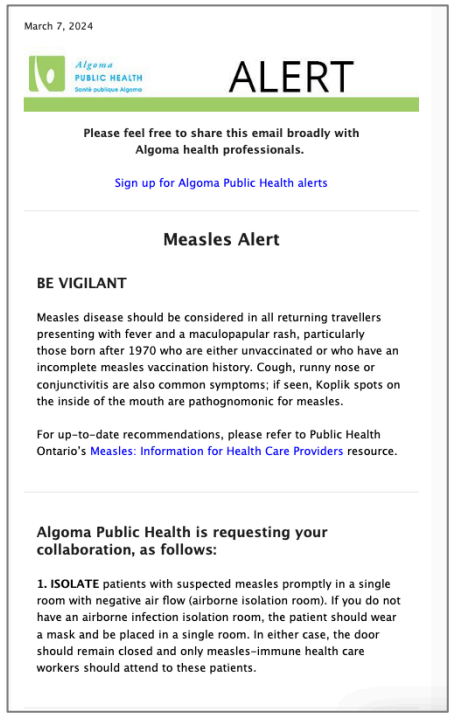
Sample electronic update



March 7, 2024

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ALERT

Please feel free to share this email broadly with Algoma health professionals.

Sign up for Algoma Public Health alerts

Measles Alert

BE VIGILANT

Measles disease should be considered in all returning travellers presenting with fever and a maculopapular rash, particularly those born after 1970 who are either unvaccinated or who have an incomplete measles vaccination history. Cough, runny nose or conjunctivitis are also common symptoms; if seen, Koplik spots on the inside of the mouth are pathognomonic for measles.

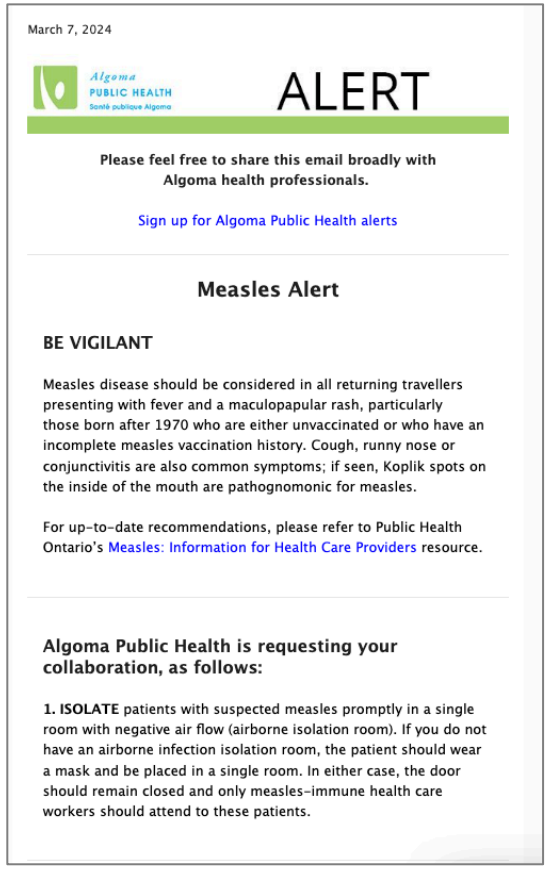
For up-to-date recommendations, please refer to Public Health Ontario's Measles: Information for Health Care Providers resource.

Algoma Public Health is requesting your collaboration, as follows:

1. ISOLATE patients with suspected measles promptly in a single room with negative air flow (airborne isolation room). If you do not have an airborne infection isolation room, the patient should wear a mask and be placed in a single room. In either case, the door should remain closed and only measles-immune health care workers should attend to these patients.

Algoma PUBLIC HEALTH
Santé publique Algoma

Healthcare provider alert/update



March 7, 2024

Algoma PUBLIC HEALTH Santé publique Algoma

ALERT

Please feel free to share this email broadly with Algoma health professionals.

Sign up for Algoma Public Health alerts

Measles Alert

BE VIGILANT

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Subscribers to email	324
Total opens	209 (64%)
Total views	1,357

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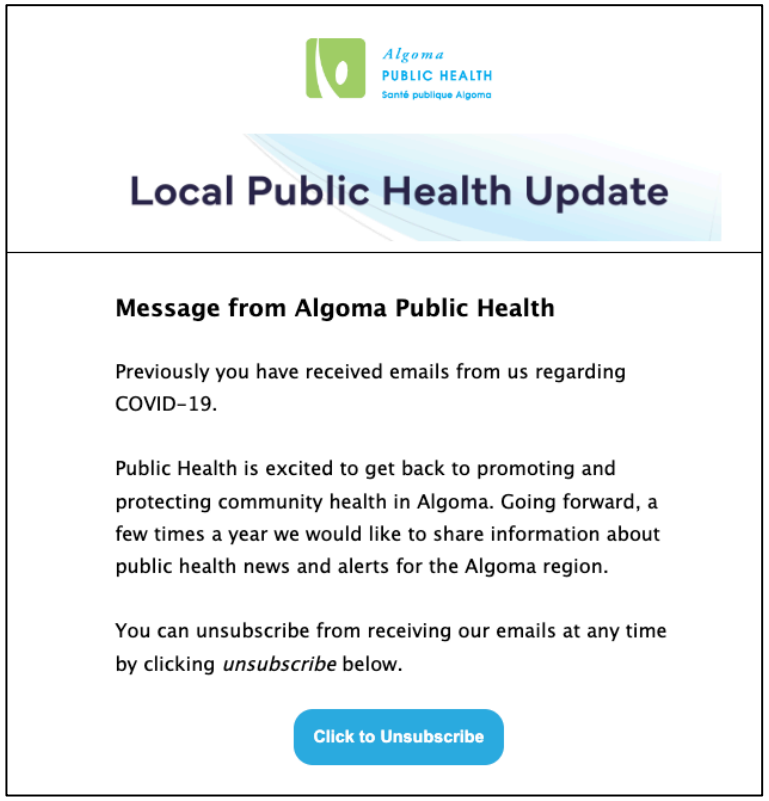
Update to businesses



Algoma PUBLIC HEALTH
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Local Public Health Update

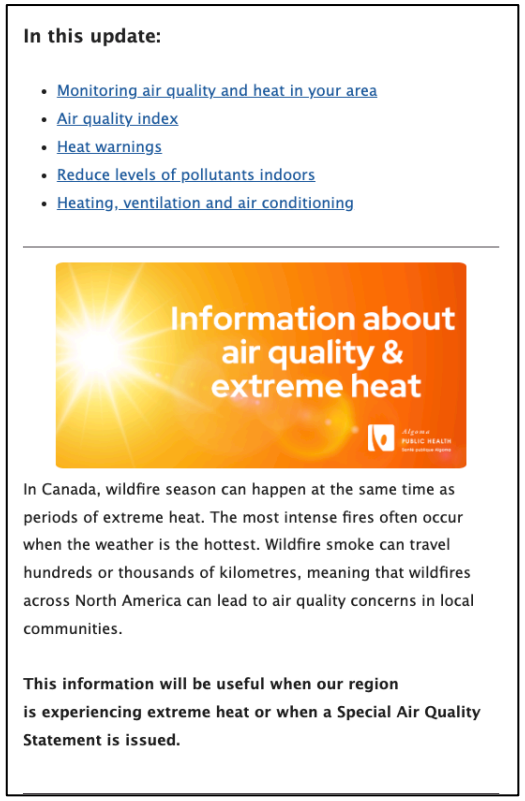
Message from Algoma Public Health

Previously you have received emails from us regarding COVID-19.

Public Health is excited to get back to promoting and protecting community health in Algoma. Going forward, a few times a year we would like to share information about public health news and alerts for the Algoma region.

You can unsubscribe from receiving our emails at any time by clicking *unsubscribe* below.

Click to Unsubscribe



In this update:

- Monitoring air quality and heat in your area
- Air quality index
- Heat warnings
- Reduce levels of pollutants indoors
- Heating, ventilation and air conditioning

In Canada, wildfire season can happen at the same time as periods of extreme heat. The most intense fires often occur when the weather is the hottest. Wildfire smoke can travel hundreds or thousands of kilometres, meaning that wildfires across North America can lead to air quality concerns in local communities.

This information will be useful when our region is experiencing extreme heat or when a Special Air Quality Statement is issued.

Subscribers to email	2,550
Total opens	1,298 (51%)
Total views	2,695
Website traffic	1,000+

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Next steps

- Responsive and timely communications
- Review data to inform digital communications
- Continue to support offline communications

Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH

Algoma
PUBLIC HEALTH
Santé publique Algoma

April 24, 2024

Report of the

Medical Officer of Health / CEO

Prepared by:
Rick Webb and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH AT-A-GLANCE

Enhancing our Green

An early spring and very mild winter bring both joy and some trepidation about climate change. Like many of you, I am sure that while we enjoy the early jump on outside yard work, we can't help but think of the bigger picture. For now, we happily rake and wash windows in April, but it's also a reminder that we need to be kinder to our environment. As such, APH has commenced an energy audit with Blackstone Energy Services. Our goal is to find new ways to conserve energy through more efficient lighting and heating. In 2011, APH was the first office building in Algoma to attain LEED certification. As our Willow Street office enters its 14th year of operation, it's time to explore new technology to be as environmentally friendly as possible. APH is committed to being a leader in this area and to being a good green organization. Once the audit is complete, we will share additional information with the Board and staff alike.

Partnership with Maamweysing Ontario Health Team

In late March, APH's entire leadership team met with the Maamweysing Ontario Health Team and participated in a Blanket Exercise and signing ceremony to mark APH's collaborative partnership with them. The Blanket Exercise was a tremendous opportunity for growth and reflection. Both agencies exchanged beautiful gifts of art. Within the next weeks, we will hang our gifted pieces for all to enjoy! The APH artwork was created through a collaborative project that saw staff (or their proxies) breathe the paint of their choice into a piece later titled "Tree of Many Colours." A description of the creative process accompanied the gift to Maamweysing OHT

Staff Training

APH has partnered with the Canadian Mental Health Association to conduct virtual training sessions for staff over the next few months. Each month, a different topic is explored, and in April, we held a Grief and Loss workshop. We have also booked mandatory 2SLGBTQI training on May 1 for all staff. Professor Dr. Deborah Woodman from Algoma University will facilitate. Following this session, additional supplemental offerings will be optional for staff to attend.

Truth and Reconciliation Action Committee

Members of APH's Truth and Reconciliation Action Committee had their first meeting this month, and they have begun the vital work of helping the Agency work through the Health Care Calls to Action. This first meeting included a smudging ceremony in our outdoor garden.

Willow Facility Space Study

APH has engaged MGP, a local architectural firm, to conduct a space study. Over the past 14 years, APH has seen shifts in government funding and the divestment of several programs. As a result, some programs have moved to other agencies or have been cancelled altogether. This has left us with surplus space for which we are responsible for the costs—we maintain a 70,000-square-foot building. Our goals are to determine our needs and how we can best fit into a smaller footprint. Once the MGP review is complete, we will explore leasing opportunities. The Board and staff will be kept abreast of progress in this area.

Program Highlight - Healthy Babies Healthy Children

Topic: Healthy Babies Healthy Children (HBHC) Program

From: Alana Brassard, Acting Manager of Healthy Growth and Development

Ontario Public Health Standard (OPHS)[1] requirements addressed in this report include:

- **Healthy Growth and Development, 2018:**
  - **Requirement 3:** The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2018 (or as current) (Ministry of Children and Youth Services).
- **Healthy Babies Healthy Children Program Protocol, 2018**

2021-2025 Strategic Priorities addressed in this report[2]:

[X] Advance the priority public health needs of Algoma's diverse communities.
[X] Improve the impact and effectiveness of Algoma Public Health programs.
[] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Key Messages:

- The first three years of life are the peak period of brain development, laying pathways for a person's lifelong social-emotional and cognitive skills, health, and quality of life[3].
- HBHC engages families during this crucial period of development, from the prenatal period to school entry[4].
- The HBHC program is instrumental in accessing families who are at particular risk of health inequities such as those experiencing intergenerational trauma, systemic discrimination, and socio-economic disparities.
- Skilled staff employ specialized screening and assessment to identify risk for developmental concerns, including perinatal mental health, and implement evidence-informed interventions to support children's and families' optimal potential.
- Since 2012 there has been no increase in funding[5] for the HBHC program despite increasing costs of staffing and operations.

Overview of the Healthy Babies Healthy Children (HBHC) Program

The early years from preconception to a child's transition to school, are foundational to their growth and development[6-8]. The experiences during this period have the potential to impact a child's lifelong health and wellbeing[9, 10]. Nurturing relationships and experiences promote optimal brain development and resilience, buffering adversity a child may encounter and improving the ability to successfully navigate life's challenges [11-13]. Due to many societal-level health disparities, some families experience levels of disadvantage that make it more challenging for children to achieve their fullest health potential.

To ensure that all children achieve a healthy start to life, the Healthy Babies Healthy Children (HBHC) program was introduced by the Ontario Government in 1998 to support at-risk families[4, 14] during this critical period of growth and development. As of 2008, the HBHC Protocol was developed and integrated into the Ontario Public Health

Standards, receiving separate funding by the Ministry of Children, Community and Social Services. As of April 1, 2024, oversight of the HBHC program was transferred to the Ministry Regional Offices. The program implements a blended model of home visiting, connecting families with a Public Health Nurse (PHN) and a Family Support Worker (FSW) with specialized skill sets to deliver services in their own home. The HBHC program emphasizes the impact of perinatal mental health on the overall wellbeing of the fetus and pregnant person as a potential adverse childhood experience (ACE). HBHC staff are equipped with screening and assessment tools for growth, development, and mental health; formal training to implement evidence-informed interventions; extensive partnerships with community supports and resources; and expertise in supporting client navigation of complex systems.

The HBHC program offers screening to identify at-risk families at three distinct stages: 1) prenatal; 2) postpartum (e.g., birth to six weeks of age); and 3) early childhood (e.g., from the age of six weeks old up until school entry). A validated 36-item questionnaire is used as the preliminary screening tool to indicate whether a family screens with risk. For each stage, the Ministry has set the following provincial screening targets[15]: prenatal (10%); postpartum (80-100%); and early childhood (5%). In 2023, 91.2% of families in Algoma received the HBHC postpartum screen.

When risk is identified, consenting families are contacted by a PHN to offer an In-Depth Assessment (IDA). In 2023, 344 families in Algoma who screened with risk were contacted and offered an IDA and 69.7% consented to a home visit and received an IDA by a PHN. The purpose of the IDA is to confirm the level of risk for the child(ren). Families wishing to continue participation in the HBHC program are connected to an FSW. The family, PHN, and FSW work together to identify and prioritize their goals for issues like optimal prenatal health, healthy attachment, optimal growth and development, and positive parenting. Goals are documented in the Family Friendly Service Plan (FFSP). In 2023, 71 families in Algoma had a FFSP initiated. FFSP's are dynamic, and goals are re-prioritized as needs and circumstances change. Visits are typically scheduled bi-weekly for family's needs, to address health teaching, coaching, role-modelling, screening, and assessment to meet the family's learning goals. The program provides support to connect families to services such as housing and financial support, healthcare and counselling, newcomer support, and specialized services for growth and development.

The HBHC program provides incomparable value to a child's optimal growth and development, as it allows for the earliest possible opportunity to connect with families and identify those children who may be at risk of vulnerability to their health in all realms. Regardless of risk identification, this interaction allows for health promotion, health teaching, and connections to community services families may not have access to otherwise. Despite its profound value and substantial workforce investment to reach Ministry targets, the HBHC program has suffered from chronic underfunding[5, 15] for many years. The last increase in funding was in 2012, in conjunction with HBHC Guidance Document updates. The HBHC program requires ongoing funding to ensure that the program has the capacity to reach families at the earliest possible time of development, promoting optimal outcomes, and health for all.

HBHC Moving Forward

As we navigate the future of HBHC, our community and clients remain at the center of all planning. We have renewed agreements with community partners, such as the Children's Aid Society of Algoma and Thrive Child Development Centre, to facilitate cross-agency collaboration and streamline services and communication to better provide the support families need, when they need it. PHNs also serve as a liaison with Sault Area

Hospital's Women and Children's Health Program including the Prenatal Clinic, NICU, and Labour & Delivery. The liaison role of the PHN continues to expand as we reconnect with our community partners. With increasing recognition of the importance of the early years for lifelong health, continued support for the value of the HBHC program is warranted. Recent advocacy for adequate funding was supported by the Association of Local Public Health Agencies (alPHa) through the submission of a resolution[16]. Additional HBHC funding could expand the reach of the program in our communities and further positively impact the growth and development of children who are at greater risk of vulnerabilities.

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Energy and Conservation Demand Management Plan

Topic: Energy Reporting and Conservation Demand Management (ECDM)

From: Rick Webb, Director Corporate Services

2021-2025 Strategic Priorities addressed in this report:
[] Advance the priority public health needs of Algoma's diverse communities.
[X] Improve the impact and effectiveness of Algoma Public Health programs.
[] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Key Messages

- APH is committed to being a green leader in the District of Algoma
- Our physical spaces should maintain compliance with the Broader Public Secor Energy Reporting and Conservation and Demand Management Plans under the Electricity Act, 1998.
- APH is committed to finding cost savings wherever possible
- We will focus on the 3 C's: costs, consumption, carbon

Value of Conducting an ECDM plan

- Beyond maintaining our compliance with the Act, an ECDM plan will identify savings and capital projects with projected 'paybacks'
- The plan will identify new technologies and energy consumption reduction opportunities

What does the ECDM plan do?
Our ECDM plan will help APH build a clear climate strategy by identifying our emissions, our current and historical consumption, and will identify new emission goals and targets. With the assistance of Blackstone Energy Services we will identify energy conservation opportunities and how to reduce our GHG (greenhouse gas) emissions. We will develop a 5-year forecast and identify our energy and climate strategy utilizing this process.

By developing this plan and taking subsequent action, our goal will be to reduce our carbon footprint and avoid ever-increasing carbon taxes applied to utility costs.

Currently, we have entered into a relationship with Blackstone to hedge our natural gas costs with locked-in rates. This program helps to limit our costs on our current consumption, but without additional conservation measures,

we will be penalized increasingly year over year with increased carbon levies on what we consume. This process will identify cost-saving opportunities through the use of new technologies or by adopting measures that will lessen our GHG emissions.

Other highlights of the ECDM Plan include:

- Historical utility data collection and analysis
- GHG emission inventory
- List of existing GHG reduction measures
- List of proposed energy conservation measures
- Forecast of 5-year emissions and energy reduction measures
- Estimated cost savings through the adoption of recommendations

Algoma Public Health
(Unaudited) Financial Statements February 29, 2024

Algoma Public Health
Statement of Operations
February 2024
(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Act. to Bgt. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ YTD Budget 2024
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	**$ 1,110,142**	$ 1,110,142	$ (0)	$ 4,440,569	0%	100%
Provincial Grants - Cost Shared Funding	**1,480,536**	1,670,035	(189,499)	10,020,210	-11%	89%
Provincial Grants - Public Health 100% Prov. Funded	**385,168**	381,133	4,035	2,286,800	1%	101%
Provincial Grants - Mitigation Funding	**0**	0	-	0	-	-
Fees, other grants and recovery of expenditures	**66,339**	47,433	18,906	494,600	40%	140%
Total Public Health Revenue	**$ 3,042,185**	$ 3,208,744	$ (166,559)	$ 17,242,179	-5%	95%
Expenditures						
Public Health Cost Shared	**$ 2,462,181**	$ 2,467,328	$ 5,147	$ 14,913,154	0%	100%
Public Health 100% Prov. Funded Programs	**400,098**	378,671	(21,427)	2,329,026	6%	106%
Total Public Health Programs Expenditures	**$ 2,862,279**	$ 2,845,999	$ (16,280)	$ 17,242,180	1%	101%
Total Rev. over Exp. Public Health	**$ 179,906**	$ 362,745	$ (182,839)	$ (0)		
Healthy Babies Healthy Children (Fiscal)						
Provincial Grants and Recoveries	**$ 979,011**	979,010	1	1,068,011	0%	100%
Expenditures	**971,039**	979,218	8,179	1,068,011	-1%	99%
Excess of Rev. over Exp.	**7,972**	(208)	8,180	(0)		
Public Health Programs (Fiscal)						
Provincial Grants and Recoveries	**$ 906,201**	929,467	(23,265)	992,500	-3%	97%
Expenditures	**775,124**	935,608	160,484	992,500	-17%	83%
Excess of Rev. over Fiscal Funded	**131,077**	(6,142)	137,219	-		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 223,643**	$ 223,640	$ 3	$ 262,153	0%	100%
Municipal, Federal, and Other Funding	**114,947**	114,947	-	114,947	0%	100%
Other Bill for Service Programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ 338,590**	$ 338,587	$ 3	$ 377,100	0%	100%
Expenditures						
Brighter Futures for Children	**109,984**	105,410	(4,574)	114,947	4%	104%
Nurse Practitioner	**149,698**	148,640	(1,057)	162,153	1%	101%
Stay on Your Feet	**89,358**	91,667	2,308	100,000	-3%	97%
Total Fiscal Community Health Programs	**$ 349,040**	$ 345,717	$ (3,323)	$ 377,100	1%	101%
Total Rev. over Exp. Fiscal Community Health	**$ (10,450)**	$ (7,129)	$ (3,321)	$ (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 Two Months Ending February 29, 2024
(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Bgt. to Act. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Annual Budget 2024	*Comparison Prior Year:* *YTD Actual 2023*	*YTD BGT 2023*	*Variance 2023*
Levies Sault Ste Marie	772,119	772,119	0	3,088,475	0%	25%	728,414	728,414	0
Levies District	338,023	338,024	(0)	1,352,094	0%	25%	318,891	318,891	(1)
Total Levies	**1,110,142**	**1,110,142**	**(0)**	**4,440,569**	**0%**	**25%**	**1,047,304**	**1,047,305**	**(1)**
MOH Public Health Funding	1,480,536	1,670,035	(189,499)	10,020,210	-11%	15%	1,465,868	1,465,867	1
Total Public Health Cost Shared Funding	**1,480,536**	**1,670,035**	**(189,499)**	**10,020,210**	**-11%**	**15%**	**1,465,868**	**1,465,867**	**1**
MOH Funding - MOH / AMOH Top Up	30,420	26,383	4,037	158,300	15%	19%	30,420	31,550	(1,130)
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	19,568	19,567	1
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Senior Dental	230,448	230,450	(2)	1,382,700	0%	17%	208,816	208,817	(1)
MOH Funding Indigenous Communities	16,332	16,333	(1)	98,000	0%	17%	16,332	16,333	(1)
One Time Funding (Tobacco Cessation)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	0	0	0	0	#DIV/0!	0%	(6,954)	0	(6,954)
Total Public Health 100% Prov. Funded	**385,168**	**381,133**	**4,035**	**2,286,800**	**1%**	**17%**	**356,582**	**364,667**	**(8,085)**
Total Public Health Mitigation Funding	**0**	**0**	**0**	**0**	**#DIV/0!**	**0%**	**0**	**172,967**	**(172,967)**
Recoveries from Programs	10,707	5,000	5,707	29,600	114%	36%	1,796	1,667	129
Program Fees	6,467	7,433	(966)	45,000	-13%	14%	6,364	9,933	(3,569)
Land Control Fees	6,175	10,000	(3,825)	225,000	-38%	3%	7,475	20,000	(12,525)
Program Fees Immunization	18,525	7,500	11,025	45,000	147%	41%	8,223	15,000	(6,777)
HPV Vaccine Program	0	0	0	20,000	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	16,000	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	9,000	#DIV/0!	0%	0	0	0
Interest Revenue	24,465	17,500	6,965	105,000	40%	23%	36,870	5,464	31,406
Other Revenues	0	0	0	0	#DIV/0!	0%	0	2,500	(2,500)
Total Fees and Recoveries	**66,339**	**47,433**	**18,906**	**494,600**	**40%**	**13%**	**60,728**	**54,564**	**6,164**
Total Public Health Revenue Annual	**3,042,185**	**3,208,744**	**(166,559)**	**17,242,179**	**-5%**	**18%**	**2,930,482**	**3,105,369**	**(174,887)**
Public Health Fiscal April 2023 - March 2024									
Infection Prevention and Control Hub	553,117	553,117	0	603,400	0%	92%			
School Nurses Initiative	144,101	175,000	(30,899)	175,000	-18%	82%			
Needle Syringe Program	18,608	18,608	0	20,300	0%	92%			
New Purpose-Built Vaccine Fridge	10,175	10,175	0	11,100	0%	92%			
PHI Practicum Program	27,500	27,500	0	30,000	0%	92%			
Security System Upgrades	91,600	83,967	7,633	91,600	9%	100%			
Upgrade Network Switches	61,100	61,100	0	61,100	0%	100%			
Total Provincial Grants Fiscal	**906,201**	**929,467**	**(23,266)**	**992,500**	**-3%**	**91%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Two Months Ending February 29, 2024

(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Act. to Bgt. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Budget 2024	*Comparison Prior Year:* *YTD Actual 2023*	*YTD BGT 2023*	*Variance 2023*
Salaries & Wages	1,679,706	1,677,157	(2,549)	10,236,246	0%	16%	$ 1,633,580	$ 1,783,182	$ 149,602
Benefits	473,844	445,553	(28,291)	2,665,034	6%	18%	458,365	418,667	(39,698)
Travel	12,038	29,088	17,050	174,525	-59%	7%	13,947	26,467	12,520
Program	199,223	153,366	(45,857)	1,012,197	30%	20%	257,823	206,194	(51,629)
Office	10,675	10,067	(608)	60,400	6%	18%	12,978	13,733	755
Computer Services	132,722	154,333	21,611	926,000	-14%	14%	189,073	149,315	(39,758)
Telecommunications	49,535	40,667	(8,868)	244,000	22%	20%	50,063	44,166	(5,897)
Program Promotion	6,913	3,250	(3,663)	19,500	113%	35%	4,518	7,500	2,982
Professional Development	3,111	8,518	5,407	51,105	-63%	6%	8,542	13,404	4,862
Facilities Expenses	141,561	162,833	21,272	977,000	-13%	14%	208,620	152,500	(56,120)
Fees & Insurance	76,713	84,931	8,218	418,750	-10%	18%	21,212	25,583	4,371
Debt Management	76,237	76,237	0	457,421	0%	17%	76,237	76,237	0
	$ 2,862,278	$ 2,846,000	$ (16,278)	$ 17,242,178	**1%**	**17%**	$ 2,934,958	$ 2,916,948	$ (18,010)

Notes to Financial Statements – February 2024

Reporting Period

The February 2024 financial reports include two months of financial results for Public Health programming. All other non-funded public health programs are reporting eleven months of results from the operating year ending March 31, 2024.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

APH has not yet received the 2024 Amending Agreement from the Province identifying the approved funding allocations for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the November 2023 Board of Health Meeting.

As of February 29, 2024, Public Health calendar programs are reporting a $183K negative variance – which is driven by a $16K negative variance in expenditures and a $167K negative variance in revenue.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are 5% negative variance to budget for 2024.

For the 2024 calendar year, the Province instructed public health units to plan for provincial base funding to be restored to the level provided under the 2020 cost-share formula, as well as base funding growth of 1%. These anticipated changes are reflected within the Board of Health approved 2024 budget, however cash flow payments from the Ministry have yet to be updated to reflect the same. APH anticipates a catch-up payment related to these funding changes in April.

Based on communications to date, there will be no availability of COVID-19 extraordinary funds or mitigation funding in 2024. One time funding requests to address financial pressures above and beyond what can be supported by the cost shared budget were also not made available via the 2024 Annual Service Plan (which was due to the Ministry on April 2, 2024). As communicated by the Province, opportunities may become available in year based on ongoing assessments.

For the fiscal year ending March 2024, funding has been approved totaling $993K which includes continuation of the COVID School Focused Nurse initiative (which expired in June 2023) and $61K of one -time funding related to upgrading of essential IT network switches which has been carried over from fiscal 2022-23, as approved by the Ministry in March 2023. Other initiatives for which one-time fiscal funding has been provided for include the needle syringe program, new purpose-built vaccine fridge, PHI practicum and capital security system upgrades. This amount also includes continued IPAC Hub funding for which APH received formal approval for funding totaling $603K for the 2023-24 fiscal year in order to support enhancement of IPAC practices in congregate care settings in Algoma's catchment area.

In March 2024, the Ministry confirmed that IPAC Hub funding will continue in the 2024-25 fiscal year and in the years following, with formal planning and funding meetings with individual hubs to be forthcoming in the new fiscal year.

Public Health Expenses (see page 3)

Travel Expenses

There is a $17K positive variance associated with travel expenses. This variance is likely timing driven and would expect the trend to vary throughout the year depending on professional development and district travel initiatives planned by public health staff.

Program Expenses

There is a $46K negative variance associated with programs. This is driven by pressures identified within demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). We note that APH has requested an increase to base funding totaling $604K for the 100% funded Ontario Senior Dental program alongside the 2024 Annual Service Plan to fund these identified pressures. We await response to this request, however continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of February 29, 2024. Cash includes $2.1M 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.

Please note that similar to previous years, the Statement of Financial Position as of February 29, 2024 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2023 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

To: The Board of Health for the District of Algoma Health Unit
From: Kristy Harper, Director of Health Promotion & Chief Nursing Officer
Hilary Cutler, Manager of Community Wellness & School Health
Date: April 24, 2024
Re: Nicotine Pouches

☒ For Information ☐ For Discussion ☒ For a Decision

Purpose
To protect youth from nicotine addiction by calling on the federal government to close the regulatory gaps allowing nicotine pouches to be sold to individuals under 18 years of age and by urging the provincial government to consider taking action to restrict the flavouring, sale, display, and promotion of nicotine pouches in Ontario.

Key messages
- Nicotine pouches are a flavoured, smokeless, and tobacco-free nicotine product. The small pouch is placed in the mouth against the gums and left there while the nicotine is released.
- In July 2023, Health Canada authorized nicotine pouches containing 4 mg of nicotine under the Natural Health Products Regulations (NHPR), making them available for purchase with no minimum age requirements, or regulations on packaging, flavouring or advertising.
- *'Zonnic',* the first nicotine pouch approved in Canada, is produced by Imperial Tobacco Canada.
- Nicotine pouches are packaged, flavoured, displayed, and marketed in ways that appeal to youth. They are easy to conceal and can be consumed anywhere, including in areas where smoking and vaping are prohibited.
- Nicotine is highly addictive and harmful to the developing adolescent brain. These pouches can create a new generation of non-smokers who are dependent on nicotine.
- Organizations across Canada, including public health agencies, have urged Health Canada and provincial Health Ministers to act quickly to close regulatory gaps that allow this product to be sold to anyone under the age of 18 and prevent companies from promoting to youth.

Ontario Public Health Standards[1] addressed in this report
- Substance Use and Injury Prevention
- Chronic Disease Prevention and Well-Being
- School Health

Strategic Directions[2] addressed in this report:
Strategic Direction #2: Improve the impact and effectiveness of APH programs.
a. Align programs to population health priorities and to the unique role of public health.
b. Support agency-wide, integrated strategies for health.

Background
Nicotine pouches are new, flavoured, tobacco-free, and smokeless nicotine product that have entered

the Canadian market. Nicotine pouches are placed between the cheek and gum so that the nicotine is slowly released. On July 18, 2023, Health Canada authorized '*Zonnic*' nicotine pouches produced by cigarette manufacturer Imperial Tobacco Canada as a form of Nicotine Replacement Therapy (NRT). The product was approved as a Natural Health Product under the Natural Health Products Regulations (NHPR)[3] because the product does not contain tobacco, is not inhaled, and contains a small enough amount of nicotine[4].

A *Zonnic* pouch has 4 mg of nicotine[3] which is the same amount that is absorbed when smoking three to four cigarettes[5]. They are sold in pocket-sized packs (similar to mints) that contain 10 or 24 pouches and come in a variety of flavours like *Berry Frost, Chill Mint* and *Tropic Breeze*[6]. As a Natural Health Product, the pouches have no minimum age requirement for purchase, and there are no regulations on packaging, flavours, or promotion. *Zonnic* nicotine pouches have been marketed and sold in convenience stores and gas stations since October 2023[7]. Although they are not recommended for people under the age of 18, it is completely legal for retailers to sell to children of any age.

Outside of Canada, nicotine pouches have been increasing in popularity[8]. There are many brands with different flavours and varying levels of nicotine available online and in other countries, including the United States[9, 10]. Although '*Zonnic*' is the only product approved in Canada, other brands with higher levels of nicotine have made their way to Ontario consumers[11].

Marketing and appeal to youth

Nicotine pouches have colourful, candy-like packaging and delectable flavours and smells, which appeal to youth. Promotional materials are eye catching, attractive, and often lifestyle based, featuring young adults. They are promoted in stores and on social media platforms like Tik Tok, which are popular among children and youth. The marketing approaches mimic those used to promote vaping products and pose a significant risk of sparking a trend comparable to the rapid uptake of vaping among youth. The pouches are meant to be a discreet alternative to smoking or vaping, making them appealing as a cessation aid[12] but also easy for young people to conceal. The pouches can be consumed at any time and in places where smoking and vaping are not permitted.

Risks of nicotine and addiction in youth

Since nicotine pouches are new, the long-term health effects of sustained or regular use are not yet known. Nicotine pouches are not zero risk. Health Canada advises that nicotine pouches "should not be used recreationally, by nonsmokers, by people under the age of 18, or by others at risk of nicotine's toxic effects"[13]. Nicotine is a highly addictive substance and can have permanent adverse effects on the developing brain[14]. Too much nicotine can lead to acute poisoning[13]. Youth under the age of 25 can become nicotine dependent faster than adults because the part of the brain that is responsible for decision making and impulse control is not fully developed[15]. Exposure to nicotine during adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control and can affect memory and concentration, as well as increase risk of cognitive and behavioural problems[16]. Nicotine use can also intensify symptoms of depression and anxiety[17]. Youth who use nicotine-containing products may have a difficult time quitting and are at risk of developing lifetime nicotine dependence[14, 18]. Nicotine pouches may create a new generation of non-smokers who are dependent on nicotine, increasing the likelihood of using vaping or tobacco products in the future[19].

Health Canada Response

The approval of nicotine pouches under the NHPR has been described as a loophole by the Canadian Health Minister Mark Holland[20][21]. In March 2024, Minister Holland issued a statement of concern over the popularity and recreational use of nicotine pouches by youth, and the potential for the product to

be marketed towards youth and non-smokers. He acknowledged that Health Canada is looking to move urgently to put legislative and regulatory mechanisms in place to safeguard youth[21]. With changes to these loopholes, nicotine pouches could be regulated under the federal Tobacco and Vaping Products Act (TVPA)[22] and the provincial Smoke Free Ontario Act (SFOA) 2017[23] to restrict the advertisement and display of products in stores, and enforce a minimum age for purchase. Health Canada released a Notice of Intent proposing new requirements for the labelling, colours, flavours, advertising, and sale of nicotine pouches[24]. An alert was also issued on the authorized use, including that the 4 mg dose is meant for adults who smoke 25 or more cigarettes per day and want to quit smoking[13].

Health Sector & Provincial Responses

Canadian health agencies have raised concerns and called on the government to act swiftly to protect children and youth. A group of organizations including the Canadian Lung Association, Heart and Stroke, Physicians for a Smoke-Free Canada, Canadian Cancer Society, Action on Smoking & Health, and Coalition Québécoise pour le contrôle du tabac called for immediate action to either require prescriptions or suspend sales until proper regulation are in place[7].

Health Canada must act to close the regulatory gaps to safeguard children and youth from potential harms related to nicotine pouches.

Next Steps

- Algoma Public Health will be developing communication materials to increase awareness of the health risks associated with nicotine pouches among health care providers, community members, school partners, parents, and youth.

- Recommend that the Board of Health for Algoma Public Health:

    1. Call on Health Canada to swiftly close the regulatory gaps that allow the sale of nicotine pouches and other nicotine-containing products that have not yet been proven effective as cessation aids to individuals under 18 years of age.

    2. Call on the Minister of Health of Ontario to consider taking action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches and other nicotine-containing products under the Smoke-free Ontario Act, 2017.

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Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Date: April 24, 2024	Resolution No:
Moved:	Seconded:
Subject: Nicotine Pouches	

Whereas, nicotine pouches have been approved for sale by Health Canada under the Natural Health Products Regulations, currently being sold by Imperial Tobacco Canada since October 2023; and

Whereas, nicotine pouches do not fall under the federal Tobacco and Vaping Products Act (TVPA) or provincial Smoke Free Ontario Act (SFOA) 2017, and therefore are not regulated under provincial or federal tobacco laws; and

Whereas, the ways in which nicotine pouches are packaged, flavoured, displayed, and promoted make them appealing to youth; and

Whereas, nicotine use poses risks to youth, it is highly addictive and harmful to the developing brain; and

Whereas, Health Canada has identified a regulatory gap and provided a notice of intent to address this gap over concerns of the risks to youth and young adults; and

Whereas, local Boards of Health and other health agencies have called on the provincial and federal government to act now to protect youth.

Therefore be it resolved that the Board of Health of Algoma Public Health send a letter to Minister of Health of Canada, calling on Health Canada to close the regulatory gaps that allow the sale of nicotine pouches and other nicotine-containing products that have not yet been proven effective as cessation aids to individuals under 18 years of age; and

Be it further resolved that the Board of Health of Algoma Public Health send a letter to the Minister of Health of Ontario, calling on the provincial government to consider taking action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches and other nicotine-containing products under the Smoke-free Ontario Act, 2017.

Be it further resolved that these letters be shared with other Ontario Public Health units.

CARRIED - Chairs Signature: _____

☐ Deborah Graystone	☐ Don McConnell	☐ Matthew Shoemaker	☐ Suzanne Trivers
☐ Sally Hagman	☐ Luc Morrissette	☐ Sonia Tassone	☐ Jody Wildman
☐ Julila Hemphill	☐ Loretta O'Neill		

From: allhealthunits on behalf of alPHa communications
To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] April 2024 InfoBreak
Date: Thursday, April 18, 2024 4:22:15 PM

View this email in your browser

PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

April 18, 2024

Logo

March 2024 InfoBreak

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

Leader to Leader - A Message from alPHa's President - April 2024

Hello and greetings to all.

As always, I am inspired by the great importance of our mandate in local public

health, protecting and promoting health, and preventing disease and injury in the populations we serve throughout the province. I am also grateful for the tremendous dedication and professionalism of the governance, management and staff of our local public health agencies, critical to the achievement of our very challenging mandate.

The advancement of our work, and the sharing of knowledge and understanding to this end were evident at the Ontario Public Health Convention (TOPHC) 2024 that was held in-person as a workshop on March 26 and online on April 3. With alPHa as a partner agency for TOPHC, I was privileged to provide welcoming words on March 26, and I greatly enjoyed the opportunity to meet in person with many working in local public health. It was very good to see alPHa Executive Director, Loretta Ryan, leading an ice-breaking session on March 26. Also in attendance were alPHa Board members, Dr. Hsiu-Li Wang (COMOH Section chair and alPHa Executive Committee member), who moderated the April 3 session on Strengthening Public Health Systems, and Dr. Vera Etches (COMOH Executive member) who moderated *Harnessing the Power of Artificial Intelligence for Public Health*. There was a wide range of subjects covered in both days, all of great importance reflecting our very broad public health mandate.

Of note in alPHa's Strategic Plan is "advancing the work of local public health through strategic partnerships and collaborations". Certainly, this includes working with Public Health Ontario and its highly valued TOPHC. Likewise, the work of Public Health Ontario "advancing public health and health workforce capacity and knowledge to improve population health outcomes" is essential and was well reflected in TOPHC 2024.

The advancement of the work of local public health through strategic partnerships is also reflected in the ongoing engagement of alPHa Executive Committee members with agencies, such as with the executive leadership of the Ontario Medical Association and its Public Health Section. This took place most recently on March 11, allowing us to share with the OMA's new President and CEO, Kimberly Moran, the importance of local public health within a thriving and effective health care system.

The critical nature of the full mandate of local public health is very well reflected within the content of the 2023 annual report to the legislature of the Chief Medical Officer of Health, which was released on March 29. Entitled *Balancing Act: An All-of-Society Approach to Substance Use and Harms*, this report identifies the health, economic and broader societal impacts of tobacco/vaping products, cannabis, alcohol and opioids. It also provides a comprehensive approach and set of recommendations for the reduction of harms associated with these substances. In its creation, it drew from the work and contributions local public health units developed over many years. Included is an acknowledgment of the members of the Ministry of Health's external advisory committee that included Dr. Kit Young-Hoon and Dr. Lisa Simon as local public health representatives. This report is now a very important resource, and I believe has great relevance as we continue with the review of the Ontario Public Health Standards (OPHS) as part of the provincial *Strengthening Public Health* initiative. As alPHa's president, I have written in response, identifying the ways in which alPHa's resolutions align with the contents of the report.

As we progress in our work pursuing our full public health mandate, it is important we also pursue good health for ourselves and those we work with. To this end, alPHa continues to promote Workplace Health and Wellness Month for the month of May. I do encourage all to take advantage of this information and to pursue measures to improve our own health and well-being.

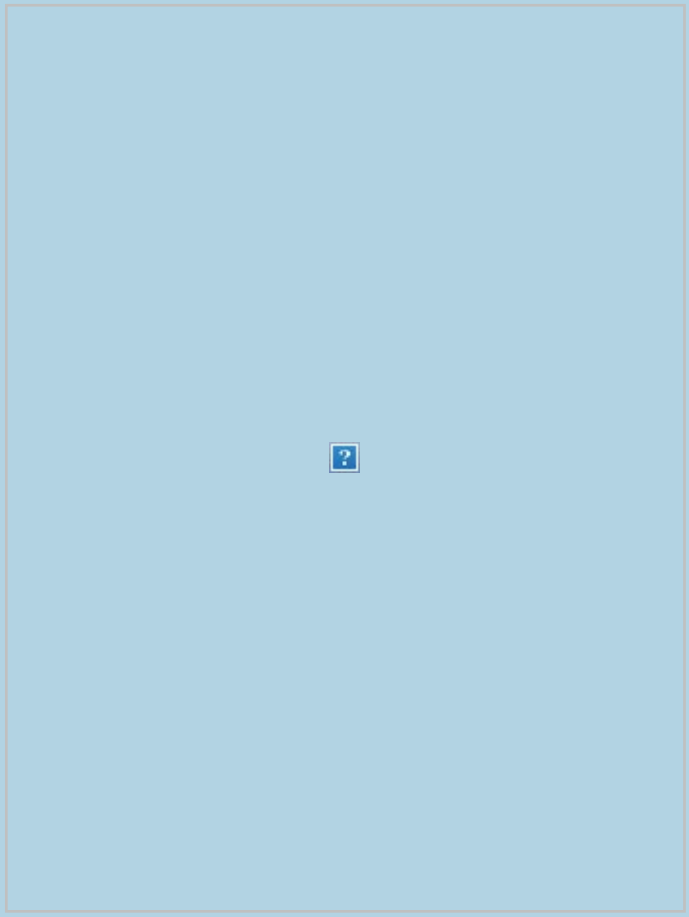
I look forward to the alPHa Annual General Meeting and Conference on June 5-7, being held in-person in Toronto, and I do encourage local public health leaders throughout the province to join us for these events. One of the key outcomes for this

meeting will be the approval, by the member representatives, of alPHa's new bylaw, drafted over the past 19 months, replacing alPHa's constitution. This will enable compliance with the requirements of the Ontario Not-for-profit Corporations Act (ONCA). The draft bylaw will be included with the other proposed Resolutions, as part of the AGM package, which will be released by May 6. I look forward to meeting in-person with all as we complete the key tasks taking place during the conference.

We continue with our work in local public health, including holding our own against the potential spread of measles with travel-related cases. So far, we have managed to contain this with much work for local public health and the broader health care system, also due to the years of work of local public health and primary care providing childhood immunization. To fully address this challenge and reduce the vulnerability of our communities to vaccine preventable diseases we have before us the task of completing vaccination catch-up as part of the COVID-19 post-acute phase recovery of all our local public health programs. As we pursue our strategic plans, system change, health unit mergers and the review of the OPHS, current population health challenges of this nature tangibly demonstrate the critical importance of local public health.

Dr. Charles Gardner
alPHa President

Registration for alPHa's 2024 AGM & Conference and preliminary program are now available!



Registration is now open for this year's Annual General Meeting (AGM) and Conference. This in-person event is taking place June 5-7 in Toronto at the Pantages Hotel. It is a chance to gather and discuss issues of key importance to public health leaders. You won't want to miss out!

Highlights include:

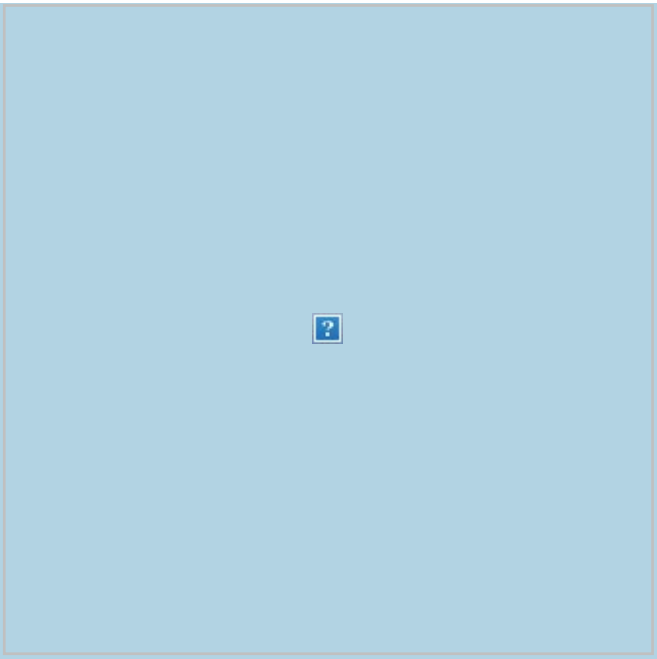
- Walking Tour Featuring Toronto Public Health Heritage Plaques.
- Opening Reception where you can join colleagues, old and new, at a unique venue overlooking Massey Hall.
- Medicine Bag Workshop facilitated by Marc Forgette, a noted Indigenous speaker, who works with organizations from across Canada.
- Remarks from the Premier of Ontario, the Hon. Doug Ford.
- Presentation by Ontario's Chief Medical Officer of Health on his 2023 Annual Report.
- Combined alPHa Business Meeting and Resolutions Session.
- Distinguished Service Awards and Board Recognition.
- Session on proposed voluntary mergers.
- Update from OCMOH staff on the province's Strengthening Public Health initiative.
- Two Years In and Two Years Out – What's in Store at Queen's Park from Sabine Matheson, Principal, StrategyCorp, and John Perenack, Principal, StrategyCorp. Please send any advance questions for these speakers to communications@alphaweb.org by May 24, 2024.
- BOH Section and COMOH Section Meetings. The BOH Section Meeting includes updates from the Affiliates and the Association of Municipalities of Ontario. There will also be sessions on Hamilton's proposed Board of Health Structure, Board of Health Governance, and BOH Section Elections.

The Conference Program and the BOH Section Meeting agenda are on the conference webpage. The June 2024 alPHa AGM Notice and Package, Conference poster, and Sponsorship information are also available. Updates are featured in *Information Break,* alPHa's monthly newsletter, and posted regularly on the website, so check it often.

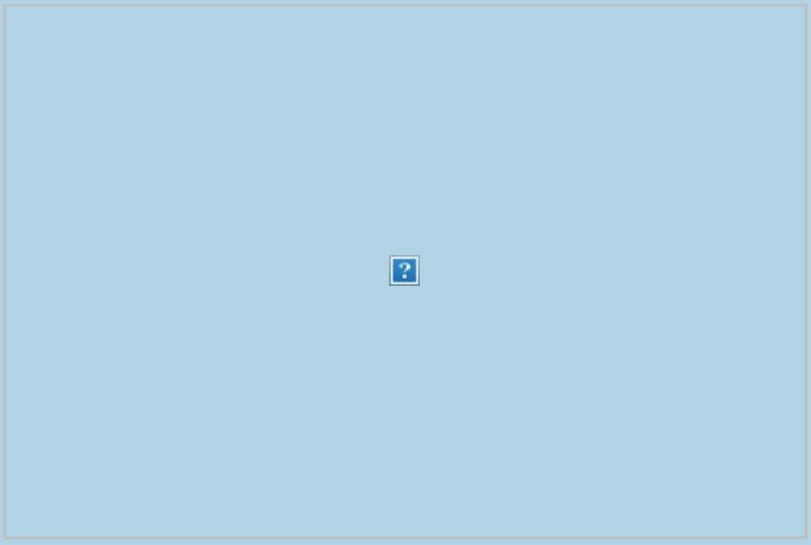
Other important documents and deadlines include:

- Call for 2024 alPHa Resolutions (the deadline to submit Resolutions that do not require changes to alPHa's Constitution is April 22, 2024 at 4:30 p.m.)
- Call for Board of Health Nominations (the deadline to submit nominations is May 31, 2024 at 4:30 p.m.)

Attendees are encouraged to book their accommodations as soon as possible. You can either book through the Pantages Hotel or at one of the nearby hotels. A list of accommodations is on the website.



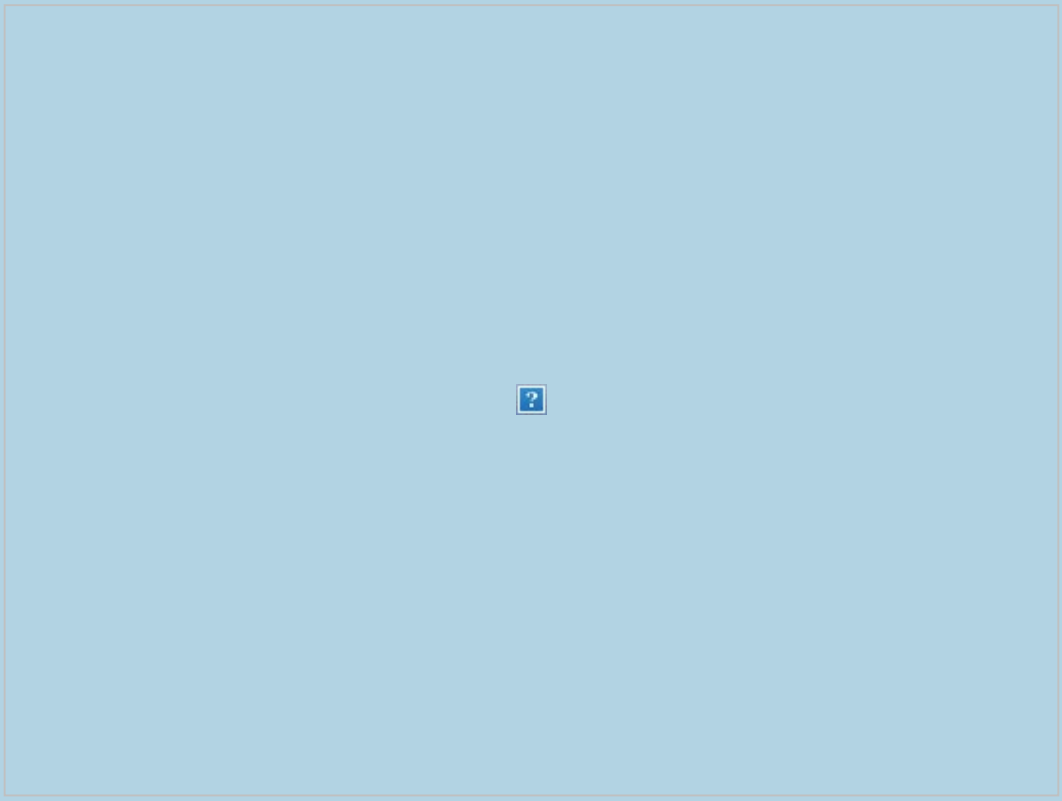
We would like to thank our sponsors, Toronto Public Health, Mosey & Mosey, and Brokerlink for their generous event support. It would not be possible with out them!



The deadline for alPHa members to submit Resolutions that do not request amendments to alPHa's Constitution is 4:30 p.m. on Monday, April 22, 2024.

Please note that it is important that Resolutions are drafted using the "Procedural Guidelines for alPHa Resolutions" found by clicking here. Members are also encouraged to visit alPHa's extensive library of past Resolutions to ensure consistency with or to build upon existing positions where appropriate.

Ontario's Not-for-Profit Corporations Act (ONCA)



Ontario's Not-for-Profit Corporations Act (ONCA) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021 regarding not-for-profit corporations, including alPHa. The ONCA was introduced to enhance the legal framework governing not-for-profit organizations in the province of Ontario. It provides a comprehensive set of regulations tailored to meet the unique needs of non-profit corporations while promoting transparency, accountability, effective governance and to ensure due diligence.

The Association of Local Public Health Agencies (alPHa) has until October 18, 2024, to review, update, and file governing documents with the Ontario government or ONCA provisions will prevail. Until then, the rules in alPHa's articles and Constitution continue to be valid.

Why the changes and what are the changes?

The main objectives of introducing the ONCA were as follows:

Enhanced Governance: The outdated Act did not provide comprehensive guidelines

for effective governance, leading to potential issues with accountability and transparency. ONCA aims to strengthen the governance structures of not-for-profit corporations. It introduces clearer guidelines for Boards of Directors, Members, and Officers, enabling organizations to operate more efficiently and effectively.

Improved Accountability: The Act places a strong emphasis on financial accountability, requiring not-for-profit corporations to maintain accurate records, prepare financial statements, and undergo regular audits.

Improved Flexibility: The inflexibility of the previous legislation hindered the ability of not-for-profit corporations to adapt to changing circumstances and needs. ONCA streamlines the incorporation process and provides more flexibility in organizational structure. It allows for the customization of certain provisions, tailoring them to the specific needs and missions of individual organizations.

Enhanced Member Rights: The Act enhances the rights and protections of members of not-for-profit corporations, ensuring greater participation and representation in the decision-making processes.

Modernization and Legislative Gaps: The Ontario Corporations Act, which had been in place for decades, was outdated and unable to address the evolving needs and complexities of not-for-profit organizations. ONCA was designed to offer a modernized regulatory framework, aligning with current legal landscape and best practices. The ONCA provisions address modern challenges such as electronic communications, online governance, and virtual meetings.

Harmonization with Federal Laws: The ONCA aligns provincial regulations with the Canada Not-for-profit Corporations Act (CNCA).

Existing nonprofits are not required to pass new By-laws. However, alPHa has received legal advice to change to a By-law from the current Constitution of the Association of Local Public Health Agencies (Ontario). If alPHa does not ensure development of a By-law that aligns with, and reflects the applicable ONCA rules, the rules set out in the ONCA will prevail over alPHa's current Constitution.

Many organizations, such as the Ontario Municipal Association and others, have passed their new by-laws to come into compliance with ONCA.

How do these changes impact alPHa and its members?

The ONCA represents a pivotal step forward in enhancing the governance, due diligence, accountability, and overall operations of alPHa as a not-for-profit organization in Ontario.

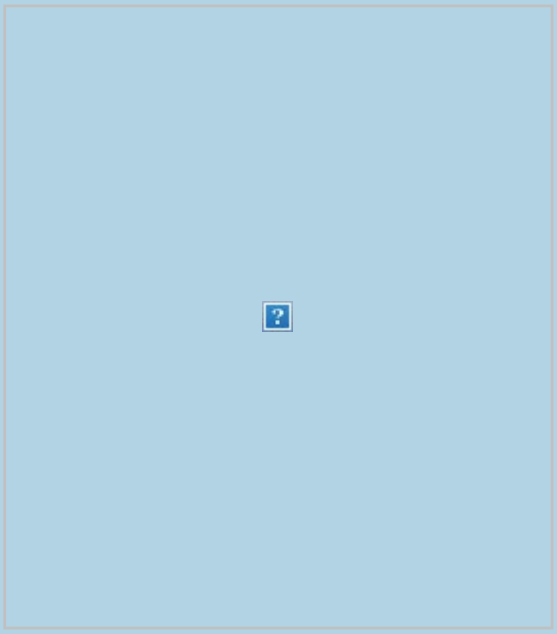
On legal advice, this By-law was targeted to address the ONCA legal compliance. Within the new By-law, the Constitution of the Association of Local Public Health Agencies (Ontario) and its objectives remain valid and have not changed substantively. The Constitution has been customized and tailored into a By-law that aligns with, and follows the ONCA rules, and supports alPHa's letters of patent and alPHa's annual requirements updating the Ontario Business Registry. This By-law is a legal necessity to allow for alPHa's unique organizational structure to remain legislatively compliant.

alPHa staff, volunteers and legal counsel have worked tirelessly on this for the better part of two years. alPHa would like to sincerely thank them for their work.

Proposed changes will come forward in a Resolution at the AGM in June for the

membership to pass.

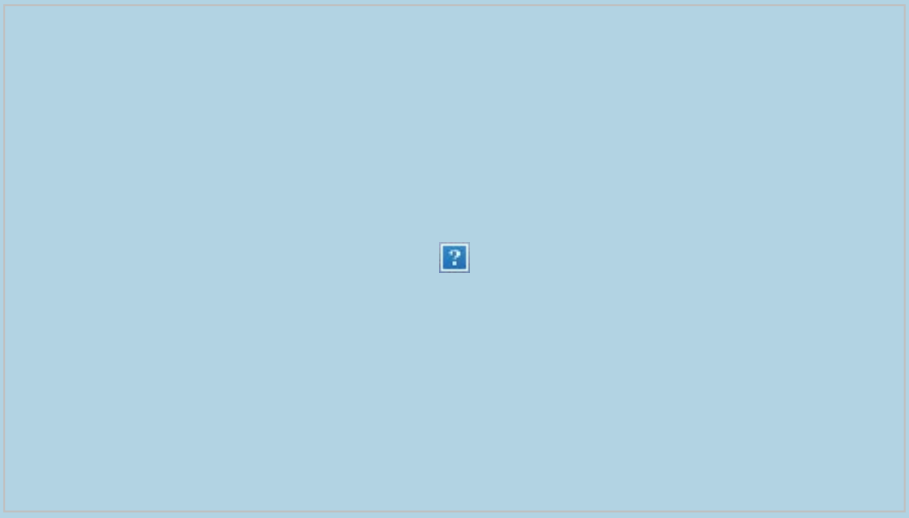
Updated *Ontario Public Health Directory* **now available**



The latest version of the *Ontario Public Health Directory* is now available on the alPHa website. Please ensure you have the latest version, which has been dated as of April 10, 2024. You will have to log into the alPHa website to view the file.

We would also like to thank all of the EAs/AAs for sending in their updates. It is greatly appreciated!

Boards of Health: Shared Resources



A resource page is available on alPHa's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best

practices, case studies, by-laws, Resolutions, and other resources. **In particular, alPHa is seeking resources to share regarding the province's Strengthening Public Health Initiative, including but not limited to, voluntary mergers and the need for long-term funding for local public health.** If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Boards of Health (Revised Jan. 2024)
- Review of Board of Health Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
- Legal Matters: Updates for Boards of Health (Video, June 8, 2021)
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
- Governance Toolkit (Revised 2022)
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types
- NCCHPP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health(2022 U of T Report)
- Boards of Health and Ontario Not-for-Profit Corporations Act

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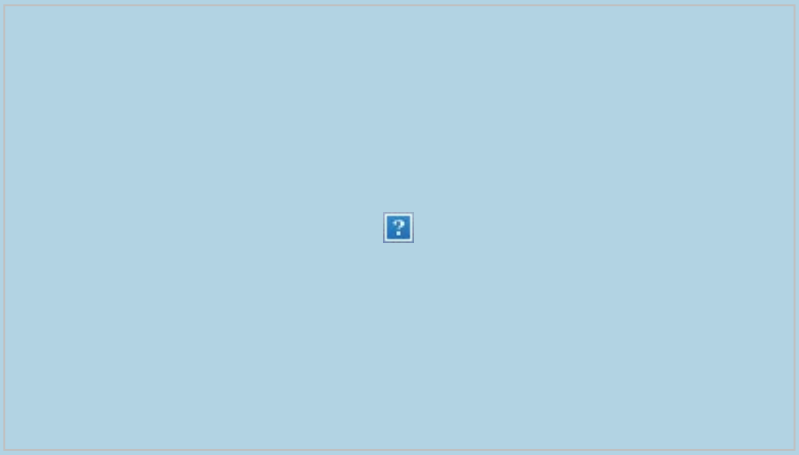
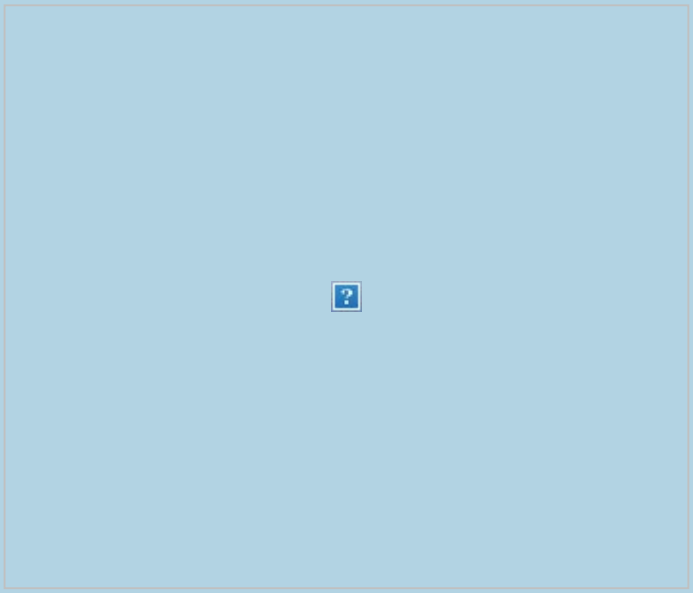
ICYMI: alPHa's Workplace Health & Wellness Month is fast approaching!



Are you ready to move? Workplace Health and Wellness Month is fast approaching, but there's still time to plan your physical and mental activities for May! We want to encourage all alPHa members to start thinking about what you can do to participate. To view this year's Workplace Health & Wellness Month poster, please click here.

Additionally, you can head to our website to read more of our infographics to help you improve your health and wellness. Please note, we have substantially added to these resources over the past year and want to thank everyone for their feedback.

Spotlight on Advancing Public Health Education: The AMS-Fitzgerald Fellowship in AI & Human-Centred Leadership



The University of Toronto's Joint Centre for Bioethics is now accepting applications for the AMS Healthcare Fitzgerald Fellowship in AI and Human-Centred Leadership. This prestigious fellowship offers an opportunity for mid-career professionals to engage in a two-year program of study. Fellows will have the chance to collaborate with esteemed scholars, participate in interdisciplinary research projects, and contribute to the development of AI in public health and healthcare. The AMS-Fitzgerald Fellowship provides learners with dedicated process facilitation and tangible expert support as they work to design, develop and implement a human-centred AI or digital transformation project for their unique health sector organization. Details about the fellowship, eligibility criteria, and application instructions are available at University of Toronto's AMS Fitzgerald Fellowship in Bioethics page. The deadline for applications is May 10, 2024.

Public Health Early Years (PHEY) Group update

Since December 2023, the Public Health Early Years (PHEY) group, now co-chaired by Rina Lamba (York Region) and Allison Chris (TPH), has been meeting monthly. Their goal is to use evidence to shape public health's role in early childhood development. Members include representatives from local public health units, provincial ministries, Public Health Ontario, and the Association of Local Public Health Agencies.

Key discussions, within the context of Child Health, include improving data mobilization, defining population health from a public health perspective, and enhancing evidence-based practices.

For more details, contact Rina.Lamba@york.ca or Allison.Chris@toronto.ca

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Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course
Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course
Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and

examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit our website to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHa staff are currently coordinating the bookings and are pleased to see the uptake.

BrokerLink Insurance

In partnership with alPHa, BrokerLink is proud to offer preferred home and auto insurance rates for members. At BrokerLink, we care about you and your furry friends. We've put together some tips to ensure your pets are safe and living their best life here.

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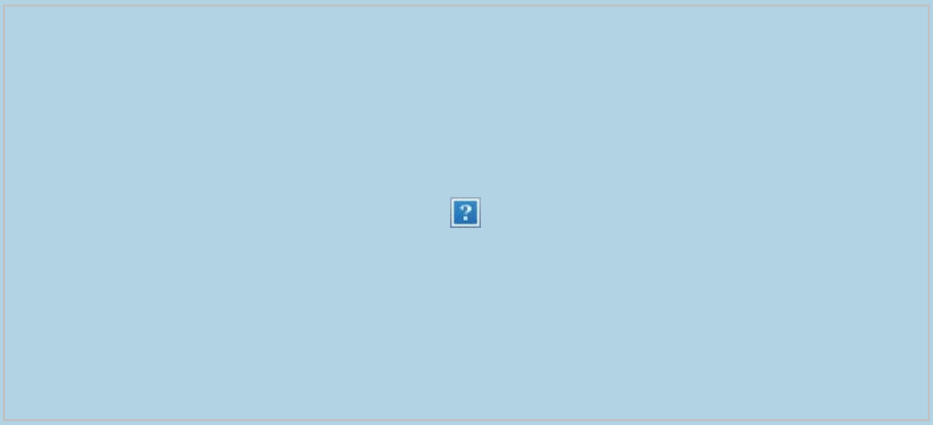
alPHa Correspondence



Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available here. These documents are publicly available and can be shared widely.

alPHa Letter - CMOH Annual Report 2023

- alPHa Letter - Student Nutrition

Public Health Ontario

Ontario Respiratory Virus Tool

We have made some enhancements to the Ontario Respiratory Virus Tool (ORVT). The tool now includes new COVID-19, influenza and respiratory syncytial virus (RSV) outcomes data including:

- COVID-19 hospital bed occupancy data for people being treated primarily for COVID-19 (due to infection).
- Influenza hospital bed occupancy data for all people in hospital testing positive (total), as well as people being treated primarily for COVID-19 (due to infection).
- RSV hospital bed occupancy for all people in hospital testing positive for RSV (total).

All bed occupancy (total and due to infection) data can be filtered by public health unit. All total bed occupancy data can also be filtered by age group.

Immunization Coverage Report for School Pupils in Ontario: 2019-20 to 2022-23 School Years

The COVID-19 pandemic resulted in a large decline in immunization coverage for Ontario's routine infant and childhood immunization programs and school-based immunization programs between 2019-20 and 2021-22. Subsequently, notable increases in coverage for school-based programs were observed in 2021-22 and 2022-23, but estimates remained lower than prior to the pandemic. Our new report describes immunization coverage for Ontario's publicly-funded routine childhood immunization programs, and is a continuation in a series of reports that aim to support program recovery for the pandemic-affected school years, and provides new estimates for the 2022-23 school year. In addition, the impact of catch-up activities and delayed reporting of immunizations is examined by extending the period of assessment by up to three years.

Additional Resources

- Management of Rabies Post-exposure Prophylaxis and Assessment of Vaccine Series Initiated Outside of Canada
- IPAC Checklist for Clinical Office Practice Core Elements

- Epidemiological Summaries:
- Mpox in Ontario
- Measles in Ontario
- SARS-CoV-2 Genomic Surveillance in Ontario
- Integrated Respiratory Virus Risk Indicators for Ontario: Note: This is the final report for the 2023-24 respiratory season. Publishing of these data will resume next season. For summary information on COVID-19,influenza, RSV and other seasonal respiratory viruses, please visit the Ontario Respiratory Virus Tool.

Upcoming DLSPH Events and Webinars

- Statistical Sciences Applied Research and Education Seminar (ARES) with Marie-Pier Côté (Apr. 22)
- Critical Hope as a framework in Global Health (Apr. 25)
- CQ Seminar - Hegemonic masculinity in focus groups on men's health (Apr. 26)
- Statistical Sciences Applied Research and Education Seminar (ARES) with Larissa Stanberry (Apr. 29)
- 2SLGBTQ+ Health Hub Lecture | MindMapBC: Mapping Two-Spirit, trans, and queer affirming mental health supports in BC (May 2)
- STAGE International Speaker Seminar Series (ISSS) with Dr. Li Hsu (May 3)

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aIPHa's mailing address

Please note our mailing address is:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7

Please update your records accordingly for correspondence, payments, and other remittances. Our telephone number and e-mail addresses remain the same.

Additionally, if your health unit has not yet moved to credit card or electronic fund transfers (EFTs) for payment, alPHa requests that you do so.

For further information, please contact info@alphaweb.org.

News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

Our mailing address is:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
Canada

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

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

April 5, 2024

Dear Minister Jones,

Re: 2023 Chief Medical Officer of Health (CMOH) Annual Report: An All-of-Society Approach to Substance Use and Harms

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, we are writing in response to the Chief Medical Officer of Health's 2023 Annual Report, which addresses substance use and harms and recommends strategies to reduce them.

Public Health has an important mandate in several areas of the Ontario Public Health Standards to reduce harms related to substance use, including activities in chronic disease prevention, injury prevention, social determinants of health and substance abuse prevention and harm reduction. Comprehensive strategies to address the potential harms of substance use can only succeed through a multisectoral combination of interventions: education, early prevention, harm reduction, treatment, and regulation. The CMOH's report strongly supports this approach and suggests specific and evidence-informed policy measures in each of these areas to reduce the rising public health toll of substance use in Ontario.

We are very pleased that Dr. Moore has chosen this as the theme of this year's report, as our members have a long history of highlighting the significant impact of substance use on Ontarians and its burden on public services such as health care and law enforcement. With alPHa as their collective voice, they have endorsed a number of resolutions that are directly connected to the themes of this report. A selection of these is attached, and their connections to the CMOH's observations and recommendations are outlined below.

Resolution A23-02: Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario

This resolution touches upon the ongoing burden of tobacco, with references to the rising prevalence of vaping and cannabis use. It urges the Minister of Health to develop a renewed and comprehensive smoking, vaping, and nicotine strategy, with the support of a multidisciplinary panel of experts, local public health, and people with lived experience. The CMOH outlines the elements of a recommended strategy beginning on page 48.

Resolution A11-1: Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy

This resolution outlines the significant direct and indirect health and economic impacts of alcohol use and asks the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy. The CMOH outlines the elements of a recommended strategy beginning on page 58.

Resolution A22-4: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

This resolution outlines the alarming morbidity, mortality, and societal impacts of the ever-worsening drug toxicity crisis in this province. It calls for a collaborative, well-resourced and comprehensive multi-sectoral approach based on nine priorities identified in the appendix. The CMOH outlines elements of a recommended strategy on page 62.

Resolution A19-3: Public Health Approach to Drug Policy

This resolution, which is cited in the CMOH's report among similar positions that support his own recommendation, calls for the decriminalization of the possession of all drugs for personal use, and scaling up prevention, harm reduction and treatment services. These positions support the CMOH's observation that "arresting, charging, and incarcerating people who use drugs have failed as a strategy to reduce harmful opioid use" (p. 61).

Resolution A19-8, Promoting Resilience through Early Childhood Development Programming

This resolution is aligned with the CMOH's observations about the upstream interventions that need to be considered to reduce the risk factors that lead to substance abuse and addictions later in life. These interventions "focus on building stronger families and stronger, more connected communities, addressing systemic and structural determinants of health, and improving health equity". Our resolution calls on the province to support investments in early childhood development to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions. It also repeats our ongoing call to adequately fund the Healthy Babies Healthy Children program, which is cited in the CMOH report as an existing public health program that would effectively address some of the early drivers of substance use and addictions with proper investment (p. 31).

Resolution A22-5: Indigenous Harm Reduction: A Wellness Journey

This resolution outlines the burden of harm associated with substance use among Indigenous peoples, and calls for the adoption of policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs, as well as additional funding to support Indigenous harm reduction interventions. The CMOH similarly outlines the disproportionate impacts of substances and addictions on Indigenous peoples (p. 25) and recommends decolonizing practices and interventions in favour of Indigenous-centred approaches (p. 33).

We recognize that addressing substance use and its harms is multifaceted and complex and appreciate the CMOH's acknowledgement that it is indeed a "balancing act", where there may be tension among a range of valid interests as interventions are considered. This report recognizes the challenges and is deliberate about including the many societal factors and multiplicity of influential policy drivers that should be considered as part of constructive discussion of a strategic approach.

alPHa would like to thank the Chief Medical Officer of Health Dr. Kieran Moore and his staff for their leadership on key evidence-based strategies to prevent and reduce the harms related to tobacco, alcohol, cannabis, and opioids. As he has clearly stated, this is an all-of-society, health-first issue, and the public health sector plays an important role, but we are just one player. We look forward to playing our part in a comprehensive approach to advancing the aims of this important report through our already mandated efforts and related advocacy.

We look forward to working with you and welcome any questions you may have. Please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Copy: Hon. Doug Ford, Premier of Ontario
Deborah Richardson, Deputy Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

alPHa
Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-02

TITLE: **Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario**

SPONSOR: **Simcoe Muskoka District Health Unit (SMDHU)**

WHEREAS commercial tobacco use remains the leading preventable cause of death and disease in Ontario and Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated at $7 billion in Cancer Care Ontario and Public Health Ontario's 2019 report The Burden of Chronic Diseases in Ontario; and

WHEREAS the prevalence of cigarette smoking among Ontarians aged 15 years and older in 2020 was 9.9%, amounting to 1,222,000 people; and

WHEREAS the commercial tobacco control landscape has become more complex with the rapid rise of vaping among youth, as well as the concerning prevalence of waterpipe and cannabis smoking; and

WHEREAS the membership previously carried resolution A21-1 proposing policy measures to address youth vaping for implementation at the provincial and federal levels, several of which have yet to be implemented; and

WHEREAS the membership previously carried resolution A17-5 recommending that the provincial tobacco control strategy be aligned with the tobacco endgame in Canada; and

WHEREAS Ontario and Canada have made great strides in commercial tobacco control in Ontario, which are now endangered by the lack of a provincial strategy and infrastructure to support its continuation; and

WHEREAS disproportionate commercial tobacco and nicotine use and associated health burdens exist among certain priority populations;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the Ontario Minister of Health recommending that a renewed and comprehensive smoking, vaping, and nicotine strategy be developed with the support of a multidisciplinary panel of experts, local public health, and people with lived experience;

AND FURTHER that the Association of Local Public Health Agencies recommend that, in the development of a target for such a provincial strategy, the expert panel examine the sufficiency and inclusiveness of Canada's Tobacco Strategy target of less than 5% commercial tobacco use by 2035 with respect to all nicotine delivery products;

AND FURTHER that the Association of Local Public Health Agencies recommend that the pursuit of health equity be foundational to such a provincial strategy;

AND FURTHER that a copy be sent to the Chief Medical Officer of Health of Ontario.

BACKGROUND:

TOWARD A RENEWED COMMERCIAL TOBACCO AND NICOTINE STRATEGY IN ONTARIO

1. Commercial Tobacco

Canada has made great strides in commercial tobacco[1] control, and Ontario has until recent years been a leader among our provinces and territories, having made tremendous progress in decreasing smoking rates and in turn the negative health outcomes of smoking. Smoking prevalence among Canadians and Ontarians 15 years and older have dropped from 25% and 23%, respectively, in 1999 down to around 10% in 2020.[1] This decrease is representative of a remarkable downward trend nationally and provincially that appear to be on track to reach the endgame goal of less than 5% tobacco use by 2035, a target adopted by the federal government in Canada's Tobacco Strategy[2] and previously recommended for adoption in Ontario[3]. The recent Report of the First Legislative Review of the *Tobacco and Vaping Products Act* elaborates on this trend, noting that "declines in the number of young persons who smoke played an important role in declining prevalence rates overall; smoking rates among Canadians aged 15-19 are currently at an all-time low."[4]

However, it is crucial to note that this progress was achieved over decades, with explicit commercial tobacco control strategies in place to guide tobacco control research, policy development, and policy implementation; all this work was also undergirded by a robust infrastructure. Recent examples of progress in the federal policy arena include the implementation of policies around plain and standardized packaging for commercial tobacco products and enhanced package health warnings, as well as a ban on flavours in cigarettes and most cigars. Provincially, Ontario has strengthened its commercial tobacco contraband measures.

While Canada retains a strategy, Ontario is now operating without one—and there is still much work to be done: Tobacco use remains the leading preventable cause of death and disability in Canada,[5,6] killing approximately 48,000 Canadians each year,[2] of which nearly 17,000 are Ontarians.[7] The Ontario Public Health Standards' *Tobacco, Vapour and Smoke Guideline, 2021* states that "[e]very day tobacco kills more Ontarians than alcohol, illegal drugs, accidents, suicides and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer. They are also likely to die younger."[8] The economic burden is similarly immense: While updated data on the economic burden of tobacco use is needed, 2017 data indicated health care costs of $6.1 billion and overall costs of $12.3 billion nationally.[9] In Ontario, a separate report determined the overall annual economic burden of tobacco smoking to be around $7 billion, exceeding that of alcohol consumption, physical inactivity, or unhealthy eating, taken separately.[10]

2. Vaping

The landscape of commercial tobacco and nicotine products has become more complex with the advent of vaping products containing nicotine, which includes electronic cigarettes (e-cigarettes), the primary users of which are youth. Vaping is the "act of inhaling and exhaling an aerosol produced by a vaping product, such as an electronic cigarette."[11] Most vaping devices use electrical power from a battery to heat a liquid solution to produce an aerosol that is breathed in by the user through the mouthpiece. Most vaping liquids contain nicotine, the levels of which range from very low to more than what is found in a typical tobacco cigarette, together with flavouring compounds that are dissolved in a liquid mixture

[1] Commercial tobacco is distinct from traditional or ceremonial use of tobacco by Indigenous peoples. In the implementation and enforcement of the *Smoke-Free Ontario Act, 2017*, the Ministry of Health protects the use of tobacco by Indigenous peoples and communities when used for traditional or ceremonial purposes.

composed typically of propylene glycol and/or glycerol (i.e., vegetable glycerin).[11] Some vaping liquids also contain cannabis.[12]

National data from 2021 indicates that 13% of adolescents aged 15 to 19 years and 17% of young adults aged 20 to 24 years in Canada reported having vaped at least once during the 30-day period before the survey, compared with 4% of adults aged 25 or older.[13] Provincially, there has been a meteoric rise in youth vaping rates in recent years: According to the Ontario Student Drug and Health Survey, grade 7–12 students who reported used vaping products in the past year doubled from 11% in 2017 to 23% in 2019, with 13%—representing approximately 105,600 students—vaping weekly or daily.[14] These rates are particularly alarming among students in higher grades: The 2019 survey indicated that 35% of students in grade 12 vaped in the past year, of which 21% were vaping weekly or daily.[14] Moreover, among students who vaped in the past year, those who reported using a nicotine-containing product doubled from 28% in 2017 to 56% in 2019.[14] The more recent 2021 survey noted a decrease of past-year vaping among students to 15%. However, those who reported using a nicotine-containing product increased further to 84%, implying that the overall percentage of students vaping nicotine-containing products remained approximately the same as in 2019. There are several challenges to interpretation of the 2021 survey results. For example, the change to an online mode of questionnaire delivery for 2021 led to dramatically decreased response rates that may impact the provincial representativeness of the results.[15] The report also indicates that "because of the significant changes to the methodology in 2021, caution is warranted when comparing these estimates with those from previous OSDUHS cycles."[15] More broadly, both the COVID-19 pandemic as well as changes to the federal and provincial regulatory and policy environments since 2019 have likely impacted the prevalence of youth vaping; however, longitudinal assessments have been disrupted by the pandemic and therefore the extent of impacts is unknown. Further monitoring, data collection and evaluation is needed to understand the impact of these changes and events on adolescent vaping initiation, escalation, and overall prevalence.

Regardless of the method of delivery, the highly addictive effects of nicotine are fundamentally the same, and may have particularly insidious effects on the developing brains of youth.[16,17] Although vaping products have been advertised in part as a harm reduction and smoking cessation product that may reduce health risks and possibly save lives for people who smoke, with some evidence to support this claim,[18,19] there has been no discernible population-level change in smoking cessation rates since vaping products entered the market.[20] Therefore, any individual-level efficacy of vaping products as a smoking cessation tool does not appear to translate to population-level impact. Furthermore, the vast majority of uptake has been among youth without a smoking history. In fact, among those who reported having vaped in the past 30 days, a majority (61%) of youth aged 15 to 19 and more than one-quarter (27%) of young adults aged 20 to 24 had never tried a tobacco cigarette in their life, which suggests that the majority of youth are not using vaping devices to reduce or quit smoking.[13] Therefore, the current evidence around the benefits of vaping products for the purpose of smoking cessation, while still evolving, is not of relevance to youth. In contrast, the evidence to date around the harms of vaping is becoming increasingly clear; in particular, people who vape but do not smoke are on average around three times more likely than those who do not vape to initiate cigarette smoking,[21,22] lending credence to the concern of a gateway effect. Additional evidence of harms from vaping includes the following:

- A variety of substances known to be toxic, carcinogenic, or cause disease have been identified in vaping products.[23]
- Intentional or accidental exposure to nicotine e-liquids can lead to poisoning, which can be lethal, with a significant number of accidental poisonings occurring in children under the age of six.[21]
- Vaping can cause burns and injuries, which can be lethal.[21]
- Vaping can cause respiratory disease in the form of E-cigarette or Vaping Use-Associated Lung Injury (EVALI).[21]
- Vaping can lead to seizures.[21]

- Vaping products contribute to environmental waste.[21]

Moreover, there are differences between vaping and smoking dependence that may impact attempts to quit, including the greater variability in vaping products compared to cigarettes, the discreteness and convenience of vaping, and the greater social acceptability of vaping among youth.[24] To address the rise of vaping, Ontario has required retail registration with local public health units for sale of flavoured vaping products (except mint-menthol or tobacco flavours), restricted sale of flavoured products (except mint-menthol and tobacco flavours) to specialty vape stores, banned sale of vaping products in several public premises, and banned their use in most public premises, though with notable exceptions such as post-secondary institutions. There are also several promising local and regional campaigns such as "Not an Experiment"[25] aiming to raise awareness among youth, parents, and educators about the risks of vaping. However, more control measures and interventions, as well as evaluation of their effectiveness, are needed to protect youth from the harms of both vaping as well as all future commercial nicotine delivery products.

3. Waterpipe smoking

Also referred to as "shisha" or "hookah", waterpipe smoking involves smoking a heated tobacco or non-tobacco "herbal" product.[26] Its increase in prevalence globally may be explained in part by misconceptions of lesser harm relative to other forms of tobacco smoking, its social nature, and the availability of various flavours and nicotine-free products.[26] However, waterpipe smoking of both tobacco and non-tobacco products results in inhalation of various carcinogens and toxins, and results in similar negative health effects to cigarette smoking.[26] Moreover, while the *Smoke-Free Ontario Act, 2017* prohibits the use of tobacco in waterpipes in restaurants and bar patios, the use of non-tobacco products in waterpipes is still permitted, impacting not only waterpipe smokers but also the public through secondhand and thirdhand smoke.[26]

4. Cannabis smoking

Cannabis, which can be consumed by various means including smoking, vaping, and ingestion, refers to all products derived from the *Cannabis sativa* plant, and can consist of up to approximately 540 different chemical substances, among which the main psychoactive constituent is tetrahydrocannabinol (THC).[27] The federal *Cannabis Act* came into force in October 2018, resulting in legalization and regulation of production, distribution, sale, import, export, and possession of cannabis for adults of legal age.[28] The 2021 Canadian Cannabis Survey indicates that approximately 25% of Canadians have reported using cannabis in the past 12 months, of whom 74% reported smoking as one method of cannabis consumption.[12] In addition to an array of health effects associated with cannabis consumption, smoked cannabis in particular can increase risk of bronchitis, lung infections, and chronic cough.[29] The *Smoke-Free Ontario Act, 2017* prohibits the smoking of cannabis in enclosed workplaces, enclosed public places, and other designated places.

5. Ontario's commercial tobacco and nicotine control landscape

Despite concerted efforts through research and reports providing evidence-informed recommendations towards a "tobacco endgame" culminating in the *Smoke-Free Ontario Modernization* report in 2017,[3] there has been limited incorporation of these recommendations into the province's approach to commercial tobacco and nicotine control.[30] For example, actions to increase the cost of commercial tobacco products through tax and other pricing policies have been limited; Ontario continues to have the second lowest retail price and total tobacco tax for tobacco products in Canada.[31,32] Moreover, among the many programs and services that have been lost during the COVID-19 pandemic, commercial tobacco and nicotine prevention, protection, and cessation programs have been significantly impacted. Indeed, the

broader commercial tobacco control infrastructure in Ontario has declined substantially both before and during the pandemic, a decline that is closely tied to the loss of a provincial strategy. With the loss of the Smoke-Free Ontario Strategy, the following crucial infrastructure has been lost: the Smoking and Health Action Foundation, the Leave the Pack Behind program, the Youth Advocacy Training Institute as well as the associated youth advocacy programming, the Program Training and Consultation Centre, funding to public health units for youth and young adults as staff, Smokers' Helpline telephone counselling, Registered Nurses Association of Ontario special projects for tobacco control, Heart & Stroke Foundation of Ontario mass media campaigns, and provincial mass media campaigns. In addition, provincial funding has been reduced for monitoring, research, and evaluation, which has impacted the activities of organizations such as the Ontario Tobacco Research Unit. Funding from other sources such as NGOs has also been lost for organizations such as the Ontario Campaign for Action on Tobacco. Furthermore, many stakeholder engagement opportunities at the provincial level, such as through the Tobacco Control System Committee, the Youth Prevention Task Force, the Communications and Marketing Advisory Committee, the Protection and Enforcement Task Force, the Research and Evaluation Task Force, the Capacity Building and Training Task Force, and monthly calls between Tobacco Control Area Networks and Ministry staff, have been discontinued. Finally, organizations such as Public Health Ontario have had a reduced focus on commercial tobacco and nicotine as an inevitable consequence of the significant resources that have been committed to combatting the COVID-19 pandemic, although their recent re-engagement in this area is inspiring.

These setbacks are compounded by ongoing inequities in the health impacts of tobacco and nicotine use among certain populations. Smoking is a socioeconomically stratified behaviour, as evidenced by decreasing prevalence rates with increasing education.[33] Disproportionate commercial tobacco and nicotine use and associated health burdens exist among Indigenous populations, members of the LGBTQ2S+ community, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals.[2,9,31,34] Moreover, while reaching less than 5% tobacco use by 2035 may be possible with current strategies, such a target on its own does not sufficiently address this disproportionate burden among these populations. When addressing such health inequities among Indigenous peoples, it is also important to take a culturally safe approach that distinguishes between commercial tobacco use and traditional or ceremonial use of tobacco.

6. Examining the policy options

In late 2022, the Simcoe Muskoka District Health Unit (SMDHU) performed a brief jurisdictional scan focusing on recently implemented commercial tobacco and nicotine control policies (see Appendix A) and explored the grey literature to both identify existing policies at the federal and provincial levels, as well as determine some of the priority areas for action for a renewed smoking and nicotine strategy. SMDHU also conducted a conversation with key informants, the key points of which were summarized through the lens of an adapted version of the World Health Organization's MPOWER framework[2] (see Appendix B).[36]

Given the relative recency of vaping as a phenomenon, evidence is emerging related to the effectiveness of interventions to reduce vaping[23,37–41] as well the cost-effectiveness of doing so.[42] Lessons learned from interventions used to combat commercial tobacco use may also be applied to address vaping.[40] However, evaluation will be needed to confirm effectiveness. There have already been a variety of effective

[2] The World Health Organization Framework Convention on Tobacco Control (FCTC) is a legally binding international health treaty on tobacco control, which 182 countries including Canada have ratified.[35] To help countries reduce demand for tobacco, the WHO developed the MPOWER measures: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.[36]

commercial tobacco and nicotine control interventions implemented in Ontario and other Canadian jurisdictions over the years, but a coordinated, comprehensive, multi-level, evidence-informed, and enduring strategy is needed to achieve the target of less than 5% tobacco use by 2035. Such a strategy would continue to be informed by evidence and focus on the traditional pillars of prevention, cessation, and protection, as well as industry denormalization and engagement of disproportionately impacted groups such as First Nations, Inuit and Métis (FNIM) organizations and communities.[3,9,34,43,44] However, for such a strategy to work, there must be provincial and federal commitments to strong regulations around all alternative methods of nicotine delivery. In particular, the Council of the Chief Medical Officers of Health has recommended a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult who smoke to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

7. Conclusion

Despite significant progress in commercial tobacco control, the health and economic burdens of tobacco-related disease in Canada remain unconscionably high. Moreover, vaping, waterpipe smoking, and cannabis smoking have added further complexity to the smoking and nicotine control landscape that risks undoing the tremendous progress that has been made. A coordinated, comprehensive, and enduring provincial smoking and nicotine control strategy is needed to save lives, protect young minds, reduce health inequities, and save money.

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Appendix A: Jurisdictional Scan of Tobacco and Nicotine Control Policies in Canada

Summary: A jurisdictional scan of Canadian federal, provincial, and territorial tobacco and nicotine control strategies was performed. An array of pre-existing documents[32,46–48] (environmental scans, briefing notes, etc.) produced by Physicians for a Smoke-Free Canada (PSC) cover similar objectives, and therefore constitute a major contribution to this scan. Overall, strategies have continued to focus on efforts surrounding the four pillars of prevention, cessation, protection and denormalization, with varying degrees of emphasis on each. However, the last few years have seen a deceleration in commercial tobacco control efforts, while vaping products have taken the spotlight, particularly following the amendment of the *Tobacco Act* in 2018 to become the *Tobacco and Vaping Products Act* (TVPA).

With respect to commercial tobacco control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- plain and standardized packaging
- enhanced package health warnings
- ban on flavours in cigarettes and most cigars including menthol and cloves
- additional contraband measures in some jurisdictions

With respect to vaping control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- taxes on vaping products
- retail licensing/registration
- minimum age restrictions
- requiring proof of age in stores
- display bans in stores
- restriction to sale in specialty vape stores
- bans on internet sales
- bans on incentives to retailers
- bans on non-tobacco flavours
- bans on various forms of advertisement
- restrictions on nicotine content
- health warnings

There are also plans at the federal level for implementing "reporting requirements that would require vaping product manufacturers to submit information to Health Canada about sales and ingredients used in vaping products."[4]

Limitations: While such a scan would be most useful if it summarized the implementation of the jurisdictional strategies that were identified (in addition to effects of implementation, technical feasibility, political viability, alignment with the Canadian regulatory landscape, etc.), the scan was largely limited to information that could be gleaned from web-based searches of the grey literature. Furthermore, jurisdictions outside of Canada such as New Zealand,[49] Australia,[50,51] Finland[52] and California[53] may provide further insights into tobacco and nicotine control, but were not covered in this scan.

Table A1: Jurisdictional Scan Results

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
Fed	Canada's Tobacco Strategy[2] (2018)	• Supports endgame goal of less than 5% by 2035. • Note: In 2020/2021, Health Canada changed its progress indicator from "percentage of Canadians (aged 15+) who have used any tobacco product in the last 30 days" to "Percentage of Canadians (aged 15+) who are current cigarette smokers."[54]	• Vaping products: ban on ads in stores (except age-restricted stores), display ban, ban on broadcast ads, ban on billboards/outdoor signs, ban on lifestyle ads, ban on sponsorships, ban on youth-appealing ads, health warnings / labelling requirements, restriction on nicotine content (max 20 mg/mL), excise tax, plan to ban all flavours except tobacco and mint-menthol, plan to impose vaping product reporting requirements, compliance and enforcement activities • Tobacco products: Plain and standardized packaging, enhanced package health warnings, ban on flavours in cigarettes and most cigars including menthol and cloves
BC	BC's Tobacco Control Strategy: targeting our efforts[55]	• No endorsement of endgame goal • BC's 2013 Guiding Framework for Public Health[56] targets a reduction of smoking to 10% by 2023. • In the 2018 report First to 5% by 2035[57], the Clean Air Coalition of BC recommended that BC be the first jurisdiction to achieve 5% by 2035, but there is no evidence of endorsement by government.	• Vaping products: tax, retail notification and reporting requirement, sale of flavoured products restricted to specialty vape stores, ban on sale and use in some public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents, second highest level of overall taxation on cigarettes ($15.30 for a 20-pack), highly regarded stop-smoking service model, some exemplary practices in Indigenous stewardship
AB	Creating Tobacco-free Futures: Alberta's Strategy to Prevent and Reduce Tobacco Use 2012-2022[58]	• No endorsement of endgame goal • 10-year targets set for 2022: - Albertans ages 15 and over: 12 % - Albertans ages 12 to 19: 6% - Albertans ages 20 to 24: 20% - Pregnant women in Alberta: 11%	• Vaping products: ban on possession below minimum legal age, ban on sale in some public premises, ban on use in most public premises including outdoor cultural events

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
		- Reduce estimated per capita tobacco sales by 50 per cent to 745 units in 2022.	
SK	No strategic document identified. Public-facing Information available on their Tobacco and Vapour Products webpage.	• No endorsement of endgame goal • The Saskatchewan Coalition for Tobacco Reduction produced a report entitled Protecting our Future: Recommendations to reduce tobacco use in Saskatchewan, but this document does not appear to have been endorsement by government.	• Vaping products: tax, ban on sale and use in some public premises
MB	No strategic document identified. Public-facing information available on their Smoking, Vaping Control & Cessation webpage.	• No endorsement of endgame goal	• Vaping products: ban on sale and use in some public premises
ON	Smoke-Free Ontario: The Next Chapter - 2018[30] Note: This strategy was neither adopted nor implemented by the present government.	• No endorsement of endgame goal • Reduce smoking to 10% by 2023 • Reduce the number of smoking-related deaths by 5,000 each year. • Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including medical cannabis).	• Vaping products: retail registration with local public health unit required for sale of flavoured products (not tobacco or mint-menthol), sale of flavoured products (except tobacco and menthol) restricted to specialty vape stores, ban on sale in several public premises, ban on use in most public premises (post-secondary institutions excluded) • Tobacco products: additional contraband measures
QC	Stratégie pour un Québec sans tabac 2020-2025[59] (see Appendix A for summary English translation)	• No endorsement of endgame goal • Reduce smoking to 10% by 2025.	• Vaping products: retail notification requirement, ban on internet sale and on incentives to vaping product retailers, ban on sale in most public premises, ban on use in many public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents
NB	New Brunswick's Tobacco-Free	• **Supports endgame goal of less than 5% by 2035.**	• Vaping products: retail licensing/registration, ban on all

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	Living Strategy: A Tobacco and Smoke-Free Province for All[60] (2019-2023) was produced by the NB Anti-Tobacco Coalition, funded by the Government of NB.		flavours except tobacco, ban on use in most public premises
NS	Moving toward a Tobacco-Free Nova Scotia: Comprehensive Tobacco Control Strategy for Nova Scotia[61] (2011) Public-facing information available on their Tobacco Free Nova Scotia webpage.	• No endorsement of endgame goal • Decrease tobacco use rates individuals aged 15-19 years to 10%, 20-24 years to 20%, and 25 years and older to 15%.	• Vaping products: retail licensing/registration, tax, ban on all flavours except tobacco, ban on sale and use in most public premises (post-secondary institutions included)
PEI	No strategic document specific to tobacco control identified. Tobacco control is addressed in PEI's Wellness Strategy[62] (2015-2018)	• No endorsement of endgame goal	• Vaping products: Sale restricted to age 21 years and above and only in specialty stores, ban on all flavours except tobacco, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included)
NL	Tobacco and Vaping Reduction Strategy[63] (2021) produced by the Newfoundland and Labrador Alliance for the Control of Tobacco, which is an alliance of government and non-government partners.	• No endorsement of endgame goal Action areas: • Community capacity building • Education and awareness • Healthy public policy • Cessation and treatment services • Research, monitoring and evaluation	• Vaping products: retail licensing/registration, tax, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included) • Highest level of overall taxation on cigarettes ($15.71 for a 20-pack)
YT	No strategic document identified. Public-facing information available on	• No endorsement of endgame goal	• Vaping products: ban on use in many public premises

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	government webpage.		
NWT	No strategic document identified. Public-facing information available on Tobacco Control webpage.	• No endorsement of endgame goal	• Vaping products: ban on all flavours except tobacco, ban on possession below minimum legal age, ban on sale in some public premises, ban on use in many public premises
NU	Nunavut Tobacco Reduction Framework for Action[64] (2011-2016)	• No endorsement of endgame goal • Guiding principles draw from Inuit culture and practices. • Supports a coordinated communications plan using a range of media tools and using both universal and targeted approaches (including youth, pregnant women and their partners, and parents and Elders). • Younger age group is targeted through school and community youth programs because youth initiate tobacco use largely between 8 and 16 years of age.	• Vaping products (per Tobacco and Smoking Act[65], which received Assent on June 8, 2021, but is not anticipated to come into force until 2023): plan to consider vaping product price restrictions, plan to ban incentives to vaping product retailers, plan to ban sale and use in most public premises, plan to ban all flavours except tobacco and any product designed for use as flavouring for any smoking product, plan to make all publicly funding housing smoke-free, plan for biennial reporting requirements for vape retailers

Appendix B: Priorities for a Provincial Smoking and Nicotine Strategy — Key Informant Conversation Summary

To inform the call for a renewed and comprehensive provincial commercial tobacco and nicotine strategy, the Simcoe Muskoka District Health Unit (SMDHU) conducted a conversation on November 17, 2022, with a panel of key informants with extensive experience in commercial tobacco control in Ontario and Canada, in addition to following up individually upon request from some key informants for further discussion. The meeting was framed as an informal discussion around commercial tobacco and nicotine control, using past strategies and reports as a springboard to identify provincial priorities for a renewed commercial tobacco and nicotine strategy, as well as federal priorities to address relevant policy gaps.

Participants included:

- John Atkinson, Executive Director, Ontario Public Health Association
- Cindy Baker-Barill, Smoke-Free Program Manager, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU
- Hillary Buchan-Terrell, Advocacy Manager (Ontario), Canadian Cancer Society
- Cynthia Callard, Executive Director, Physicians for a Smoke-Free Canada
- Vito Chiefari, Manager, Health Protection, Community & Health Services Dept, York Region
- Rob Cunningham, Senior Policy Analyst, Canadian Cancer Society
- Dr. Charles Gardner, Medical Officer of Health and Chief Executive Officer, SMDHU
- Dr. Lesley James, Director, Health Policy & Systems, Heart & Stroke Foundation
- David Neeson, Supervisor, Tobacco and Electronic Cigarette Control Team, Health Protection Division, Community and Health Services, York Region
- Michael Perley, former Director, Ontario Campaign for Action on Tobacco
- Dr. Emil Prikryl, Public Health and Preventive Medicine Resident, NOSM University
- Dr. Steven Rebellato, Vice President, Environmental Health Department, SMDHU
- Dr. Robert Schwartz, Executive Director, Ontario Tobacco Research Unit and Professor, Dalla Lana School of Public Health
- Linda Stobo, Program Manager, Substance Use Program, Healthy Living Division, Middlesex-London Health Unit
- Melissa van Zandvoort, Health Promotion Specialist, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU

While it is our recommendation that the development of a renewed strategy be supported by a multidisciplinary panel of experts, Table B1 frames the priorities identified during the key informant conversation through the lens of an expanded version of the World Health Organization's MPOWER framework (i.e., MPOWER+):

Table B1: Priorities within the MPOWER+ Framework

MPOWER+ Measure	Priorities
Monitor tobacco and vaping use and prevention, cessation and protection/enforcement programs and policies.	• Re-invest in research/monitoring and evaluation to ensure practice and policy decisions are based on evidence. • Continue to explore age restrictions for smoking and vaping.
Protect people from tobacco smoke and e-cigarette aerosol.	• Further expand smoke- and vape-free public places. • Continue to increase access to smoke- and vape-free housing. • Direct focus towards consumer rights to be protected from marketing of nicotine products.
Offer help to quit smoking and vaping.	• Increase subsidization of smoking cessation pharmacotherapy for all residents.
Warn about the dangers of commercial tobacco and vaping products.	• Implement mass media and social marketing campaigns of greater intensity and duration targeted at youth and young adults addressing the real and potential harms of vaping such as its impacts on mental health, addiction, and environmental waste. • Implement mass media and social marketing campaigns of greater intensity and duration targeted at high-risk populations addressing the harms of smoking and the benefits of quitting.
Enforce bans on commercial tobacco and vaping product advertising, promotion and sponsorship.	• Return the focus of nicotine control efforts to the industry through activities such as leveraging litigation opportunities to further denormalize the industry and hold industry accountable for past and future harms to society. • Ban all flavours except tobacco flavour (if not achieved federally). • Restrict availability in brick-and-mortar settings and online access. • Strengthen retail registration and licensing requirements. • Further regulate vaping product design (e.g., plain and standardized packaging for vaping, health warnings). • Intensify tobacco and vaping product advertising promotion and sponsorship bans.

MPOWER+ Measure	Priorities
	• Ensure continued funding for enforcement through the *Smoke-Free Ontario Act, 2017*.
Raise taxes on commercial tobacco and vaping products.	• Implement a tax on vaping products, as well as regulatory fees as a means of cost recovery. • Further increase taxes on combustible tobacco products.
+ **Add** a strong health equity lens by linking commercial tobacco and nicotine control approaches to broader objectives addressing health inequities. **Add** bold interventions as indicated by evidence to further reduce the supply, demand, and access of all current and future industry nicotine delivery systems.	• Address the disproportionate use of commercial tobacco and nicotine use and associated health burdens among Indigenous populations, members of the LGBTQ2S+ community, youth, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals. • Implement recommendations from the Council of Chief Medical Officers of Health to develop a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult smokers to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A11-1

TITLE: **Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**

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

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a $456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

ACTION FROM CONFERENCE: **Resolution CARRIED**

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alPHa RESOLUTION A22-4

TITLE: **Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario**

SPONSOR: **Council of Ontario Medical Officers of Health (COMOH)**

WHEREAS the ongoing drug/opioid poisoning crisis has affected every part of Ontario, with the COVID-19 pandemic further exacerbating the issue, leading to a 73% increase in deaths from opioid-related toxicity from 2,870 deaths experienced in the 22 months prior to the pandemic (May 2018 to February 2020) to 4,951 deaths in the 22 months of available data since then (March 2020 to December 2021); and

WHEREAS the burden of disease is particularly substantial given the majority of deaths that occurred prior to the pandemic and the increase during the pandemic have been in young adults, in particular those aged 25-44, and the extent of the resulting trauma for families, front line responders, and communities as a whole cannot be overstated; and

WHEREAS the membership previously carried resolution A19-3, asking the federal government to decriminalize the possession of all drugs for personal use based on broad and inclusive consultation, as well as supporting robust prevention, harm reduction and treatment services; and

WHEREAS the membership previously carried resolution A21-2, calling on all organizations and governmental actors to respond to the opioid crisis with the same intensity as they did for the COVID-19 pandemic; and

WHEREAS the Association of Local Public Health Agencies (alPHa) has identified that responding to the opioid crisis is a priority area for local public health recovery in their *Public Health Resilience in Ontario* publication (Executive Summary and Report); and

WHEREAS recognizing that any responses to this crisis must meaningfully involve and be centred-around people who use drugs (PWUDs), inclusive of all backgrounds, and must be founded not only on evidence- and trauma-informed practices but also equity, cultural safety, anti-racism as well as anti-oppression; and

WHEREAS COMOH's Drug / Opioid Poisoning Crisis Working Group has recently identified nine provincial priorities for a robust, multi-sector response that is necessary in response to this crisis (see Appendix A); and

WHEREAS local public health agencies are well positioned, with additional resourcing, to play an enhanced role in local planning, implementation and coordination of the following priority areas: harm reduction, substance use prevention and mental health promotion, analysis, monitoring and reporting of epidemiological data on opioid and other substance-

related harms, health equity and anti-stigma initiatives, efforts towards healthy public policy related to substance use including but not limited to decriminalization, and providing and mobilizing community leadership; and

WHEREAS this work of local public health agencies aligns with the Substance Use and Harm Reduction Guideline (2018) and the Health Equity Guideline (2018) under the Ontario Public Health Standards;

THEREFORE BE IT RESOLVED that alPHa endorse the nine priorities for a provincial multi-sector response;

AND FURTHER that the noted provincial priorities and areas of contribution by local public health agencies be communicated to the Premier, Minister of Health, Associate Minister of Mental Health & Addictions, Attorney General, Minister of Municipal Affairs & Housing, Minister of Children, Community & Social Services, Chief Medical Officer of Health, Chief Executive Officer (CEO) of Ontario Health and CEO of Public Health Ontario;

AND FURTHER that alPHa urge the above mentioned parties to collaborate on an effective, well-resourced and comprehensive multi-sectoral approach, which meaningfully involves and is centred-around PWUDs from of all backgrounds, and is based on the nine identified provincial priorities.

AND FURTHER that alPHa recommend the provincial government consider the potential role and appropriate timing of declaring the drug poisoning crisis in Ontario as an emergency under the Emergency Management and Civil Protection act (R.S.O. 1990).

CARRIED AS AMENDED

Appendix A – Priorities for a Provincial Multi-Sector Response

The following was developed by the Drug / Opioid Poisoning Crisis Working Group of COMOH, and shared with the COMOH membership for review at its general meeting on April 27th, 2022:

1. Create a **multi-sectoral task force**, including people with lived experience of drug use, to guide the development of a robust, integrated provincial drug poisoning crisis response plan. The plan should ensure necessary resourcing, health and social system coordination, policy change, and public reporting on drug-related harms and the progress of the response. An **integrated approach** is essential, to address the overlap between the use of various substances, to integrate aspects of the response such as treatment and harm reduction, and to ensure a common vision for addressing health inequities and preventive opportunities.
2. Expand access to **harm reduction** programs and practices (e.g. Consumption and Treatment Service (CTS) sites, Urgent Public Health Needs Sites (UPHNS), drug checking, addressing inhalation methods as a key route of use and poisonings, and exploring the scale up of safer opioid supply access).
3. Enhance and ensure sustainability of support for substance use **prevention** and mental health promotion initiatives, with a focus from early childhood through to adolescence.
4. Expand the collection, analysis and reporting of timely integrated **epidemiological data** initiatives, to guide resource allocation, frontline programs and services, and inform healthy public policy.
5. Expand access to **treatment** for opioid use disorder, including opioid agonist therapy in a range of settings (e.g., mobile outreach, primary care, emergency departments) and a variety of medication options (including injectable). To support the overall health of PWUDs, also connect with and expand access to care for other substances, for mental illness and trauma as key risk factors for drug use, and for comprehensive medical care for PWUDs.
6. Address the structural **stigma**, discrimination and related harms that create systemic barriers for PWUDs, through re-orienting systems for public health, first responders, health care, and social services, to address service provider and policy-level stigma, normalize services for drug use, and better meet the needs of PWUDs. Also, support community and community leadership conversations to address drug use stigma and its societal consequences.
7. Advocate to and support the Federal government to **decriminalize** personal use and possession of substances, paired with increased investments in health and social services and a focus on health equity at all levels. These efforts aim to address the significant health and social harms of approaches that criminalize PWUDs, including Black, Indigenous and other racialized communities.
8. Acknowledge and address **socioeconomic determinants of health**, **systemic racism**, and their intersections that are risk factors for substance use and substance use disorders, and pose barriers to accessing supports. This includes a need for more affordable and supportive **housing** for PWUDs, and efforts to further address **poverty** and **unemployment/precarious employment**.
9. Provide funding and other supports to enable consistent **community leadership** by PWUDs and by community organizations, including engagement with local drug strategies. People who bring their lived experience should be paid for their knowledge contribution and participation at community tables.

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alPHa RESOLUTION A19-3

TITLE: **Public Health Approach to Drug Policy**

SPONSOR: **Toronto Public Health**

WHEREAS governments around the world are considering different approaches to drugs, including the decriminalization of drug use and possession and legal regulation, including here in Canada for non-medical cannabis; and

WHEREAS a growing number of health officials and boards of health are calling for changes to our approach to drugs, especially in the midst of the opioid poisoning crisis in which the contaminated, unregulated supply of illegal drugs is the main contributor to the crisis; and

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs; and

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women and youth; and

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families and communities; and

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships; and

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED that the federal government be urged to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction and treatment services;

AND FURTHER that the federal government convene a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-8

TITLE: **Promoting Resilience through Early Childhood Development Programming**

SPONSORS: **Northwestern Health Unit**
Thunder Bay District Health Unit
Middlesex-London Health Unit

WHEREAS one in five Canadians are affected by mental illness or an addiction issue every year, and the burden of illness is more than 1.5 times the burden of all cancers and 7 times the burden of all infectious diseases; and

WHEREAS suicide is the second leading cause of mortality among young Canadians aged 10-24 and suicide accounted for 24% of all deaths among youth 15 to 24 years old from 2009-2013; and

WHEREAS there were more than 9,000 deaths in Canada from 2016 to 2018 and more than 1,250 deaths in Ontario in 2017 related to opioids; and

WHEREAS the annual economic burden of mental illness is approximately 51 billion in Canada with a substantial impact on emergency room departments and hospitals; and

WHEREAS 70% of mental health and substance use problems begin in childhood; and adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict and neglect, have been clearly linked to risk for mental illness and addiction later in life; and

WHEREAS programming that enhances the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system and utilization of social services; and

WHEREAS every $1 invested in early childhood development can save $9 in future spending on health, social and justice services; and

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the HBHC program provides home visiting services and home visiting programs have demonstrated effectiveness in enhancing parenting skills and promoting healthy child development in ways that prevent child maltreatment; and

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family relationships, and financial instability and addressing parental mental illness and

substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008 with the exception of increased base funding in 2012 for an increase in public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment; and

WHEREAS fixed costs such as salaries and benefits, travel, supplies, equipment and other operational costs have increased the costs of operating the HBHC program, and

WHEREAS operating the HBHC program with the existing funding has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions;

AND FURTHER that alPHa engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario;

AND FURTHER that the Chief Medical Officer of Health of Ontario, Ontario Public Health Association, Centre for Addictions and Mental Health and other relevant partner agencies be so advised.

ACTION FROM CONFERENCE: Carried as amended

TITLE: **Indigenous Harm Reduction: A Wellness Journey**

SPONSOR: **Haliburton Kawartha Pine Ridge District Health Unit**

WHEREAS The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples. The rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people. There is a gap in readily available Ontario surveillance data specific to alcohol, prescription drug, and other substance misuse in addition to data specific to registered and non-registered status First Nation peoples, Inuit and Metis.

WHEREAS The increased burden of harm associated with substance use among Indigenous peoples can be directly attributed to historical and ongoing colonial violence perpetrated against Indigenous peoples. It is deeply rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. The health system has been a key tool utilized in the violence against Indigenous peoples, resulting in mistrust in the health system by Indigenous populations. As a result, public health units must adapt and decolonize their approaches when working with Indigenous populations and work alongside communities to develop culturally-based and trauma-informed Indigenous harm reduction strategies.

WHEREAS In 2017 alPHa passed a resolution on the Truth and Reconciliation: Calls to Action. The resolution requested alPHa to modify and reorient public health intervention to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices. Harm Reduction is a public health priority written in the Ontario Public Health Standards and Guidelines.

WHEREAS Inequities of culturally based Indigenous harm reduction, prevention, and treatment exist for Indigenous peoples in Ontario. There is a lack of integrated land-based harm reduction service provision, lack of Indigenous specific safe consumption services, and lack of public awareness and education on Indigenous harm reduction. There are barriers and limited access to local Treatment and Healing Centres across Ontario.

WHEREAS Indigenous Harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community. Evidence suggests that culturally based harm reduction interventions for Indigenous peoples, including access to local Treatment and Healing Centres, are beneficial to help improve functioning in all areas of wellness.

THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies recognize the critical importance of working with Indigenous communities to better understand Indigenous harm reduction and adopt policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs.

AND FURTHER that the Association of Local Public Health Agencies advocate with Indigenous partners to the Minister of Health and other appropriate government bodies for additional funding to support Indigenous harm reduction including additional Indigenous Treatment and Healing Centres.

CARRIED AS AMENDED

alPHa Resolution A22-5 - Backgrounder
Submitted by: Haliburton, Kawartha, Pine Ridge District Health Unit

Backgrounder – Indigenous Harm Reduction: A Wellness Journey

Substance use within Indigenous populations is rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. In 2016, the government of Ontario adopted the Truth and Reconciliation: Calls to action[1]. Call to Action # 19 and #20 speak to the recognition of the right to optimum health regardless of residence, and #21 calls to provide funding for sustainable Healing Centres. In 2017, the Association of Local Public Health Agencies (alPHa) adopted the Truth and Reconciliation recommendations and committed to assisting member boards of health to modify and reorient public health interventions to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices[2].
The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples[3]. In 2019, the rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people[3]. While opioid poisoning data is readily available, there is a need to establish epidemiological surveillance to address other substances such as cannabis, prescription drugs, and alcohol use also impacting the health of Indigenous peoples. Additional data is needed to understand substance use trends among registered and non-registered status First Nation peoples, Inuit, and Metis.
Harm Reduction is a public health priority within the Ontario Public Health Standards and Guidelines[4]. A public health response to the current epidemic of opioid poisonings has been highlighted as a priority as communities work to recover from the COVID-19 pandemic. alPHa Resolution A21-2[5] called on public health to lead and coordinate the response to address the opioid crisis, capitalizing on the momentum of managing the COVID-19 emergency.

In Public Health, harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption. Harm reduction interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms[6].

Emerging substance use trends articulate the need to adopt policy solutions based on evidence-informed harm reduction and treatment practices, eliminating structural stigma, investing in prevention, and declaring the opioid poisoning crisis an emergency[7]. The policy approach is grounded in public health principles.

Indigenous harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community[8]. To this end, it is important that public health units not re-inscribe colonial systems but work with Indigenous communities to understand what harm reduction means for them and establish approaches that are specific to community needs. Indigenous harm reduction is reducing the harms of colonization and colonialism[8]. Evidence supports utilizing land-based service delivery models[9], Wellness Circles[10], and Feather Carriers Wise Practices[11] that involve a wellness journey connected to ceremony, land, water, spirit, community, and family. Healing spaces that offer a wholistic approach with a Traditional Indigenous Healer/Elder/Knowledge Keeper who conducts lands-based teachings, sweat lodge ceremony, traditional healing ceremony, and other culturally appropriate ceremonies and teachings are

key to some Indigenous harm reduction programs[12,13]. In addition, for some communities the use of safe consumption sites supports prevention of overdose and death.

In 2022, Ontario announced the Addictions Recovery fund focused on building quality client centred mental health and addiction system services[14]. Funding was allocated to Northern Rural communities and Indigenous Treatment and Healing Centres were established[15]. Despite increased investment, there are still gaps in access to Treatment and Healing Centres (e.g. Southeastern Ontario) as well as to the broader array of culturally safe harm reduction policies, practices and programs. Barriers such as long waitlists, unclear approval criteria, costs of transportation, and application barriers remain to access current Treatment and Healing Centres.

In addition, there is a lack of awareness and understanding of Indigenous approaches to harm reduction throughout public health in Ontario. By further establishing robust surveillance of substance use harms, adopting Indigenous harm reduction strategies for health promotion, utilizing culturally based education and awareness resources, and working to advocate for equitable access to 'safe consumption sites' and Treatment and Healing Centres, alPHa will support boards of health in working towards the Truth and Reconciliation Calls to Action.

June 5th: Walking Tour 2 p.m. to 4 p.m. & Opening Reception 5 p.m. to 7 p.m. EDT
June 6th: AGM & Conference 8 a.m. to 4:45 p.m. EDT
June 7th: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT
The Pantages Hotel is the location for the events and the starting point for the walking tour.
The hotel is located at 200 Victoria Street, Toronto, ON M5B 1V8.
Draft as of April 11, 2024

June 5th	
Walking Tour Featuring Toronto Public Health Heritage Plaques For more than 140 years, Toronto Public Health has worked hard to advance the health of all those who live, work, and play in Toronto. These efforts focus on keeping people safe from illnesses, preventing diseases, and promoting good health. Join your colleagues for a guided walk to learn more about the many ways that public health has helped to make Toronto a better and healthier place to live.	2 p.m. – 4 p.m.
Opening Reception Come and join colleagues, old and new, at a reception with a cash bar and light snacks. This is an excellent opportunity to connect and reconnect with colleagues at this unique venue overlooking Massey Hall.	5 p.m. – 7 p.m.
June 6th	
A light breakfast will be available at 7:30 a.m.	7:30 a.m. – 8 a.m.
Call to Order, Opening Remarks, and Land Acknowledgement Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors	8 a.m. – 8:05 a.m.
Medicine Bag Workshop Facilitator: Marc Forgette, Makatew Workshops Marc Forgette is a noted Indigenous speaker who works with organizations from across Canada. In this workshop, each participant will assemble their own medicine bag. During the workshop, Marc will share his thoughts on several topics including the difference between cultural appropriation versus appreciation, terminology, and the Truth and Reconciliations' 94 Calls to Action.	8:05 a.m. – 9 a.m.

Remarks from the Premier of Ontario alPHa is pleased to announce the Premier of Ontario, the Hon. Doug Ford, will give remarks at the conference. **Remarks from the Minister of Health (invited)** The Hon. Sylvia Jones, Deputy Premier and Minister of Health, has been invited to give remarks at the conference.	9 a.m. – 9:30 a.m.
Chief Medical Officer of Health's Annual Report Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Dr. Charles Gardner, President, alPHa Board of Directors Ontario's Chief Medical Officer of Health's 2023 Annual Report, *Balancing Act: An All-of-Society Approach to Substance Use and Harms*, is a call for an all-of-society approach to reduce substance use harms. Come and hear about this important report with its emphasis on addressing mood altering substances such as cannabis, alcohol, opioids, and tobacco/vaping products.	9:30 a.m. – 10 a.m.
Networking Break	10 a.m. – 10:15 a.m.
Combined alPHa Business Meeting and Resolutions Session Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department	10:15 a.m. – 12:15 p.m.
Lunch, Distinguished Service Awards, and Board Recognition Speakers: Dr. Charles Gardner, President, alPHa Board of Directors and Loretta Ryan, Executive Director, alPHa The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health.	12:15 p.m. – 1:45 p.m.
Proposed Voluntary Public Health Unit Mergers Speakers: Dr. Lianne Catton, Medical Officer of Health & CEO, Porcupine Health Unit Wess Garrod, Chair, Kingston, Frontenac, Lennox & Addington Public Health Bonnie Clark, Board member, Peterborough Public Health Moderator: Dr. Eileen de Villa, Treasurer, alPHa Board of Directors One-time funding, resources, and supports are being offered by the Province of Ontario to local public health agencies that voluntarily merge to streamline and reinvest back into strengthening and enhancing programs and services. Come and hear about three proposed voluntary mergers of public health units. Speakers will discuss the rationale for the proposed mergers and what brought them to the decision to move forward.	1:45 p.m. – 2:15 p.m.

Update on Strengthening Public Health Speakers: • Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health • Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch • Brent Feeney, Director, Accountability and Liaison Branch Moderator: Paul Sharma, Affiliate Representative, alPHa Board of Directors The Province of Ontario's Strengthening Public Health initiative aims to have a stronger public health system that will support Ontario communities for years to come. The province is working with partners to refine and clarify the roles of local public health units, to reduce overlap of services, and focus resources on improving people's access to programs and services. Come and hear the latest updates from staff from the Office of the Chief Medical Officer of Health.	2:15 p.m. – 3 p.m.
Networking Break	3 p.m. – 3:30 p.m.
Two Years In and Two Years Out – *What's in Store at Queen's Park* Speakers: Sabine Matheson, Principal, StrategyCorp and John Perenack, Principal, StrategyCorp Raconteur: Dr. Charles Gardner, President, alPHa Board of Directors The current provincial government is two years into its mandate with two years left to go. Hear about what to expect regarding the public policy climate and key political issues impacting public health agencies and their local boards of health. *Attendees will have an opportunity to pose questions in advance and at the conference. Please send advance questions to communications@alphaweb.org on or before May 24.*	3:30 p.m. – 4:35 p.m.
Wrap Up Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors	4:35 p.m. – 4:45 p.m.
June 7th	
Section Meetings: *Members of the BOH Section and COMOH Section will meet the next day. There are separate agendas for these meetings.* ***A light breakfast will be available starting at 8:30 a.m.***	9 a.m. – 12 p.m.

The 2024 Conference is co-hosted by alPHa and Toronto Public Health.

CULD Canadian Ukrainian Logistics Division
247 Adelaide St S
London, ON N5Z 3K7
(519) 702-4583
25 March 2023

Rick Webb
Director of Corporate Services
Algoma Public Health
294 Willow Avenue,
Sault Ste. Marie, ON P6B 0A9

Dear Rick,

We wish to express our gratitude for your generous donation of equipment and supplies to support the Canadian Ukrainian Logistics Division (CULD) in their critical efforts to assist Ukraine. Your contribution has been instrumental in enabling CULD to continue their dedicated work in coordinating the collection and delivery of essential supplies to those in need.

Your commitment to assisting CULD, as we rally support for humanitarian aid in Ukraine, is truly appreciated and we are truly grateful for your assistance. As we look forward to the future, we are pleased to inform you that the CULD team plans to deploy again soon, continuing their mission to assist Ukrainian people, especially first responders, and provide essential humanitarian aid. Your support for CULD's humanitarian and donation initiatives are invaluable, and we are grateful to you and your organization for your help – you are truly making a difference.

Once again, thank you for your generosity. Your support has been instrumental in advancing our mission, and we are truly grateful for your partnership.

Sincerely,

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