

**Chatham-Kent Board of Health  
Agenda**  
Wednesday, September 21, 2022

11:00 AM (Zoom)

To register for open session please contact [Lisap@chatham-kent.ca](mailto:Lisap@chatham-kent.ca)

**To Attend:**

Ms. Noreen Blake  
Mr. Joshua Caron  
Councillor Joe Faas (Chair)  
Mr. Michael Genge  
Ms. Magdiel Hoste  
Councillor Karen Kirkwood-Whyte  
Councillor Brock McGregor (Vice Chair)  
Councillor Carmen McGregor  
Dr. Mario Kangeswaren, Medical Officer of Health (Acting)  
Teresa Bendo, Director, Public Health  
Dr. April Rietdyk, General Manager, Community Human Services  
Lisa Powers, Executive Assistant, Community Human Services

**1. Call of the Roll**

**2. Disclosures of Pecuniary Interest (Direct or Indirect) and the General Nature Thereof**

**3. Minutes of the Board Meeting of June 15, 2022, and Special Board Meeting of July 6, 2022, page 301**

**4. Education and Training**

- a) COVID-19 and Vaccines update, by Dr. Mario Kangeswaren, Medical Officer of Health (Acting)

**5. Business Arising From the Minutes**

- a) 2021 Chatham-Kent Public Health Annual Report, **separate**

**6. New Business**

**A. Items Requiring Action**

- a) 2021-22 Healthy Babies, Healthy Children Year-End Report, **page 501**

Chatham-Kent Board of Health Agenda  
Wednesday, September 21, 2022  
11:00 AM

**B. Information Reports to be Received**

- a) Director's Report for the Month of September 2022, **page 701**
- b) Public Beach Water Quality – Disclosure of Water Sample Results, **page 703**

**C. Items to be Received and Filed**

- a) Association of Local Public Health Agencies (aLPHa) Information Breaks dated July 19, 2022, and August 19, 2022 **page 901**
- b) Correspondence from Grey Bruce Health Unit regarding support for South West Tobacco Control Area Network, **page 917**
- c) Correspondence from Niagara Region regarding employer-paid sick days, **page 933**

**7. Non-Agenda Items**

**8. Time, Date and Place for the Next Regular Meeting of the Board:**

Wednesday, October 19, 2022 11:00 AM, virtual meeting.

**9. Adjournment**

**Chatham-Kent Board of Health  
Minutes**

Wednesday, June 15, 2022

10:30 AM

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**Call to Order**

Present: Councillor Joe Faas (Chair)  
 Councillor Karen Kirkwood-Whyte  
 Councillor Brock McGregor (Vice-Chair)  
 Councillor Carmen McGregor  
 Ms. Noreen Blake  
 Mr. Joshua Caron  
 Ms. Magdiel Hoste  
 Teresa Bendo, Director, Public Health  
 Dr. April Rietdyk, General Manager, Community Human Services  
 Lisa Powers, Executive Assistant, Community Human Services

Regrets: Mr. Michael Genge

**1. Provision for Declaration of Pecuniary Interest**

No member of the Board declared a pecuniary interest on any matter on the open session agenda.

**2. Recess to Closed Session**

Councillor Kirkwood-Whyte moved, seconded by Ms. Hoste:

**“That the Chatham-Kent Board of Health move into a Closed Session Meeting pursuant to Section 239 of the Municipal Act, 2001, as amended, for the following reasons:**

- a) **Personal matters about an identifiable individual, including municipal or local board employees with regard to Medical Officer of Health recruitment.”**

The Chair put the Motion.

**Motion Carried**

**3. Adjournment of Closed Session**

“That Chatham-Kent Board of Health adjourn the Closed Session Meeting of June 15, 2022.”

**4. Resumption of Open Session Meeting – 11:00 AM**

**5. Minutes of the Board Meeting of May 18, 2022**

Councillor B. McGregor moved, seconded by Mr. Caron:

**“That the minutes of the Board of Health meeting of May 18, 2022 be approved.”**

The Chair put the Motion.

**Motion Carried**

**6. Business Arising from the Minutes - None****7. Education/Training**

- a) COVID-19 and Vaccines update, by Laura Zettler, Epidemiologist and Program Manager

In an effort to update the Board, Ms. Zettler shared a PowerPoint presentation outlining current COVID-19 case rates and outbreaks, wastewater surveillance rates, and vaccination administration/coverage data.

Councillor B. McGregor moved, seconded by Councillor Kirkwood-Whyte:

**“That the presentation be received as information.”**

The Chair put the Motion.

**Motion Carried**

**8. New Business****A. Items Requiring Action**

- a) 2021 CK Public Health Audited Financial Statements, report prepared by Teresa Bendo, Director, Public Health

**Recommendation**

It is recommended that:

1. The 2021 Audited Financial Statements prepared by Deloitte be approved.

## **Background**

Deloitte has completed the audit of Chatham-Kent Public Health's 2021 Financial Statements and issued a working Independent Draft Auditor's Report. The final draft report will be shared once received.

## **Comments**

The Ministry of Health requires that public health units have their financial statements audited by an independent firm on an annual basis. The 2021 audit was completed by Deloitte.

CK Public Health is responsible for the preparation and fair representation of its financial statements in accordance with Canadian public sector accounting standards.

Based on the Auditor's report, the financial statements present fairly, in all material aspects, the financial position of the Corporation of the Municipality of Chatham-Kent Public Health Division as at December 31, 2021 and its results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

The current year funding and expenses increased significantly due to the COVID-19 general (case and contact management) and vaccination programs. Overall net funding increased by \$2,772,623 largely due to one-time COVID-19 provincial funding.

Total non- staffing operational expenses increased by \$724,810 over the previous year.

Employee-related costs increased by \$1,810,675 (20.69%) due to additional staffing requirements and programming related to COVID-19 (COVID-19 vaccination, COVID-19 general and Student Nursing Initiative). Benefits also increased by \$237,168 largely due to increased future benefit obligations. Increases were offset by surplus from other non COVID-19 programs.

The Ministry of Community, Children and Social Services expenditures decreased by \$200,218.

Immunization claims for non COVID-19 vaccines were also substantially lower (\$47,838).

There were no capital projects in 2021. The seniors dental clinic renovation project was postponed to 2022.

Due to the timing of the municipal budget process, and receipt of provincial mitigation funding, there is a resulting municipal surplus of \$95,255. These funds will be reallocated to reserve.

Total future employee benefit obligations for the Public Health division are currently \$3,176,979. These obligations represent earned employee benefits that have not yet been utilized such as medical and life insurance benefits. The current portion is

recognized in the statement of financial activities and fully funded by a combination of provincial and municipal funds.

### **Areas of Strategic Focus and Critical Success Factors**

The recommendation in this report supports the following areas of strategic focus:

- Economic Prosperity:  
Chatham-Kent is an innovative and thriving community with a diversified economy
- A Healthy and Safe Community:  
Chatham-Kent is a healthy and safe community with sustainable population growth
- People and Culture:  
Chatham-Kent is recognized as a culturally vibrant, dynamic, and creative community
- Environmental Sustainability:  
Chatham-Kent is a community that is environmentally sustainable and promotes stewardship of our natural resources

The recommendation in this report supports the following critical success factors:

- Financial Sustainability:  
The Corporation of the Municipality of Chatham-Kent is financially sustainable
- Open, Transparent and Effective Governance:  
The Corporation of the Municipality of Chatham-Kent is open, transparent and effectively governed with efficient and bold, visionary leadership
- Has the potential to support all areas of strategic focus & critical success factors
- Neutral issues (does not support negatively or positively)

### **Consultation**

No consultation was conducted in the preparation of this report.

### **Financial Implications**

Audit charges as per the Audit service agreement.

Ms. Blake moved, seconded by Councillor C. McGregor:

**“That the 2021 CK Public Health audited financial statements be approved.”**

The Chair put the Motion.

**Motion Carried**

## **B. Information Reports to be received**

### **a) Director's Update for the Month of June, 2022, prepared by Teresa Bendo**

#### **Background**

The purpose of this report is to provide an overview of current events or issues arising at Public Health.

#### **Comments**

#### **Retirement of Stacy Rybansky**

Congratulations to Stacy Rybansky, Program Manager, School Health Team. Stacy began her career with CK Public Health in October 2006 as a contract nurse for the flu program. She joined the management team in 2009 as the Manager, Vaccine Preventable Diseases. Stacy will retire this month after a transition that will allow some knowledge transfer to Carina Caryn who will assume the role of Program Manager, School Health Team.

#### **Ongoing Training/Education in Public Health Topics**

In June, we commemorate National Indigenous History Month. During this month, we take time to recognize the rich history, heritage, resilience and diversity of First Nation, Inuit, and Métis Peoples across the country.

By learning and celebrating Indigenous History Month, we gain perspective and understanding which helps Chatham-Kent become a safer, healthier place by creating:

- safer communities and promoting acceptance, social inclusion, and feelings of representation
- open-mindedness and empathy for one another
- greater appreciation and opportunity to learn new languages, arts, foods, and ways of thinking

This month also allows us to engage in actions that work towards reconciliation – important and relevant for our work in public health. To learn more about becoming an ally for this work, please see the ['Indigenous Ally Toolkit'](#) (although not local, it is still helpful). For information about local Indigenous history, please see ['CK Road to Understanding Indigenous Culture'](#).

June also marks Pride month. This month celebrates, supports, and affirms the LGBTQ2+ community, including their culture and rights. Pride is celebrated in June to commemorate the Stonewall Riots, which occurred over several days at the end of June, 1969 following a police raid at The Stonewall Inn in New York City. It's important to remember that in 1969, people who identified as anything other than heterosexual often faced police and public harassment. The Stonewall Inn, called a gay club in the language of the time, provided a refuge from this harassment. It was also one of the few

establishments in the city that welcomed gender non-conforming people. The riot after the early morning police raid, along with the subsequent days of protests, was certainly not the first time the community stood up for their rights. It was however a catalyst for a new wave of activism by what we now call the LGBTQ2+ community. Today, pride parades are one representation of honouring the right to gather and be open, and continue to serve as a way to stand up and speak out for LGBTQ2+ rights. For public health, this is a time to grow our understanding of the relationship between acceptance, social inclusion, and health. Discrimination affects how people are treated, their experiences at work, school, home, and their sense of belonging. This impacts their health and wellbeing.

To learn more about how discrimination affects someone's ability to be healthy, visit <https://ckphu.com/acceptance-matters/>. For more on LGBTQ2+ inclusion in the workplace, visit CCDI Consulting's resource site at the following web link: [CCDI Consulting LGBTQ2+ resource site](#).

### **Consultation**

There was no consultation involved in producing this information report.

### **Financial Implications**

There are no financial implications with this information report.

Councillor Kirkwood-Whyte moved, seconded by Mr. Caron:

**“That the report be received as information.”**

The Chair put the Motion.

**Motion Carried**

### **C) Items to be Received and Filed**

Councillor B. McGregor moved, seconded by Councillor C. McGregor:

**“That items a and b be received and filed”**

- a) Association of Local Public Health Agencies (aLPHa) Information Break dated May 17, 2022
- b) Correspondence from the Toronto Board of Health regarding response to COVID-19

The Chair put the Motion.

**Motion Carried**



## **9. Non-Agenda Items**

The Board congratulated Councillor C. McGregor on her acclamation to the alPha Board.

The Board received an update on the alPha AGM and associated resolutions.

Councillor Kirkwood-Whyte moved, seconded by Councillor C. McGregor :

**“That administration prepare a letter of support for alPha Resolution A22-4 Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario, to be sent to boards of health across Ontario and copied to alPha”**

The Chair put the Motion.

**Motion Carried**

## **10. Motions of Closed Session**

The Board received an update from Administration regarding Medical Officer of Health recruitment.

Councillor B. McGregor moved, seconded by Ms. Hoste:

**“That the minutes of the closed sessions of March 16 and April 20, 2022 be approved.”**

The Chair put the Motion.

**Motion Carried**

## **11. Time, Date and Place for the Next Meeting of the Board**

The next meeting of the Board will be held virtually on Wednesday, September 21, 2022, with the open portion of the meeting to start at 11:00 AM.

## **12. Adjournment**

Moved by Councillor C. McGregor that the meeting be adjourned at 11:26 AM.

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Joe Faas, Chair

**Chatham-Kent Board of Health  
Special Meeting Minutes**

Wednesday, July 6, 2022

11:00 AM

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**Call to Order**

Present: Councillor Joe Faas (Chair)  
 Councillor Karen Kirkwood-Whyte  
 Councillor Brock McGregor (Vice-Chair)  
 Councillor Carmen McGregor  
 Ms. Noreen Blake  
 Mr. Joshua Caron  
 Mr. Michael Genge  
 Ms. Magdiel Hoste  
 Teresa Bendo, Director, Public Health, joined at 11:15 AM  
 Dr. April Rietdyk, General Manager, Community Human Services  
 Lisa Powers, Executive Assistant, Community Human Services

Guest: Dr. Mario Kangeswaren, joined at 11:15 AM

**1. Provision for Declaration of Pecuniary Interest**

No member of the Board declared a pecuniary interest on any matter on the open session agenda.

**2. Recess to Closed Session**

Mr. Genge moved, seconded by Councillor Kirkwood-Whyte:

**“That the Chatham-Kent Board of Health move into a Closed Session Meeting pursuant to Section 239 of the Municipal Act, 2001, as amended, for the following reasons:**

- a) **Personal matters about an identifiable individual, including municipal or local board employees with regard to Medical Officer of Health recruitment.”**

The Chair put the Motion.

**Motion Carried**

**3. Adjournment of Closed Session**

“That Chatham-Kent Board of Health adjourn the Closed Session Meeting of July 6, 2022.”

**4. Resumption of Open Session Meeting – 11:15 AM**

## **5. Motions of Closed Session**

Mr. Genge moved, seconded by Councillor C. McGregor:

**“That The Chatham-Kent Board of Health authorize Drs. Ian Arra and Ninh Tran to provide MOH vacation coverage, as per the *Mutual Assistance Agreement*, to begin July 1, 2022. Drs. Arra and Tran shall perform the duties of, and have the authority to exercise the powers of the MOH in accordance with the requirements of Section 69(2) of the Health Protection and Promotion Act, R.S.O. 1990.”**

The Chair put the Motion.

**Motion Carried**

Mr. Caron moved, seconded by Ms. Hoste:

**“That the Chatham-Kent Board of Health, in accordance with Section 62(1) of the Health Protection and Promotion Act, R.S.O. 1990. appoint Dr. Mario Kangeswaren as Medical Officer of Health for Chatham-Kent, to start no later than August 29, 2022.”**

The Chair put the Motion.

**Motion Carried**

Dr. Rietdyk provided a brief background on Dr. Kangeswaren, indicating that a media scrum would be organized after his arrival. Dr. Kangeswaren thanked the Board for the opportunity.

## **6. Time, Date and Place for the Next Meeting of the Board**

The next meeting of the Board will be held virtually on Wednesday, September 21, 2022, with the open portion of the meeting to start at 11:00 AM.

## **7. Adjournment**

Moved by Councillor C. McGregor that the meeting be adjourned at 11:31 AM.

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Joe Faas, Chair

**Municipality Of Chatham-Kent****Community Human Services****Public Health Unit**

**To:** Board of Health  
**From:** Teresa Bendo, Director, Public Health  
**Date:** August 22, 2022  
**Subject:** 2021-22 Healthy Babies, Healthy Children Year-End Report

**Recommendation**

It is recommended that:

1. The Agreed Upon Procedures Report for the Healthy Babies, Healthy Children program prepared by Deloitte be approved.

**Background**

The Ministry of Health requires that public health units have their financial statements audited by an independent firm on an annual basis.

Deloitte has completed an Agreed Upon Procedures Report of the Healthy Babies, Healthy Children program (HBHC) of the Ministry of Children Community and Social Services and it is attached in Appendix A.

**Comments**

CK Public Health reported a surplus of \$269,409. This was primarily due to three reasons:

1. staff redeployment to support the COVID -19 response;
2. various staff extended leaves of absences; and
3. multiple vacancies.

**Areas of Strategic Focus and Critical Success Factors**

The recommendation in this report supports the following areas of strategic focus:

- Economic Prosperity:  
Chatham-Kent is an innovative and thriving community with a diversified economy

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Chatham-Kent is a healthy and safe community with sustainable population growth
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Chatham-Kent is recognized as a culturally vibrant, dynamic, and creative community
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Chatham-Kent is a community that is environmentally sustainable and promotes stewardship of our natural resources

The recommendation in this report supports the following critical success factors:

- Financial Sustainability:  
The Corporation of the Municipality of Chatham-Kent is financially sustainable
- Open, Transparent and Effective Governance:  
The Corporation of the Municipality of Chatham-Kent is open, transparent and effectively governed with efficient and bold, visionary leadership
- Has the potential to support all areas of strategic focus & critical success factors
- Neutral issues (does not support negatively or positively)

### **Consultation**

No consultation was conducted in the preparation of this report.

### **Financial Implications**

Audit charges as per the Audit service agreement.

Prepared by:

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Teresa Bendo, MBA  
Director, Public Health

Reviewed by:

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April Rietdyk, RN, BScN, MHS, PhD PUBH  
General Manager  
Community Human Services

Attachment: Appendix A: 2021-22 HBHC year-end report

**This report addresses** the following requirement(s) of the Ontario Public Health Standards:

**Organizational Requirements:**

Board of Health are held accountable for using ministry funding efficiently for its intended purposes.

**Municipality Of Chatham-Kent**  
**Community Human Services**  
**Public Health Unit**  
**Information Report**

**To:** Board of Health  
**From:** Teresa Bendo, Director, Public Health  
**Date:** August 22, 2022  
**Subject:** Director's Report for the Month of September, 2022

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This report is for the information of the Board of Health.

### **Background**

The purpose of this report is to provide an overview of current events or issues arising at Public Health.

### **Comments**

#### **CK Public Health Strategic Plan Development**

In 2020 CK Public Health had planned to update its four-year strategic plan. Due to the pandemic this work was put on hold. In its COVID-19 recovery plan, CK Public Health identified this as one of its priorities to re-start as soon as possible. CK Public Health is in the final stage of engaging a consulting company with expertise in strategic planning, to engage staff, the Board, clients, partners, and community members in a process to develop that plan. The aim is to complete this in the first quarter of 2023. Additional information will be provided as the project evolves.

#### **Ongoing Training/Education in Public Health Topics**

The Ontario Drug Policy Research Network, the Office of the Chief Coroner for Ontario / Ontario Forensic Pathology Service and Public Health Ontario released a report in July titled "Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry".

This report describes trends in the number of opioid toxicity deaths among people who worked in the construction industry, demographic characteristics, circumstances of death, and patterns of healthcare and medication use.

[https://www.publichealthontario.ca/-/media/Documents/O/2022/opioid-toxicity-ontario-construction-lives-lost-report.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/O/2022/opioid-toxicity-ontario-construction-lives-lost-report.pdf?sc_lang=en)

**Consultation**

There was no consultation involved in producing this information report.

**Financial Implications**

There are no financial implications with this information report.

Prepared by:

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Teresa Bendo, MBA  
Director, Public Health

Reviewed by:

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April Rietdyk, RN, BScN, MHS, PhD PUBH  
General Manager  
Community Human Services

**This report addresses** the following requirement(s) of the Ontario Public Health Standards:

**Public Health Practice Domain:**

Board of health are held accountable for achieving a high standards and quality of practice in the delivery of public health programs and services.



**Municipality Of Chatham-Kent**  
**Community Human Services**  
**Public Health Unit**  
**Information Report**

**To:** Board of Health  
**From:** Cara Robinson, Program Manager, Healthy Environments  
**Date:** August 26, 2022  
**Subject:** Public Beach Water Quality – Disclosure of Water Sample Results

This report is for the information of the Board of Health.

**Background**

Boards of Health are required to conduct surveillance of public beaches under the Ontario Public Health Safe Water Standard. The Recreational Water Protocol, 2019, further stipulates that Boards of Health must maintain an up-to-date inventory of public beaches that are routinely monitored and sampled for bacterial parameters. Typically, surveillance water sampling is required once per week during beach season; however, the protocol does allow for sampling to be reduced to once per month if sufficient historical data indicates predictive trends for adverse results. If sampling is reduced to once per month, an accompanying communication strategy must be implemented to educate and inform the public on safe beach usage. This modified approach to beach water surveillance is supported by the Operational Approaches for Recreational Water Guideline, 2018.

In 2018, CK Public Health conducted a review of historical beach water data to assess trends. Data indicated that elevated bacterial counts were frequently seen following significant rainfall and windy, wavy conditions. As a result, sampling was reduced from weekly to monthly, and beaches were no longer closed following elevated bacterial counts, due to the fact that beach conditions and water quality change so frequently. Additionally, advisory signs were posted at all public beaches in Chatham-Kent advising that high levels of bacteria are often found in beach water following heavy rainfall or strong winds. Signage also encourages beach users to be aware of recent weather conditions before swimming. CK Public Health continued to publicly disclose numeric water sample laboratory results on the Health Unit's website for public information.

## **Comments**

In June of 2022, several public inquiries prompted a review of the beach water sample result disclosure process to assess the clarity of the approach. Public feedback suggested confusion over how to interpret bacterial counts reported monthly, why elevated counts do not prompt beach closure, and how to decide when it is safe to swim.

Healthy Environments and Communications staff worked collaboratively to review website content and consider alternative methods of data presentation, which included a scan of the approach taken by other public health units.

The review resulted in a revision of the public education information contained on the webpage, in order to improve clarity. Most notably, the decision was made to discontinue numerical reporting of water sample results and replace them with a qualitative explanation of results received.

Website content has been updated and now includes the following:

- an overview of the risks of recreational beach water usage;
- direction to conduct a real-time assessment of environmental conditions before swimming, which is the best indication of water quality;
- four simple questions beach users can ask themselves to assess water quality when deciding whether to swim;
- beach water testing information, including a qualitative overview of most recent water sample results. Results are now presented in chart form, which includes the beach name, the sample date, and whether high or low levels of bacteria were measured;
- advisory signage present at public beaches in Chatham-Kent; and
- information on conditions that would result in a beach closure by CK Public Health.

Additionally, CK Public Health staff have worked to increase the number of advisory signs at all local public beaches to ensure the information is displayed conveniently and prominently at access points.

In summary, the revised approach to public education regarding safe beach water usage coupled with the simple, clear approach to beach water sample results disclosure facilitates easier decision-making processes for beach users assessing whether water quality is safe for swimming.

CK Public Health continues to collect and document numerical water sample results to monitor for emerging trends that may require revised action.

**Consultation**

Consultation occurred within the Healthy Environments and Communications teams, resulting in a number of changes to the webpage to improve clarity on public beach water quality.

**Financial Implications**

There are no financial implications resulting from this information report.

Prepared by:

Reviewed by:

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Cara Robinson, MPH,CPHI  
Program Manager, Healthy Environments

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Teresa Bendo MBA  
Director, Public Health

Reviewed by:

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April Rietdyk, RN, BScN, MHS, PhD PUBH  
General Manager  
Community Human Services

**This report addresses** the following requirement(s) of the Ontario Public Health Standards:

Recreational Water Protocol 2019



**July 19, 2022**

*This update is a tool that contains important information to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

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### **Future of Public Health Letter**

alPHA has sent correspondence to the new Minister of Health, Hon. Sylvia Jones, [alPHA Letter - The Future of Public Health](#). The July 18, 2022, letter provides several documents (including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHA's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

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### **2022 alPHA Conference, AGM proceedings and Resolutions**



Thank you again to all of the alPHA members who participated in the 2022 alPHA Conference, AGM, and Pre-Conference Workshop. The proceedings are now [posted](#) (log-in required).

The gift card winners for the conference are being announced. Congratulations to Jim Neil from KFL&A who won the door prize and Dr. Larry Oehm from SMDHU who won the prize for filling out the post-conference survey.

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### **Leader to Leader – A Message from the alPHA President - July 2022**



alPHA's 2022-2023 Board and the alPHA Executive have indeed 'hit the ground running' since taking office in mid-June.

On behalf of the alPHA membership, your alPHA Board has sent congratulations to the Hon. Sylvia Jones upon her appointment and new mandate as Ontario's Deputy Premier and Minister of Health. Most importantly, alPHA has respectfully advised Minister Jones there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes for all Ontarians, in both ordinary and extraordinary times. This was accompanied by supporting documents that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations.

As the unified voice of Ontario's local public health leadership, alPHA is pleased to share these materials and recommendations with Minister Jones at this pivotal time for the Province of Ontario and to welcome opportunities to meet with her and her staff.

Wishing you a safe, refreshing, and rejuvenating summer!

*Trudy*

Trudy Sachowski

*'A leader is one who knows the way, goes the way and shows the way.'*

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### **alPHA Correspondence**



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[alPHA Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHA ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

[alPHA Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces alPHA Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

[alPHA Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 alPHA letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

[alPHA Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 alPHA letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

[alPHA Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

[alPHA Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHA's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

[alPHA Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

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**Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference**



Next month, alPHA President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, AMO.

Are you an alPHA member planning on going to the AMO conference, working on briefings for Board of Health members who are attending, or participating as a municipal councillor in a delegation to a Minister? Many alPHA members are using the following alPHA resources to help prepare their key messages on local public health:

- alPHA Resolution: Public Health Restructuring/Modernization & COVID-19 :[A22-2 PH Restructuring.pdf \(ymaws.com\)](#)
- alPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. [report](#) and [executive summary](#)
- [Pre-Budget Consultations](#)
- [alPHA 2022 Elections Primer](#)
- alPHA's [submissions on PH Modernization](#), including the [Statement of Principles](#)
- ["What is Public Health?"](#)

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### Boards of Health: Shared Resources



A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law, or any other resource you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Board of Health \(To be revised Fall 2022\)](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit \(To be revised Fall 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

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### Public Health Ontario



Public Health Ontario (PHO) has recently announced an open call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, Locally Driven Collaborative Projects (LDCP) funding will be used to fund two to three projects (up to \$125,000 per project) that fit within one of the three following priority areas:

- Public health innovations
- Public health programs impacted by the pandemic
- Understanding pandemic impacts on mental health

For full application instructions, examples of project ideas and evaluation criteria, please see the [Call for Proposals](#).

### **Public Health Ontario Resources**

#### **New Routine Monkeypox Epidemiological Report**

PHO's new [Monkeypox in Ontario](#) report outlines up-to-date information on:

- confirmed and probable/suspected case counts
- case counts broken down by public health unit, gender, and age
- reported symptoms

The report is published twice per week on Tuesdays and Fridays on PHO's [monkeypox webpage](#).

#### **New Weekly COVID-19 Epidemiology Summary**

Starting June 16, PHO transitioned to weekly COVID-19 surveillance reporting and released a new, comprehensive weekly epidemiological summary: [COVID-19 in Ontario](#) with the aim of providing an overview of key trends in COVID-19. This report is published weekly on Thursdays on PHO's [data and surveillance webpage](#).

#### **Variants of Concern**

- [SARS-CoV-2 Omicron Variant Sub-Lineages BA.4 and BA.5: Evidence and Risk Assessment](#)
- [SARS-CoV-2 Omicron Variant BA.2 and Sublineages of BA.2: Evidence and Risk Assessment](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario, June 17, 2022](#)

#### **[Response and Recovery](#)**

- [Focus On: Response and Recovery from Public Health Emergencies: Assessment Activities](#)

#### **Upcoming Events**

- July 20: [PHO Webinar: Catch-Up of Routine and School Based Immunization](#)



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### Upcoming DLSPH Events and Webinars

# Dalla Lana

## School of Public Health

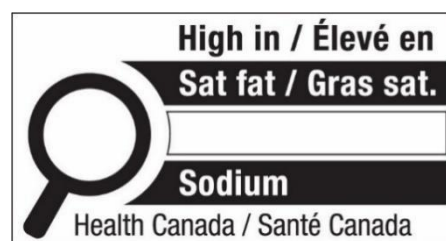
- July 27-28, 2022 [10<sup>th</sup> UCG Edition on Diabetes and Endocrinology Conference](#)
- 

### COVID-19 Update

As part of the response to COVID-19, aPHa continues to represent the public health system and work with key stakeholders. "NOTE: In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

- [Visit the Ministry of Health's page on guidance for the health sector](#)
  - [View the Ministry's website on the status of COVID-19 cases](#)
  - [Go to Public Health Ontario's COVID-19 website](#)
  - [Visit the Public Health Agency of Canada's COVID-19 website](#)
  - [aPHa's recent COVID-19 related submissions can be found here](#)
- 

### Update on Canada's Healthy Eating Strategy



On June 30, 2022, Health Canada [announced](#) new nutrition labelling regulations for packaged foods. By January 2026, a new symbol featuring a magnifying glass will appear on the front of most packaged foods that contain more than 15% of the recommended daily intake of saturated fat, sugars and/or sodium and will complement the Nutrition Facts table displayed on the back. Front-of-package nutrition labelling is a key part of Health Canada's [Healthy Eating Strategy](#), which aims to improve the food environment in Canada, make it easier for Canadians to make informed food choices, and lower the risk of diet-related chronic diseases. aPHa has communicated its support for the Strategy, with a focus on the pledge to restrict marketing of unhealthy food and beverages to children as per aPHa

Resolutions [A08-13](#) and [A09-1](#). alPHA's latest letter (March 4, 2022) on the subject can be viewed [here](#).

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### **RRFSS for summer 2022**



Data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data.

There is still opportunity to collect 2022 RRFSS data and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca). To read more, click [here](#).

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### **It is TRAVAX Renewal Time!**



It is renewal time for Travax (Travel Health Information Website) subscription licenses for alPHA members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up and take advantage of the special rate for alPHA members. For more information, members can visit [www.shoreland.com](http://www.shoreland.com). To obtain the alPHA member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

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### **News Releases**

The most up to date news releases from the Government of Ontario can be accessed [here](#).

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**Association of Local Public Health Agencies**  
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# alPHa

Association of Local  
**PUBLIC HEALTH**  
Agencies

**August 19, 2022**

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

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**Leader to Leader – A Message from the alPHa President – August 2022**



The recently held Association of Municipalities of Ontario (AMO) AGM and conference had over 2,000 attendees in Ottawa from August 14th to the 17th and presented a tremendous opportunity to profile alPHa, the importance of local public health and

our association's public policy positions. As your President, I participated along with Cynthia St. John, CEO, Southwestern Public Health, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health as part of a panel at the conference - 'Public Health COVID Learnings- informing future modernization.' The moderator was Monika Turner, Director of Policy, AMO. The panel discussed the need to have a better understanding of what worked well, what did not, and where improvements can be made, before embarking on any type of public health transformation. The goal was to have the session contribute to the growing local COVID learnings and insights to better manage the challenges ahead. The room was filled with many attendees, actively engaging. Thank you to all who attended the session. You can read access available speaking notes and slides [here](#).

These events were also a time to reacquaint with and meet municipal leadership who support the work of public health, including those who serve on their local boards of health. Thank you to the members who let us know they used alPHA resources to help prepare their key messages on the importance of local public health during encounters with delegates, meetings with colleagues, and delegations with Ministers. (*See July Issue of Information Break for a list of resources.*) Thank you to Loretta Ryan, alPHA's Executive Director, for her work in ensuring that alPHA representatives and members had the information they needed to make the most out of the conference.

While at the AMO events, I had the opportunity to speak to several board of health members who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. This is done by establishing provisions and ensuring these are in place until new board of health members are appointed. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional and that each board has their own by-laws and policies, as expected, I heard variations on how they will make this happen. Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors, since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially under an Order in Council or as a local representative by their board of health. While some boards will provide limited delegation powers to their MOH/CEO to manage any emergencies between October 24th, 2022, and the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that can not be dealt with during the interim period without the board in place, such as spending limits and budgetary matters etc. With no legislative tools per se on this, alPHA's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures during the municipal election process and leading up to

until the new municipal board of health members are in place. If you would like to share, please contact Loretta Ryan, alPHA's Executive Director [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

Looking forward to touching base in September!

## Trudy

Trudy Sachowski

***'The leadership role is to build the riverbanks and let the water flow freely.'***

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### **Government Announcement at the Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference**



At the AMO Conference, the provincial government announced *Working with Municipalities to Move Ontario Forward*. To read more about the government's announcement, click [here](#).

Additionally, on August 18th, the government issued [a news release](#) *Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery*. The government webpage also includes a quote from Trudy Sachowski, alPHA's President:

*"The Association of Local Public Health Agencies (alPHA) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."*

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**Hold the Date: Upcoming alPHA Events**



Please hold the date for our Winter Symposium that is taking place on Friday, February 24th, 2023. If you are a Board of Health or Affiliate member, please also hold the date for a Pre-Symposium Workshop happening in the afternoon on Thursday, February 23rd, 2023.

The Conference and AGM (in person) will be from Sunday, June 11th-Tuesday, June 13th, 2023.

If you are a COMOH member, please hold the date for a Section meeting and workshop that is being held on Friday, November 18th, 2022.

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### **alPHA Correspondence**



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

#### [alPHA Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHA ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

#### [alPHA Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces alPHA Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

#### [alPHA Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 alPHA letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

#### [alPHA Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 aPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

[aPHa Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

[aPHa Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of aPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

[aPHa Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

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### Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference



Next month, aPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, Association of Municipalities of Ontario, AMO.

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### Boards of Health: Shared Resources



A resource [page](#) is available on alPha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law, or any other resource you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) for posting in the appropriate library.

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### Public Health Ontario



### Reminder! Public Health Ontario Call for Proposals: Consequences of COVID-19 (up to \$125,000)

PHO is still accepting applications for its call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, LDCP funding will be used to fund two to three projects (up to \$125,000 per project) that fit within one of the three following priority areas:

1. **Public health innovations:** Projects may focus on the evaluation of a COVID-19 innovation, continuous quality improvement, or research to scale up existing innovations.
2. **Public health programs impacted by the pandemic:** Projects may focus on understanding the impact of reduced public health services, programs or strategies.
3. **Understanding pandemic impacts on mental health:** Projects may focus on understanding pandemic impacts on mental health, including harm reduction and prevention in substance use, and may consider specific populations. Project may also focus on understanding and/or strategies related to pandemic mental health impacts for the public health workforce.

### Funding Eligibility

- Applications are open to all public health units that meet the following criteria:
- be led by a PHU, in cooperation with at least one other PHU as a co-applicant



- work in meaningful collaboration with local academic and/or community organizations
- meaningfully engage at least one student
- promote health equity
- address a public health issue within the identified priority areas of COVID-19 consequences
- involve research and/or program evaluation activities
- create knowledge that is transferable across the public health system, and share that knowledge by developing and implementing a knowledge exchange plan

For full application instructions, examples of project ideas and evaluation criteria, please download the [complete application package](#) and refer to the full Call for Proposals document.

### How to Apply

1. Download the [complete application package](#), which includes:

- Project Charter
- Guidance resources to support filling out your application:
  - Project Teams and Knowledge Users (Section 1.0)
  - Project Information and Plan (Section 2.0)
  - Knowledge Exchange and Dissemination Plan (Section 3.0)
  - Acceptable Use of Funding (Section 6.0)

2. Complete the Project Charter document. Please ensure all sections of the application are filled out.

3. Submit your Project Charter, as your funding application, in Word format by emailing it to [LDCP@oahpp.ca](mailto:LDCP@oahpp.ca) **by September 19, 2022**.

If you have any questions about the program or application process, contact [LDCP@oahpp.ca](mailto:LDCP@oahpp.ca).

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### PHO Events

[PHO Webinar: Blastomycosis in Ontario: Public health and clinical considerations](#) (Aug. 22)

[PHO Rounds: Coronavirus in the Urban Built Environment \(CUBE\)](#) (Aug. 23)

[PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry](#) (Aug. 30)

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### TOPHC 2023

Please stay tuned for news about Spring 2023 TOPHC.

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### Public Health Ontario Resources

### Variants of Concern

[SARS-CoV-2 Omicron Variant Sub-Lineage BA.4 and BA.5](#)  
[Impact of SARS-CoV-2 main Protease Mutations on Nirmatrelvir/Ritonavir \(Paxlovid\) Resistance](#)  
[SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

### Data and Surveillance

[Vaccine coverage estimates now available for the newly eligible population of adults aged 18 to 59 years old.](#)

### Infection Prevention and Control

[COVID-19: Personal Protective Equipment \(PPE\) and Non-Medical Masks in Congregate Living Settings \(2nd Edition\)](#)  
[COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes](#)  
[Use of Portable Air Cleaners and Transmission of COVID-19](#)

Check out PHO's [COVID-19](#) webpage for a comprehensive list of all COVID-19 resources.

### Additional Resources - New

[Monkeypox Resources](#)  
[Report on lives lost to opioid toxicity among Ontarians who worked in the construction industry](#)

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### Upcoming DLSPH Events and Webinars

# Dalla Lana

## School of Public Health

- [The 13th International Conference on Maternal and Child Health \(MCH\) Handbook](#) (Aug 24-25)
- [CVPD Fall Symposium: Healthy Aging and Immunization](#) (Sept. 16)

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### COVID-19 Update

As part of the response to COVID-19, aPHa continues to represent the public health system and work with key stakeholders. **NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

[Visit the Ministry of Health's page on guidance for the health sector](#)  
[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)  
[Visit the Public Health Agency of Canada's COVID-19 website](#)  
[alPHA's recent COVID-19 related submissions can be found here](#)

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## RRFSS for Aug. 2022



There has never been a greater need for Health Units (HUs) to collect RRFSS data! HUs will be undertaking pandemic recovery planning and will need to have data for this purpose including data on the success of the vaccination roll-out, concerns about the vaccine and improving uptake. In addition, data will be necessary on other health conditions, attitudes and behaviours that were de-prioritised during the pandemic as the direct and indirect effects of COVID-19 on the population's longer-term health become apparent.

RRFSS data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data. Data collection is also available in a variety of modes: telephone (dual-frame landline and cell phone) and online (panel and convenience samples). There are data collection options to meet most budgets and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca)

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## News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

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### Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)





June 15, 2022

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

**Re: Support for South West Tobacco Control Area Network**

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

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

Motion No: 2022-41

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

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

**Carried.**

Sincerely,

A handwritten signature in cursive script that reads "Susan Paterson".

Sue Paterson  
 Chair, Board of Health  
 Grey Bruce Health Unit

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

Encl.  
 /mh

*A healthier future for all.*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)



# SOUTH WEST TOBACCO CONTROL AREA NETWORK

## Appendix B to Report No. XX-22

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

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

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

#### **SECTION 1**

#### ***PROTECT YOUNG PERSONS AND NON-USERS OF TOBACCO PRODUCTS FROM INDUCEMENTS TO USE VAPING PRODUCTS***

- Q.1 Are the current restrictions on advertising and promotional activities adequately protecting youth?*
- Q.2 Are the restrictions within the Act and its regulations sufficient to address potential inducements to use these products by youth and non-users of tobacco products?*
- Q.3 Are there other measures the Government could employ to protect youth and non-users from inducements to use tobacco products?*
- Q.4 Does the TVPA contain the appropriate authorities to effectively address a rapidly evolving product market and emerging issues such as the observed increase in youth vaping?*
- Q.5 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?*

#### **Health Canada Messaging about Vapour Products**

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

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

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

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

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

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

### **Vapour Product Flavouring and Additives**

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

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

### **Vapour Product Promotion and Advertising**

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

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

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

### **On-Screen Impressions of Smoking and Vaping**

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

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

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

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

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

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

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

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

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

## SECTION 2

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

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

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

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

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

### **Nicotine Concentration and Uniform Dosing Levels**

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

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



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

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

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

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

### **SECTION 3**

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

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

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

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

#### **Retailer Prohibitions of Sales of Tobacco and Vaping Products**

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

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

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

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

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

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

### **Reciprocal Relationships and Cooperation Between Federal and Provincial Inspectors**

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

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

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

### **Tighten Restrictions for Online Retail Marketing**

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

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

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

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

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

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

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

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

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

### **Enactment of a Tax and Vapour Product Pricing Regime**

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

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

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

#### **SECTION 4**

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

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

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

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

#### **Appealing Vapour Product Marketing and Unsubstantiated Health Claims**

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

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

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

## **Vapour Product Appearance and Packaging Design**

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

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

## **SECTION 5**

### ***ENHANCE PUBLIC AWARENESS OF HEALTH HAZARDS***

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

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

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

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

### **Comprehensive Review of Available Scientific Evidence Required**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**Subject:** A Renewed Call for Paid Sick Leave in Ontario

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, June 14, 2022

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## Recommendations

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

## Key Facts

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

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

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

### **Financial Considerations**

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

### **Analysis**

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

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

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

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

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

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

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

### **Alternatives Reviewed**

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

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## Relationship to Council Strategic Priorities

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

## Other Pertinent Reports

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

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

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