Chatham-Kent Board of Health
Agenda
Wednesday, May 17, 2023

10:30 AM Closed Session 11:00 AM Open Session

Virtual Meeting

To register for open session please email lisap@chatham-kent.ca

To Attend:

Councillor Lauren Anderson
Mr. Joshua Caron
Mr. Michael Genge
Ms. Magdiel Hoste
Councillor Brock McGregor (Chair)
Councillor Carmen McGregor (Vice Chair)
Councillor Alysson Storey
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. **Recess to Closed Session**

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.

4. **Adjournment of Closed Session**

"That Chatham-Kent Board of Health adjourn the Closed Session Meeting of May 17, 2023."

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

6. **Minutes of the Board Meeting of April 19, 2023, page 301**

7. **Education and Training – None**

8. **Business Arising From the Minutes**

a) Board of Health Meeting Time Update**, page 501**

9. New Business

A. Items Requiring Action

a) CK Public Health Strategic Plan 2023-2027, with presentation by Teresa Bendo, Director, Public Health, **page 511**

B. Information Reports to be Received

a) Director's Report for the Month of May 2023, **page 701**

b) Comprehensive Tobacco Update, with presentation by Jeff Moco, Youth Engagement Coordinator, **page 703**

c) School Health Team and Oral Health Team Update, with presentation by Carina Caryn, Program Manager, **page 709**

C. Items to be Received and Filed

a) Association of Local Public Health Agencies (alPHa) Information Break, dated April 21, **page 901**

b) alPHa Resolutions for Consideration at the June 13, 2023 Annual General Meeting, and voting delegates**, page 919**

c) COVID-19 Update for Chatham-Kent**, page 953**

10. Non-Agenda Items

11. Motions of Closed Session

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

Wednesday, June 21, 2023 11:00 AM, Health and Family Services Building, 435 Grand Avenue West, Chatham.

13. Adjournment

Chatham-Kent Board of Health
Minutes

Wednesday, April 19, 2023 10:30 AM

Call to Order

Present: Councillor Brock McGregor (Chair)
Councillor Carmen McGregor (Vice Chair)
Mr. Joshua Caron
Ms. Magdiel Hoste
Teresa Bendo, Director, Public Health (joined at 11:00)
Dr. April Rietdyk, General Manager, Community Human Services
Lisa Powers, Executive Assistant, Community Human Services

Regrets: Councillor Lauren Anderson
Mr. Michael Genge
Councillor Alysson Storey

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

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

"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 April 19, 2023."

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

5. Minutes of the Board Meeting of March 15, 2023

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

"That the minutes of the Board of Health meeting of March 15, 2023 be approved."

The Chair put the Motion.

Motion Carried

6. Business Arising from the Minutes - None

7. Education/Training - None

8. New Business

A. Items Requiring Action

a) CK Public Health 2023 Service Plan Submission, with presentation by Teresa Bendo, Director, Public Health

It is recommended that:

1. The 2023 Service Plan in Appendix A be approved.

Background

The Board of Health is required to submit an annual Service Plan to the Ministry of Health. The deadline is April 3, 2023.

Comments

The draft 2023 Service Plan will be submitted to the Ministry by the deadline. A copy can be found in Appendix A.

The purpose of the Service Plan and Budget submission is to describe the complete picture of programs and services that CK Public Health provides in the context of the Ontario Public Health Standards (OPHS). The Service Plan demonstrates that the Board's programs and services align with the priorities of Chatham-Kent, and further demonstrates accountability for the planning and use of funding for each program and service.

The Service Plan is made up of five key sections:

- Community assessment: This section describes the community of Chatham-Kent, the needs of the population, and the most recent available data about the community.

- Program plans: This section describes the programs, services, and interventions CK Public Health is planning to implement to address the Ontario Public Health Standards.

- Staff allocations by Standards and programs: This section describes the staff complement assigned to each Standard and program.

- Budget summary: This section describes the budget by funding source, summary by Standard with direct and indirect costs per Standard

- One-time funding requests: This section describes the additional one-time funding requests.

CK Public Health requested $ 7,393,000 as the Provincial share of the base budget:

Mandatory Programs (cost-shared 70/30)	$ 6,708,700
Ontario Seniors Dental Care Program (100% provincially funded)	$ 684,300

CK Public Health also requested one-time funding of $ 1,168,072 for the following:

COVID-19 General Program	$ 455,279
COVID-19 Vaccination Program	$ 330,857
Public Health Inspector Student Practicum Program	$ 23,320
Cost of Living, Inflationary Pressures	$ 358,616

COVID-19 General and Vaccinations Programs

CK Public Health will continue to provide services to support the prevention of spread and provide case and contact management of COVID-19 throughout the community. In the general COVID-19 programming area CK Public Health will manage the cases that are presented to the health unit in the highest risk setting (e.g. acute care, long-term care homes/retirement homes, congregate living settings). This is in accordance with the guidance provided by the Ministry of Health and other relevant Ministries to control and contain outbreak and recommend implementation of additional preventative measures where indicated.

Opportunities for vaccination of eligible individuals will continue to be provided by CK Public Health through fixed and mobile vaccine clinics. Vaccinations will be administered based on current guidance provided by the Ministry of Health.

Public Health Inspector (PHI) Student Program

Practicum students assist CK Public Health in delivering programming such as beach surveillance; West Nile Virus and tick surveillance; and food inspections. In addition, these students will assist in catch-up due to COVID-19. Students will gain real world experience in addition to one-one mentoring to prepare them for their board certification examination. Just as important to CK Public Health, student PHI practicums introduce future PHIs to the community of Chatham-Kent and this is a significant recruitment method for CK Public Health.

Cost of Living, Inflationary Pressures

Since 2016 CK Public Health has made a number of changes to manage its budget within the funding constraints. These include:

- operating lines that support service delivery decreased to a minimum
- implementing more efficient ways of delivering programs
- eliminating or decreasing the frequency of programs
- annually decreasing staff complement

Potential changes to programs to manage the budget will impact CK Public Health's ability to comply with the OPHS. Decreasing operating lines further would jeopardize CK Public Health's ability to support program delivery. The 2023-2024 budget year brings a $358,616 budget pressure due to cost of living and inflationary pressures.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.3		

Consultation

There was no consultation required in producing this report.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

Health equity is part of the mandate of public health units. The Service Plan requires that public health units identity the priority populations within their communities, the target populations for each of its programs, and interventions or specific approaches taken. The Service Plan also requires a description of how the board of health will: incorporate a health-equity approach throughout all programs and services, and how effective local strategies to reduce health inequities will be identified.

Financial Implications

As indicated in the Service Plan submission.

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

"That the CK Public Health 2023 Service Plan be approved."

The Chair put the Motion.

Motion Carried

B. Information Reports to be received

a) Director's Update for the Month of April, 2023, 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

2022-2023 Funding Approvals:

On March 17, 2023 the Ministry of Health notified CK Public Health that its 2022-2023 maximum budget allocation would be $10,954,700. The maximum allocation was broken down as follows:

Base Budget $7,443,100

One-time Funding $3,511,600

- Cost sharing mitigation $ 968,000
- Needle exchange program $ 24,600
- Purpose -built refrigerators $ 29,000

- Public Health Inspector Practicum Program $ 22,900
- COVID 19 General Program $ 659,900
- COVID 19 Vaccination Program $ 863,900
- Seniors Dental Care Program $ 70,000
- Seniors Dental Care Capital Program $ 262,100
- School Focused Nurses Initiative $ 498,400
- Temporary Retention Incentive for Nurses $ 112,800

In addition, the Ministry confirmed the following maximum allocations for 2023-2024:

Cost sharing mitigation (January 1, 2023- December 31, 2023) $ 968,000

School Focused Nurses Initiative (January 1, 2023- June 30, 2023) $ 125,000

Ongoing Training/Education in Public Health Topics:

Housing is a social determinant of health and homelessness is a multi-dimensional problem. Homelessness and Health Outcomes: PHO's evidence brief outlines the complex relationship between health and homelessness and the health outcomes associated with homelessness.

Homelessness and Health Outcomes: What are the associations? (publichealthontario.ca)

The Association of Municipalities of Ontario has been involved in housing and homelessness advocacy for years. Some of this work can be found at this link. https://www.amo.on.ca/advocacy/health-human-services/amos-compendium-work-housing-and-homelessness

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.1 2.2 2.3		

Consultation

There was no consultation involved in producing this information report.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

Public Health work is informed by a DEIJ lens, and Health Equity is a requirement of the Ontario Public Health Standards. Part of this lens includes providing learning opportunities; as such, the training items referenced in this report seek to provide education and awareness around homelessness and its associated impacts.

Financial Implications

There are no financial implications resulting from this report.

Ms. Bendo informed the Board that the Municipal Drug Strategy has been launched, supported by a pair of stakeholder surveys. One survey is for community partners and the other is for community members. The surveys are open until April 23. The steering committee is made up of CK Public Health staff, community partners, and those with lived experience.

b) Canada's Guidance on Alcohol and Health, prepared by Jordynne Lindsay, Public Health Nurse

Background

Current Context of Alcohol Use, Costs, and Harms

Alcohol is a regulated psychoactive substance used by approximately three quarters of Canadians, often as a normalized part of their lifestyle or social events. Unfortunately, most people are unaware that alcohol is a primary preventable cause of health and social harms.[1,2] In fact, alcohol use is the leading risk factor for death and disability among Canadians between the ages of 15 and 49 years and is the direct cause of over 60 chronic conditions including seven types of cancer.[1,2,3] Alarmingly, 70% of Canadians are not aware that alcohol causes cancer.[4] In 2020, nearly $20 billion or over 40% of the total costs of substance use in Canada, including healthcare, lost productivity, and criminal justice costs were due to alcohol.[1] Alcohol use led to 17,098 deaths in Canada in 2020.[1] In Ontario, alcohol-related costs amount to at least $5.3 billion each year with 15% of Ontarians reporting harmful alcohol use behaviours and one in three experiencing harm resulting from someone else's alcohol use in the past year.[5] A recent report released by Public Health Ontario found that each year in Ontario alcohol consumption causes over 4,300 deaths, 22,000 hospitalizations and nearly 195,000 emergency department visits, making up about 4% of deaths, 2% of hospitalizations and 4% of emergency department visits from all causes in people age 15 and older[6].

Despite the misconception that alcohol generates money for the government through taxes, these societal costs mean that all provinces and territories in Canada are running an alcohol deficit of over $3.7 billion per year.[7] Among Chatham-Kent residents (2019/20), 23% of adults self-reported using alcohol in excess of low-risk according to

Canada's new guidance on alcohol and health and 23% self-reported heavy drinking (five or more drinks on an occasion) over the last year. The proportions of adults exceeding low risk alcohol use and self-reporting heavy drinking in CK is significantly higher compared to adults in Ontario overall, and is higher among those identifying as male, compared to female. .[8] Chatham-Kent has experienced lower rates of emergency department visits and comparable hospitalization rates for conditions entirely attributable to alcohol, compared to the province.[8]

Comments

Development of the New Guidance

In January 2023, the Canadian Centre on Substance Use and Addiction (CCSA) released Canada's Guidance on Alcohol and Health, which replaces Canada's Low Risk Alcohol Drinking Guidelines. There are many reasons the guidelines were updated. Substantial new research on alcohol emerged over the past decade, providing new direction and enabling countries around the world to update their guidance to be more evidence-informed.[2] Canadian research demonstrated the previously used Low Risk Alcohol Use Guidelines were not sufficient in promoting and protecting health and preventing harms related to alcohol use.[9] The new guidance was developed through a collaborative process of CCSA scientists, knowledge mobilization specialists, representatives from various Canadian organizations including Health Canada, and public consultation.[2]

Canada's Guidance on Alcohol and Health is informed by a public health perspective and intends to improve alcohol literacy by providing accurate and current information about the risks and harms associated with alcohol use. The goal is to support Canadians to make well-informed choices about alcohol use and to promote autonomy in harm reduction. The guidance will also support health and social service professionals who can help individuals assess their individual risk of harm from alcohol use. Finally, the Guidance on Alcohol and Health is also intended to contribute to a growing evidence base for future alcohol policy and prevention resources, with a long-term goal to shift Canada's alcohol use culture and mitigate the normalization of harmful alcohol use at a societal level.[2]

Canada's Guidance on Alcohol and Health

To reduce the risk of individual and population-level harms from alcohol use, it is recommended that people consider reducing their alcohol use. New guidance on alcohol and health, based on current evidence, suggest the following:

- There is a continuum of risk associated with weekly alcohol use, where the risk of harm from alcohol is:
    - **Low** for individuals who consume **two** standard drinks or less per week;
    - **Moderate** for those who consume between **three and six** standard drinks per week; and
    - **Increasingly high** for those who consume **seven** standard drinks or more per week.

- Consuming more than two standard drinks per drinking occasion is associated with an increased risk of harms to self and others, including injuries and violence.
- When pregnant or trying to get pregnant, there is no known safe amount of alcohol use.
- When breastfeeding, not using alcohol is safest.
- Above the upper limit of the moderate risk zone for alcohol use, the risk of harm increases more steeply for females than for males[2].
- Significantly more injuries, violence, and deaths result from drinking among males, especially in the case of per occasion alcohol use.[2]

Many people do not know or may not have been taught what a standard drink is, which can lead to underestimating the amount of alcohol being used. Understanding this information can help individuals assess their alcohol use more accurately and make informed decisions about risks. For these guidelines, a standard drink includes:

- 341 mL or 12 oz of beer/cooler/cider that is 5% alcohol content;
- 142 mL or 5 oz of wine that is 12% alcohol content; and
- 43 mL 1.5oz of distilled alcohol (e.g., rum, vodka, gin, etc.) that is 40% alcohol content.[2]

An important component of the guidance is that the risk of negative outcomes begins to increase with any alcohol use and consuming more than two standard drinks per occasion is associated with significantly increased risk of harms to self and others. Binge drinking is a pattern of alcohol use that results in legal impairment for most people and is usually defined as consuming five or more standard drinks in one setting for males or four or more standard drinks in one setting for females. Binge drinking is a significant risk factor for death from any cause, including unintentional injuries, violence, heart disease and high blood pressure, inflammation of the gastrointestinal system, and developing alcohol use disorder (alcohol dependence). Furthermore, second-hand complications can arise from acute impairment and binge drinking such as violence, road crashes, child abuse, and neglect.[2]

There are also situations where no amount of alcohol use is advised to decrease the risk of injury and harms. These situations include: when trying to become pregnant, pregnancy, and breastfeeding; driving a motor vehicle; using machinery and tools; taking medications or other drugs that interact with alcohol; doing any kind of dangerous physical activity; and being responsible for the safety of others.[2]

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.2 2.3		

Consultation

There were no consultations for the writing of this report. Throughout the development of Canada's Guidance on Alcohol and Health, the Canadian Centre on Substance Use and Addiction (CCSA) conducted extensive consultations with a number of key partners, including health professionals, scientists, government, and people living in Canada. This process involved a public consultation in which 4,845 individuals participated and interviews with 48 persons representing various health-related organizations. The summary report, Commissioned Report: Update on Canada's Low-Risk Alcohol Drinking Guidelines: Summary of Stakeholder Focus Groups, is available on CCSA's webpage.[10]

Communication

Communication of Canada's Guidance on Alcohol and Health will occur using a variety of health promotion approaches. CK Public Health staff participate on national, provincial, and regional substance use networks, where information and updates are shared regularly. These networks include:

- Canadian Alcohol Policy Evaluation Community of Practice (CAPE CoP);
- Ontario Public Health Agency (OPHA) Alcohol Community of Practice;
- Alcohol Policy in Ontario Community of Interest;
- Southwest Regional Polysubstance Working Group; and
- Chatham-Kent Drug Awareness Council (CKDAC).

Education and awareness campaigns targeting different audiences (e.g., health care providers, general public, youth, etc.) are currently in planning stages through these collaborative networks to ensure coordinated and consistent messaging. In addition, CK Public Health is planning to update the alcohol page on the website and is working with the Southwest Regional Polysubstance Working Group to align messaging. CK Public Health staff will include messaging around the updated guidance in all community-based

substance use presentations and provide resources, such as Canada's Guidance on Alcohol and Health infographic (Appendix A), to promote awareness at the local level.

Diversity, Equity, Inclusion and Justice (DEIJ)

The relationships between alcohol and the social determinants of health are complex. Social, economic, and health factors can directly and indirectly impact alcohol use and related risks and harms. In addition, alcohol use can both create and exacerbate vulnerable situations (e.g., unemployment) and influence subsequent alcohol use patterns.[12] To enable effective action, it is important to first understand the causes of inequities in the context of alcohol use and related risks and harms.[13] Factors that influence alcohol risks and harms include alcohol access and affordability, gender norms, social environment (e.g., social and cultural practices, loss of cultural identity, stigma, social networks and supports), socio-economic position, occupation type, individual motivations and coping skills, and lack of knowledge about risks.[14]

Alcohol-Related Harms and Socioeconomic Status

Research shows there is an uneven distribution in morbidity and mortality where greater socioeconomic deprivation is associated with greater likelihood of harms related to alcohol use. This is referred to as the *alcohol harm paradox* whereby individuals experiencing lower socioeconomic conditions experience harms related to alcohol use at disproportionately greater rates than those that experience less socioeconomically deprived conditions even when the amount of alcohol is the same or less.[13] Individuals experiencing income inequities may also experience greater and more severe negative outcomes associated with alcohol use compared to those with higher income, such as stigma, loss of earnings, unemployment, and barriers to health care access.[12] Additionally, alcohol is more available in disadvantaged neighbourhoods through higher density of alcohol outlets. When more stores sell alcohol, it is more convenient for individuals to access. Availability of alcohol is further perpetuated through marketing and advertisements, driving the divide across population groups. In other words, the same amount of alcohol in a community with fewer resources will do more damage than in one with more resources because protective factors may be absent.[13] For more information on harms attributable to increased availability of alcohol and strategies to mitigate negative health and social impacts, see Appendix B, Alcohol Availability in Ontario infographic.

Alcohol-Related Harms and Biological Sex

In Canada, alcohol use and risks are experienced at higher rates for males than females. However, evidence shows that alcohol risks and harms are rising among females, particularly those aged 35 and older.[15] Females are at increased risk for chronic disease and the risk increases more steeply for females along the continuum.[2] For example, alcohol has a significant impact on the development of female breast cancer.[16] Individuals identifying as 2SLGBTQIA+, particularly those identifying as women, are positioned to experience greater risks and harms including alcohol use disorder.[16] Individuals identifying as women are also at higher risk for experiencing violence related

to alcohol use. When pregnant, trying to conceive, or breastfeeding, there is no known safe amount of alcohol use.[2]

Alcohol-Related Harms and Biological Age

Individuals aged 19-24 years have the highest rates of binge drinking in Ontario.[12] Alcohol is the most common drug used by youth and is a leading risk factor for death and social problems among this group.[2] While deaths attributable to alcohol are less than tobacco in Canada, more people dying from alcohol use are younger, resulting in more lost years of productive life.[1] Among youth populations, public health messaging should promote delaying the onset of alcohol use for as long as possible. For adults over 65 years, alcohol use parameters should be lower because of age related changes in metabolism and other factors that increase sensitivity to alcohol, such as concurrent medications and chronic disease.[17]

Alcohol-Related Harms and Indigenous Peoples

Intergenerational trauma caused by colonialism positions Indigenous Peoples and communities to experience risks and harms associated with alcohol use at disproportionate rates.[18] Studies have indicated indigenous youth attending off-reserve schools in Canada were more likely than non-Indigenous youth to report having used alcohol in the previous year. Among this cohort, Indigenous males were less likely to have engaged in past-year alcohol use compared to Indigenous females. Indigenous youth also reported starting to use alcohol at younger ages than non-Indigenous youth.[19] Therefore, strategies addressing structural inequities that are developed by, with, and for Indigenous Peoples and communities are required to prevent and mitigate risks and harms related to alcohol use in culturally responsive, trauma and violence-informed, and equity-oriented ways.

Financial Implications

There are no financial implications resulting from this report.

c) Health Equity Plan Update, with presentation by Laura Fay, Public Health Nurse

Background

CK Public Health's Health Equity Plan, approved in October 2022, is the first formalized Health Equity Plan for the health unit. Since the modernization of the Ontario Public Health Standards (OPHS) in 2018, the Foundational Standards Team has used a health equity framework to guide their team's work; however, given the amplified health inequities that arose from the pandemic, a formal health equity plan, as part of CK Public Health's Recovery Framework, was deemed a priority. The ever-green plan, grounded in requirements and guiding principles, is designed to adapt to changing needs and priorities as informed by the various forms of public health evidence - local context, community and political preferences and actions, research, and public health resources (NCCMT, 2023).

The largest contributors to the plan are:

1. The Ontario Public Health Standards:

Under the OPHS, public health units work to meet the requirements of four Foundational Standards. One of these four Foundational Standards is Health Equity. In addition, the Health Equity Standard includes a Health Equity Guideline and a Relationship with Indigenous Communities Guideline. The inclusion of health equity in public health "is important to the delivery of all public health programs and services in order to support people to reach their full health potential" (OPHS, 2018). The chart below is the framework for Health Equity work as outlined by the OPHS.

The Health Equity Plan consists of three priority areas, working towards the overall goal of increasing the skills, knowledge, and capacity of CK Public Health to reduce health inequities and improve population health outcomes. Each priority area has an associated logic model that outlines the specific activities required to achieve each priority. Below is a diagram of the Health Equity Plan.

Health Equity Framework			
Goal	To decrease health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.		
Guiding Principles	Need, Impact, Capacity, Partnership, Collaboration, & Engagement		
Requirements in the OPHS	**Health Equity Foundational Standard**	**Health Equity Guideline**	**Relationship with Indigenous Communities Guideline**
How the work is to be done	Assess & report Modify & orient Multi-sectoral collaboration Lead, support, and participate in stakeholder equity work	Health Equity work is supported by other Foundational Standards that are relevant to Health Equity: • Population Health Assessment Standard • Effective Public Health Practice Standard	Engagement with Indigenous communities and organizations by following the principles of: • Relationship building • Recognitions, respect, mutuality • Self-determination • Timely communication and knowledge exchange

			• Coordination
Areas of Work	Capacity building, planning & service delivery, organizational culture and infrastructure, & community partnerships		
Approaches for achieving the requirements	• Understanding and addressing social determinants of health (SDOH) • Addressing diversity in programs/services • Enhancing capacity for anti-racist, anti-oppressive, and culturally safe approaches to practice • Fostering organizational capacity for action • Planning and implementing policy approaches • Undertaking community engagement and inter-sectoral action • Using performance and quality improvement principles to advance health equity • Promoting the use of health equity tools & supports		

2. CK Public Health's COVID-19 Recovery Framework:

Finalized in August 2022, the Recovery Framework was developed to support CK Public Health to effectively recover from the COVID-19 pandemic as an organization and ensure readiness to respond to emerging events. As part of this framework, several areas of focus were identified with health equity being one of them.

3. Indigenous and Anti-Racism Research, Reports, Best Practices, & Community Action:

The activities included in the Health Equity Plan were informed by:

- Truth and Reconciliation Commission of Canada: 94 Calls to Action
- National Inquiry into Missing and Murdered Indigenous Women and Girls Calls to Justice
- National Collaborating Centres for the Determinants of Health and Indigenous Health
- Provincial Government Anti-Racism and Urban Indigenous Strategies & Plans
- Environmental scans of other health unit policies & practices
- Internal scans and assessments
- Public Health Ontario, Association of Public Health Epidemiologists in Ontario best practice recommendations

4. Local Context:

Local contextual data informed the Health Equity Plan, including recent Census data, as highlighted below, which demonstrate trends in the community's demographics. These trends helped to inform the prioritization of the Health Equity Plan activities.

- **4.2% of people in CK identified as Indigenous**, compared to 2.9% in the province (Census, 2021)
    - Indigenous populations are one of the fastest-growing populations in Canada (Statistics Canada, 2022)
    - 85.5% of people who identify as Indigenous live in urban settings (Government of Ontario, 2021)
- Between 2016 and 2021, **racialized communities increased by almost 50% in CK** (an increase of more than 2,300 people) (Census, 2021)
    - 9% (8,630) of people in CK were born outside of Canada, with 660 people immigrating in the past five years (Census, 2021)
    - By 2041, two in five (almost half) of people in Canada will belong to a racialized community (Statistics Canada, 2022)
    - Research demonstrates that poor health outcomes disproportionately impact certain populations, specifically Black, Indigenous, and communities of colour.

Alongside a better understanding of community demographics and social determinants of health, past and ongoing health equity analyses demonstrate the link between deprivation and poor health outcomes. Identifying local health inequities along with using and sharing that information are key roles for public health.

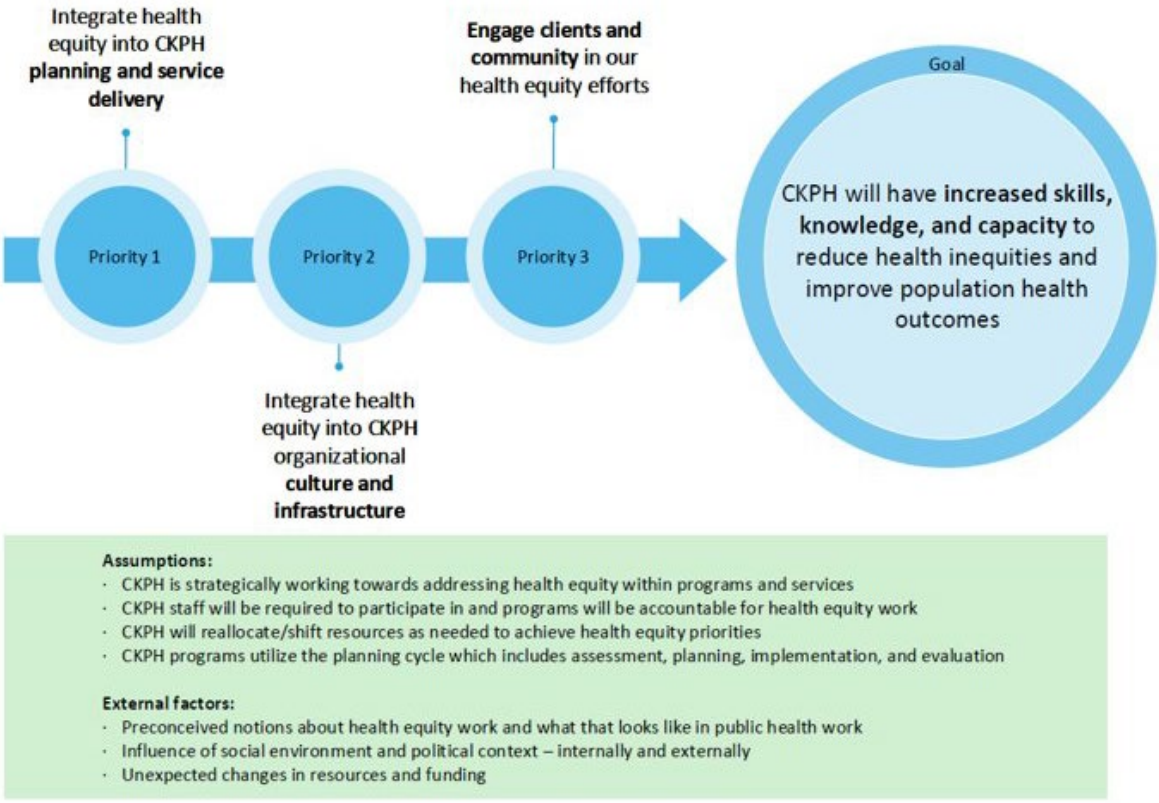
5. Partnership and Collaboration

The Health Equity Plan reflects five years of partnership and collaboration with community partners who engage in health equity work. Hours of relationship-building and learning (and unlearning) have contributed to this plan. Some examples of partnerships that have informed, and will continue to inform, this work are:

- The Social Action Planning Tables, specifically the Maawnjidimi Network (Urban Indigenous Network), and CK Local Immigration Partnership Anti-Racism and Community Network and Supports Working Groups
- Municipal Diversity, Equity, Inclusion, & Justice (DEIJ) initiatives

Comments

The Health Equity Plan consists of three priority areas, working towards the overall goal of increasing the skills, knowledge, and capacity of CK Public Health to reduce health inequities and improve population health outcomes. Each priority area has an associated logic model that outlines the specific activities required to achieve each priority. Below is a diagram of the Health Equity Plan.



There are several activities identified within the three priority areas of the Health Equity Plan. To prioritize the work for 2023, a prioritization activity took place with the Recovery Strategy Team. Prioritization of the activities was based on organizational readiness and capacity while trying to balance quick-win activities with longer-term, bigger projects.

For 2023, the following activities are prioritized:

- Mandatory training for all staff:
    - San'yas Anti-Racism Indigenous Cultural Safety Training
    - Francophone & Cultural & Linguistic Sensitive Care Course

2023 Mandatory Staff Training		
	San'yas Anti-Racism Indigenous Cultural Safety Training	**Francophone & Cultural & Linguistic Sensitive Care Course**
Training Goals	• To strengthen participant knowledge, awareness, and skills for working with and providing service to Indigenous people and communities	• To gain knowledge about cultural and linguistic sensitive care focusing on personal perspectives and inclusive health practices • To learn about Francophones in Ontario: who they are, where

	• To help participants work more safely and effectively with Indigenous people • To have participants begin to consider their role in correcting, rebuilding and transforming systems to uproot Indigenous-specific racism	they come from, how they obtain official-language rights as an official language minority population, and understand the health barriers that affect them today • To understand the active offer of French Language Services, what it is and how to implement it through a culturally and linguistically sensitive approach

- Two Action Teams
  - I.D.E.A. (Inclusion, Diversity, Equity, & Accessibility) Action Team – Indigenous Focus
  - Data Action Team – Sociodemographic Data Collection Focus

2023 Action Team		
	I.D.E.A Action Team	**Data Action Team**
Goal	To implement Indigenous cultural safety practices in our front-line work and office/clinic spaces	To establish the consistent collection of sociodemographic data (SDD) across the organization
Deliverables	• Land acknowledgement guideline (and staff training plan) – **in progress** • Smudge kits in client-serving spaces (and staff training plan) • Indigenous art/imagery/nature in client-serving spaces – **in progress** • Sustainability plan for this work: ▪ Identify champions for endorsing/supporting local Indigenous events, specifically for June 21 and September 30 ▪ Identifying ways to enhance relationships with Indigenous	• A review of existing program processes for SDD collection **-in progress** • Organizational standard for SDD collection – **in progress** • Training/knowledge sharing plan to build staff knowledge, capacity and skill in asking and collecting SDD – **in progress** • Integration plans for how SDD collection will be

2023 Action Team		
	networks and Indigenous-led service providers	integrated/enhanced in programs - **in progress** • Recommendations for EMR – **in progress**
The Team	• Nine staff from various teams • Meetings are every four weeks at CK's Indigenous Hub (495 King St. W) • Meetings include Indigenous knowledge and worldview teachings from an Indigenous Knowledge Keeper	• Twelve staff from various teams • Eight-ten meetings, every two weeks

Other activities for 2023 include:

- Continue to support staff around the use of We Speak language interpretation service, including the development of a language services policy
- Support the use of Community Engagement policy and principles
- Support the identification of health equity indicators for planning and reporting purposes
- Continue to foster relationships with community partners engaged in equity work, particularly in the areas of Indigenous reconciliation and anti-racism
- Support the integration of municipal DEIJ work and other municipal initiatives (i.e. data governance) into public health

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.1 2.3 2.4	3.1 3.2	

Consultation

While there was no consultation for the purposes of writing this report, the Health Equity Plan was informed by significant consultation of internal and external partners. Implementation of the plan relies heavily on collaborative action and continued partner involvement.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

Health Equity is a requirement of the Ontario Public Health Standards, under the Foundational Standards. This means that it is a requirement of public health to address health inequities by:

- assessing & reporting on population health inequities,
- modifying & orientating public health programs & services to best address the needs of equity-deserving populations,
- engaging in multi-sectoral collaboration, and
- leading, supporting and participating in stakeholder equity work.

CK Public Health is a strong proponent for the inclusion of an equity lens in Board and Council reporting, to ensure active and transparent consideration of equity and the social determinants of health.

Financial Implications

There are no financial implications resulting from this report.

In support of the report, Ms. Fay shared a PowerPoint presentation highlighting the following main points:

- Per the Ontario Public Health Standards (OPHS) including Health Equity in public health is important to the delivery of all public health programs and services in order to support people to reach their full health potential.
- The Health Unit's first Health Equity Plan (the Plan) has been formalized and approved; an outline of the plan was shared and is available in the Board report.
- The Plan was informed by: OPHS requirements; CK Public Health's COVID-19 recovery framework; Indigenous and anti-racism research, reports, best practices, and community action; local context; and partnerships and collaboration.
- There will be several health equity activities taking place in 2023. Included in this will be mandatory staff training around Indigenous cultural safety and Francophone cultural and linguistic care. Two staff action teams are meeting, one to work on Indigenous cultural safety practices in front-line work, and the other to establish the consistent collection of sociodemographic data (SDD) across the organization. Other activities include: language interpretation; community engagement; health equity indicators; partnerships – Indigenous reconciliation and anti-racism; and working with Municipal partners particularly in the DEIJ area.

In response to a question from the Board regarding the WeSpeak translation service, Ms. Fay indicated that this system was put in place during the pandemic and is available to all program areas in the Health Unit. Currently work is being completed to integrate screening for translation service needs; service seekers may also self-identify as requiring translation support.

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

"That the three reports be received as information."

The Chair put the Motion.

Motion Carried

C) Items to be Received and Filed

Mr. Caron moved, seconded by Ms. Hoste:

"That items a through d be received and filed"

a) Association of Local Public Health Agencies (alPHa) Information Break, dated March 17

b) Correspondence from Public Health Sudbury and Districts regarding minimum wage increase

c) Correspondence from Southwestern Public Health regarding support for the alPHa 2023 Pre-Budget Submission

d) COVID-19 Update for Chatham-Kent

In regard to item a, Councillor C. McGregor highlighted that May is alPHa's Workplace Health and Wellness month. There are many resources in the InfoBreak in support of this. Please feel free to share on social media; these posts may be highlighted at the upcoming conference. Ms. Bendo indicated that challenge is planned for staff around this item in May, and will be shared with the Board as well.

The Chair put the Motion.

Motion Carried

9. Non-Agenda Items

Quorum concerns for Board meetings

In response to a question from the Board, Dr. Rietdyk shared that as Board composition has changed from retired or semi-retired members, the current meeting time/date appears to be challenging for members. The Board requested Administration complete a survey of members to determine options around meeting times, and report back at the next regular Board meeting.

10. Motions of Closed Session

The Board received an update on Medical Officer of Health coverage during the recruitment process for a permanent, full-time Medical Officer of Health.

The Board received an update from, and provided direction to, Administration around an identifiable individual in regard to Medical Officer of Health recruitment.

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

The next meeting of the Board will be held on Wednesday, May 17, 2023, at the Health and Family Services building, 435 Grand Ave. W., Chatham, 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 11:47 AM.

_____

Brock McGregor, Chair

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

To: Board of Health

From: April Rietdyk, GM Community Human Services/CEO CK Public Health

Date: May 2, 2023

Subject: Board of Health Meeting Time Update

Recommendations

It is recommended that:

1. The Board of Health meeting time be changed to the first Thursday of each month at 11:00 AM starting in September, 2023.
2. The General Board of Health Meeting Procedures policy (revised 2023) be approved.
3. The Terms of Reference May 2023 be approved.
4. The revised meeting schedule for 2023 be approved.

Background

Per the General Board of Health Meeting Procedures policy (revised 2020), The Board of Health regular meeting time is 11:00 AM on the third Wednesday of each month, excluding July and August. This meeting time is also reflected in the Board of Health Terms of Reference.

At the April, 2023 regular Board of Health meeting, the Board discussed difficulties around quorum for the regular meeting time. As a result, Administration was requested to complete a survey of the Board to determine possible alternative meeting times. This survey was completed by April 27, 2023. The purpose of this report is to provide the Board an update of the survey findings and recommended next steps.

Comments

The survey was administered electronically and allowed the Board to choose from a variety of meeting days and times. The survey also allowed for an opportunity to provide written feedback regarding meeting times. The survey was completed by all seven Board members. Of the potential meeting times, 71% selected the first Thursday of the month, late morning as the ideal meeting time. Therefore, Administration is submitting the first Thursday of each month at 11:00 AM for consideration as the new meeting time.

A change to the meeting time will require Board approval of both the General Board of Health Meeting Procedures policy (revised 2023) attached as Appendix A, and the Terms of Reference, attached as Appendix B.

In November, 2022 the Board approved the 2023 meeting schedule. The adoption of a new meeting time would require approval of a revised meeting schedule for the remainder of 2023. The revised schedule is as follows:

September 7, 2023
October 5, 2023
November 2, 2023
December 7, 2023

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.4		

Consultation

Chatham-Kent Board of Health members completed an electronic survey to determine the proposed new meeting time. The Chatham-Kent Policy and Procedure manual and the Board of Health Terms of Reference were used in the preparation of this report.

Communication

Communication would be carried out per the General Board of Health Meeting Procedures, as well as through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

The meeting time update has been considered due to a change in the demographic of Board members. As Board composition shifted to a cohort that is largely working full time including shift work, and has child care considerations it was important to ensure that the meeting time removed as many barriers as possible for members. As well, the

provision of a virtual option helps to increase accessibility to meeting participation for those who may not be able to travel and attend a meeting in person.

Financial Implications

There are no financial implications with this report.

Prepared by:

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

Attachments:

Appendix A – General Board of Health Meeting Procedures policy (revised 2023)

Appendix B – Board of Health Terms of Reference May 2023

Public Health

Chatham-Kent Board of Health

General Policy and Procedure Manual

Policy:	General Board of Health Meeting Procedures	Section:	III – 3
Section:	Chatham-Kent Board of Health Officers, Committees and Members	Page:	1 of 3
Approved by:	Chatham-Kent Board of Health		
Implementation Date:	September 1995		
Revision Date:	May 2023		

Policy:

The Chatham-Kent Board of Health will have clear guidelines for all Board of Health meetings.

Purpose:

To ensure effective Board meetings consistently achieve objectives.

Procedure:

1. **Place of All Board Meetings:** All regular Board Meetings will be held at the Health and Family Services building, located at 435 Grand Avenue West, Chatham Ontario. Extraordinary meetings may be held in places other than the Health and Family Services building.

2. **Advertising of Board Meetings**: The Board will announce, through the good graces of the media, the regular meetings of the Board, and on the municipal website.

3. **First Organizational Meeting**: The Board of Health shall hold its first meeting of each year no later than the first day of February. The CEO, Public Health will preside until the Chair and Vice-Chair have been elected.

4. **Method of Election of Chair of the Board:** All current members of the Board are eligible to hold any position on the Board of Health.

   The selection of the Chair shall be received by nomination and confirmed by vote. If there is more than one nominee, the nominee receiving the least number of votes will automatically withdraw. The members shall then proceed to vote anew and so continue until the Chair has been elected. In event of an equality of votes for the position of Chair, lot conducted by the CEO, Public Health shall determine the successful individual. For purposes of this section, “lot” means the method of determining the successful candidates by placing the names of the candidates on equal size pieces of paper placed in a box and one name being drawn by a person chosen by the CEO, Public Health.

   The term of the office for the Chair shall be four years.

5. **Method of Election of Vice-Chair of the Board:** The Board shall elect a Vice-Chair following the same procedure as that for the Chair.

   The term of office for the Vice-Chair shall be four years.

6. **Regular Monthly Meeting of the Board:** The regular monthly meeting of the Board shall be the first Thursday of each month, except in July and August, commencing at the hour of 11:00 am, unless otherwise ordered by a Board Resolution or as soon as possible after inclement weather has forced postponement of the meeting. The closed session will precede the regular meeting and will begin at 10:30 am. As per Section 52 of the Health Protection and Promotion Act, a majority of the Board Members will constitute a quorum of the Board of Health.

   Administration will prepare the agenda monthly, with the exception of July and August but if the occasion arises where important business cannot be completed at the meeting, the Chair of the Board will arrange a subsequent meeting.

7. **Time Limit of Board Meetings:** In the absence of any emergency situations, all Board meetings (whether special or regular) shall be adjourned no later than 5:00 p.m.

8. **Special Meetings:** A special meeting of the Board may, at any time, be summoned by order of the Chair, and it shall be his duty to convene a special meeting whenever called to do so in writing by a majority of the Board. In the absence of the Chair, or if the office is vacant, or if the Chair refuses to act, a Special Meeting may be summoned by the CEO Public Health upon request to him/her signed by a majority of the Board.

9. **Distribution of Agenda:** The agenda for the next regular Board Meeting and Minutes of the past meeting shall be delivered to the Board Members at least 48 hours before the meeting. Where applicable, this rule shall apply to special meetings and committee meetings of the Board. Copies of the Board's regular agenda shall be made available to the media on the morning of the regular meeting. Agendas are also available at least 48 hours before the meeting on the municipal website.

10. **Delegations:** It is preferred that delegations submit a written request with particulars to the Board of Health, through the CEO, Public Health one week prior to the Regular Board Meeting if they wish to be heard. However, if a delegation appears before the Board without prior arrangements, they may be heard before the commencement of the

regular business upon approval of the Board. Delegations will be allowed a maximum 15 minutes presentation time exclusive of questions and answers.

11. Order of Business at Regular Meetings

a) Call of the Roll
b) Provisions for Declaration of Conflict of Interest
c) Minutes of the Regular Board Meeting
d) Business Arising from the Minutes
e) Delegations
f) New Business
g) Any Other Business Coming Before the Board
h) Time, Date and Place for the Next Board Meeting
i) Motions of Closed Session Meeting (Personnel, Property, and Litigation)
j) Adjournment

Appendix:

1. Refer to Appendix II: Part VI Health Protection and Promotion Act

Reference:

1. Section 52 of the Health Protection and Promotion Act

Policy Location: G:PHU/Public Health Policy Manuals/Board of Health Policy
Hard Copy: Executive Assistant to the CEO and MOH Public Health

Author: Teresa Bendo, Director, Public Health, Revised 2020

Chatham-Kent Board of Health
Terms of Reference
May 2023

Mandate

The Ontario Public Health Standards, 2021 (OPHS) identify at the policy level, the mandate of Public Health Programs and Services as:

- To improve and protect the health and well-being of the population of Ontario and reduce health inequities

Expected Population Health Outcomes are identified as:

- Improved health and quality of life
- Reduced morbidity and premature mortality
- Reduced health inequity among population groups

Locally, in addition to its provincial mandate, the Chatham-Kent Board of Health provides support, advice and recommendations to the Chatham-Kent Public Health Unit (CKPHU) leadership team to ensure the organization's vision, mission and values are adhered to.

Vision: Everyone in Chatham-Kent has the opportunity to reach their full potential for health and well-being.

Mission: Working together to deliver evidence-informed, equity-focused programs and services. We protect and promote health and advocate for positive social change.

Values: Dedication, Knowledge, Trust and Respect, Leadership, Innovation and Flexibility

Goals of Public Health (OPHS) and the Chatham-Kent Board of Health:

- To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system
- To reduce health inequities with equity focused public health practice
- To increase the use of current and emerging evidence to support effective public health practice
- To improve behaviours, communities and policies that promote health and well-being
- To improve growth and development for infants, children and adolescents
- To reduce disease and death related to infectious, communicable and chronic diseases of public health importance
- To reduce disease and death related to vaccine preventable diseases
- To reduce disease and death related to food, water and other environmental hazards
- To reduce the impact of emergencies on health

Membership

The Health Protection and Promotion Act stipulates the composition of Boards of Health. All Ontario Boards of Health are to have a minimum of three members to a maximum of thirteen members appointed locally. These members can be a combination of Municipal Councilors and community members who go through the municipal application process. For Chatham-Kent, the province also has the ability to appoint up to five additional members.

During the May 16, 2018 board meeting the Chatham-Kent Board of Health approved administration's recommendation to dedicate one Board of Health seat for representation by an Indigenous member of the Chatham-Kent Indigenous Community.

Membership includes:

- 4 Municipal Councillors
- 3 Community Representatives (1 Representing Indigenous Peoples)
- 1 Provincially appointed member

Municipal Councillor and Community Members' terms are four years. Municipal Councillor appointments occur following each municipal election. Community member appointments occur half way through each Municipal Council term. This ensures continuity of the Board.

Chair and Vice-Chair

All current members of the Board of Health are eligible to sit as chair or vice-chair of the board. The selection of both positions shall be received by nomination and confirmed by vote. Both positions have a term of two - four years with re-election coinciding with the municipal election. If either position is filled by a community member and the community member is re-appointed for a subsequent term, the board reserves the right to allow for a subsequent two year term to coincide once again with the election of chair and vice chair following each municipal election.

Responsibilities

It is the responsibility of the Board of Health to implement and administer the mandatory programs according to the Ontario Public Health Standards (2018). To carry out this responsibility, the Board of Health will:

- Ensure sufficient qualified staff
- Establish policies regarding programs
- Recommend approval of budgets
- Control expenditures
- Ensure sound administrative practices
- Provide and manage adequate offices and equipment
- Ensure auditing of CKPHU financial statements
- Ensure adequate property, liability, and malpractice insurance
- Ensure legal counsel is provided as required
- Ensure remuneration is established for all employees

Recommendations and Decision Making

While it is desirable that all recommendations and subsequent decisions of the board are made by consensus, voting on recommendations will occur following the recommendation(s) being moved and seconded. After discussion, and required questions answered by administration, a vote will be taken by show of hands and will pass with a majority vote.

Meetings

Meetings will be held monthly on the first Thursday of the month, except in July and August. Closed session, if required, will precede the meeting. Meetings will begin at 11:00 am (closed session, if required at 10:30) and will adjourn no later than 5:00 pm. Special meetings of the Board may, at any time, be summoned by order of the Chair or by the request of the majority of the Board. Board members will be reimbursed reasonable travel charges associated with board meetings in accordance with municipal policy.

Quorum

Quorum for meetings will be attendance by a simple majority of board members.

Staff Support

The Executive Assistant to the General Manager, Community Human Services will provide administrative support to the Board of Health. The CEO, CKPHU, Director of Public Health, Medical Officer of Health, and Program Managers will attend Board of Health meetings to provide support and guidance as requested.

Reports to Council

Following approval of the minutes of the Board of Health by the Board, the Executive Assistant to the General Manager, Community Human Services will forward a copy of the minutes to the Council Coordinator for inclusion as part of the Council consent agenda.

Amending the Terms of Reference

The Terms of Reference will be reviewed and amended prior to each Municipal election in preparation for changes to all municipal Committees of Council.

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

To: Board of Health

From: Teresa Bendo, Director, Public Health

Date: April 1, 2023

Subject: CK Public Health Strategic Plan 2023-2027

Recommendation

It is recommended that:

1. The proposed CK Public Health Strategic Plan 2023-2027 be approved.

Background

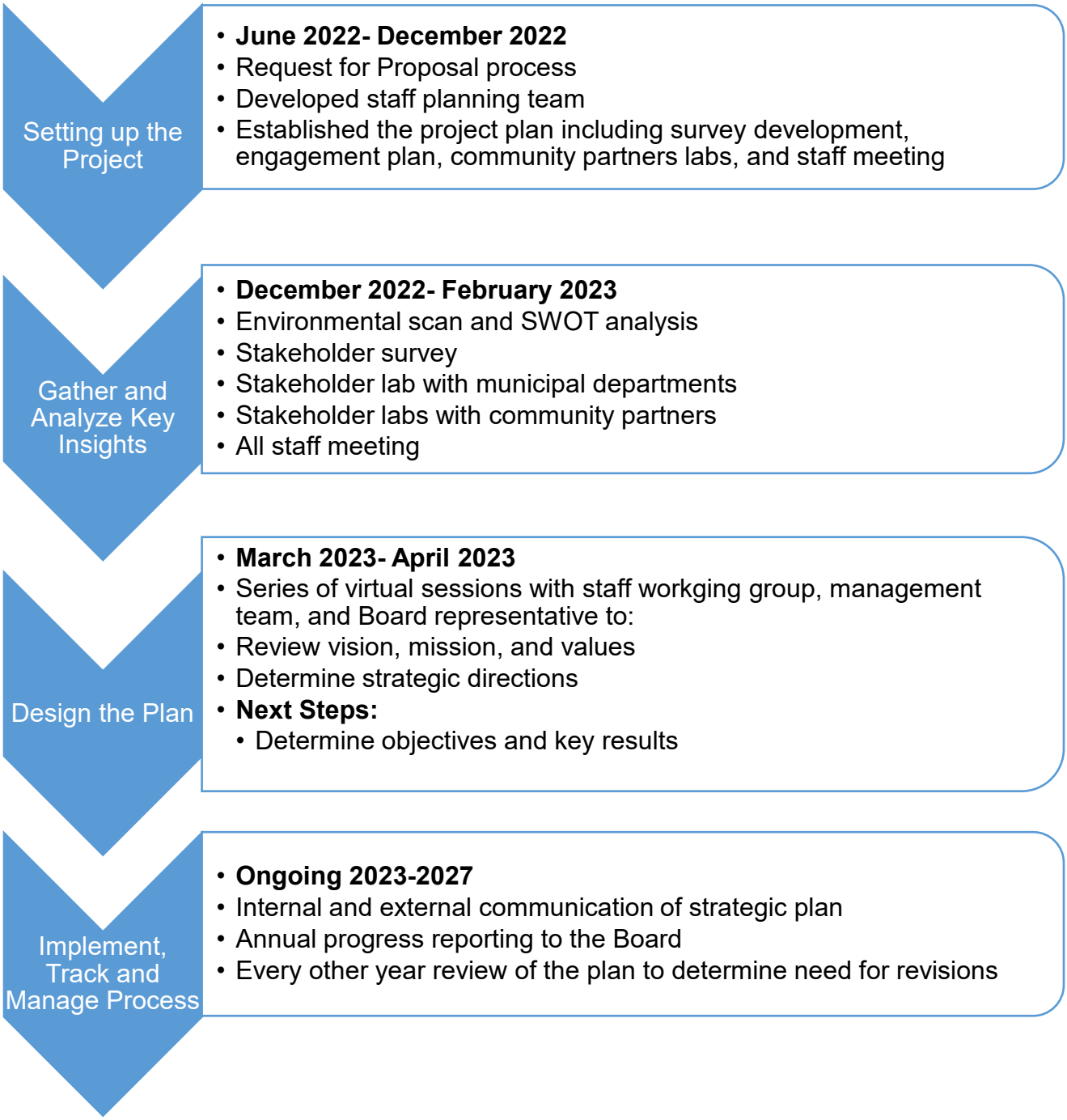
As part of the Organizational Requirements of the Ontario Public Health Standards, the Board of Health "shall have a strategic plan that establishes strategic priorities over three to five years, includes input from staff, clients, and community partners, and is reviewed at least every other year".

The timeframe for CK Public Health's most recent strategic plan was 2017-2021. The development of a new strategic plan was put on hold during the acute phase of the COVID-19 pandemic. CK Public Health prioritized the update of its strategic plan as part of the 'COVID-19 recovery plan'.

Comments

In June 2022 CK Public Health released a request for proposal for experienced strategic plan consultants to lead its strategic planning process.

In collaboration with Overlap Associates, CK Public Health implemented a four-step process to gather key insights, develop and implement its strategic plan. The following graphic is a snapshot of that process.



The Proposed Plan

The resulting proposed plan is as follows:

Vision: Everyone in Chatham-Kent has the opportunity to reach optimal health and a high quality of life.

Mission: Working with and for the community to deliver evidence informed, equity-focused programs and services that protect and promote the health of all Chatham-Kent residents.

Values:

Collaboration- We work together to solve problems and achieve shared goals. We create strong and lasting relationships built on effective teamwork, open communication, and meaningful engagement.

Inclusion- We foster a welcoming environment to ensure everyone feels accepted and safe.

Trust and Respect- We treat everyone with empathy and kindness. We understand that trust is earned over time, and we are committed to the journey.

Leadership- We guide, support and empower community members, partners, and our team members to take action on important public health issues.

Adaptive- We adapt our public health practice to respond to emerging community needs using an evidence informed approach.

Knowledge- We are a trusted source of knowledge and we are the community's first choice when seeking public health information.

Strategic Directions:

1. Demonstrate accountability and value of public health work
2. Deliver quality programs and services to address health inequities
3. Elevate public health as a priority
4. Utilize knowledge to mobilize the community
5. Strengthen our organizational capacity and culture

Next Steps for Action

The Strategic Plan is intended to be a living document. Following Board of Health approval of the plan, staff will further develop CK Public Health's plan to achieve year 1 goals, including key results to measure progress. Throughout the life of this plan, updates, revisions, and improvements will occur to ensure progress towards achieving the strategic directions.

The plan will be reviewed at a minimum, every other year. CK Public Health will consider any changes to be made, provide status updates, and celebrate achievements that occurred over the past year.

On an annual basis the Board of Health will receive an update informing Board members of the progress to date. The same information will be presented to all staff on an annual basis at a general staff meeting.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.1 2.2 2.3 2.4	3.1	4.1 4.2

Consultation

Overlap Associates gathered feedback on behalf of CK Public Health to inform the development of its plan in multiple ways:

- An invitation to participate in a survey was sent to over 90 community partners and individuals, and distributed to the Children and Youth Network, the CK Ontario Health Team, and Social Planning tables.
- Over 30 community agencies were invited to participate in one of two community labs.
- All municipal departments were invited to participate in a Municipality of Chatham-Kent lab.
- CK Public Health staff participated in an all-staff meeting.

Communication

As a next step, this plan will be communicated to external partners, particularly those who were invited to participate in the process. The plan will be communicated to CK Public Health staff, and will be posted on the CK Public Health website as required by the accountability agreement.

Diversity, Equity, Inclusion and Justice (DEIJ)

Health equity is part of the mandate of public health units. Equity and inclusion is woven throughout this strategic plan. It is found in CK Public Health's organizational values, its mission and one of the strategic directions particularly focuses on addressing health equity.

Financial Implications

There are no financial implications resulting from this report. Programs and services, and initiatives resulting from the strategic plan will be covered through the existing health unit budget.

Prepared by:

_____
Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachments: None

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

To: Board of Health

From: Teresa Bendo, Director, Public Health

Date: May 1, 2023

Subject: Director's Report for the Month of May, 2023

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

2023 Association of Local Public Health Agencies (alPHa) Workplace Health & Wellness Month Fitness Challenge:

Historically public health units across the province have participated in the alPHa challenge in the month of May. Over the past three years, CK Public Health put a pause on this activity. This year CK Public Health staff are challenged to "Walk, Run or Wheel Across Canada", and Board members are invited to participate. Collectively, the goal is to gather enough active minutes, of walking, running, or wheeling, which will then be converted into kilometers. It will take a total of **10028 kilometers** to cross Canada: East to West!

Ongoing Training/Education in Public Health Topics:

Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario.

This educational opportunity accompanies the Comprehensive Tobacco Update in this month's board package. This report illustrates the substantial burden of disease and injury linked to smoking and alcohol consumption across Ontario. It was produced collaboratively by Ontario Health and Public Health Ontario.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.1, 2.2, 2.3		

Consultation

There was no consultation involved in producing this information report.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

This report does not have implications related to diversity, equity, inclusion, or justice.

Financial Implications

There are no financial implications resulting from this report.

Prepared by:

_____
Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachments: None

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

Information Report

To: Board of Health

From: Jeff Moco, Youth Engagement Coordinator

Date: May 1, 2023

Subject: Comprehensive Tobacco Control Update

This report is for the information of the Board of Health

Background

In recognition of the World Health Organization's (WHO) "World No Tobacco Day 2023" on May 31, CK Public Health tobacco control staff wish to provide an update on the current state of tobacco control in Chatham-Kent. In the areas of tobacco prevention, protection, and cessation there are several opportunities and challenges facing staff as they return to programming after supporting CK Public Health's COVID-19 response during the pandemic.

Burden of tobacco use in Chatham-Kent

A recent report from Public Health Ontario (PHO) summarizes the burden of health conditions attributable to smoking. From an Ontario perspective, smoking causes 16,673 deaths, 68,046 hospitalizations, and 125,384 emergency department visits annually. These make up 17% of all deaths, 8.7% of hospitalizations, and 3.4% of emergency department visits from all causes in people aged 35 and older.

When looking specifically at the burden of smoking in Chatham-Kent, estimates of average annual deaths, hospitalizations, and emergency department visits from health conditions attributable to smoking in people aged 35 and older are:

- 220 deaths (92 cancer, 63 respiratory, 62 cardiovascular)
- 766 hospitalizations (341 cardiovascular, 328 respiratory)
- 1,723 emergency department visits (1283 respiratory, 381 cardiovascular)

These smoking attributable outcomes make up 19.4% of all deaths, 9.4% of all hospitalizations, and 4.4% of all emergency department visits in Chatham-Kent.

Current Tobacco and Vaping Use Rates

It is difficult to summarize current smoking rates in Chatham-Kent due to a lack of recent available data. The most recent PHO summary available is from 2015/2016. PHO reports the current daily smoking rate of Chatham-Kent residents aged 15 years and older is approximately 19%. This is higher than the reported Ontario average of 13%.

Looking further into specific age groups, those aged 20-44 have the highest smoking rates in Chatham-Kent at 23.2%, followed by those aged 45-64 at 19.3%, while those aged 65 and older have a rate of 10.4%.

Approximately 4.1% of Ontario students have smoked cigarettes in the past year while 15.3% have vaped. (OSDUS, 2021)

Cessation

At this time, there are a variety of options to assist individuals in quitting smoking or vaping. These options include counselling, nicotine replacement therapy (NRT), and medications. Despite the variety of offerings in the community, gaps remain in the availability and affordability of these treatment options. Accessibility for those without access to a primary care practitioner is one of the most prevalent gaps. The quality and abundance of smoking cessation services also varies throughout the municipality. To address these gaps, CK Public Health has entered into an agreement with the Centre for Addiction and Mental Health (CAMH) to become a service provider for their Smoking Treatment for Ontario Patients (STOP) Program. The CK STOP Program will provide up to 26 weeks of free NRT with counselling to residents without a primary care practitioner who participate in the in-person program, or up to 10 weeks of free NRT for those opting into the mail out model. The STOP program is funded by the Ontario Ministry of Health and will help assist residents in supporting their quit attempts.

Even those who have access to cost-reduced or free nicotine cessation treatment are often not aware of what is available to them or how to access it. In addition to registering people for the CK STOP Program, public health staff will act as system navigators for those who want to quit smoking or vaping. Tobacco program staff will directly guide individuals as they go through the eligibility process to help them secure available community supports. The tobacco program staff will also develop a comprehensive resource for frontline staff to share with clients and other members of the public to help guide them down their desired path. This resource will reflect the information that is already available online at www.ckphu.com/quit.

Protection

Tobacco Enforcement Officer (TEO) activities over the past year have focused on addressing the use of vaping products in unauthorized places. In the majority of cases, this is in response to vaping on school property. This school year, 10 fines have been

issued for vaping on school property. In addition, 8 students were referred to participate in the diversion program and took part in brief cessation interventions in lieu of facing a fine. TEO and Youth Engagement staff have worked in collaboration since the beginning of the school year meeting with administrators across area high schools to assist in preventing vaping on school property through consultation and sharing of promotional resources. As a result of increased collaboration, two Chatham-Kent schools have reported a marked increase in Smoke Free Ontario Act adherence.

In addition to regular inspections, specialty vape stores are now required to register their business. To date, there are 15 specialty vape stores in Chatham-Kent. The current cost of getting a specialty vape store license in Chatham-Kent is $300.33.

Prevention

Over the past several months, prevention staff have been busy responding to school requests to address nicotine vaping prevention in elementary and secondary schools across Chatham-Kent. Prevention staff have provided 20 educational sessions to 1166 elementary and secondary students. In addition to prevention, approximately 25 students have participated in brief cessation interventions to support student's attempts to reduce vaping. Recently, staff have assisted in training St. Clair Catholic School Board Child and Youth Work staff to deliver their own vaping prevention programming that is currently being implemented in three schools over a four week period targeting students in grades 6 to 8.

In addition to prevention activities in local schools, staff are working on regional committees on prevention projects targeting young adult males including prevention of the initiation and escalation of tobacco use through a comic series delivered through Instagram as well as additional in-person community events.

Comments

The main objectives to comprehensive control are quite specific. To reduce the burden of tobacco use in the community through the three pillared approach of cessation, protection, and prevention. This means:

- encouraging and supporting smokers to make quit attempts;
- helping residents navigate cessation supports that are available to them;
- enforcing the Smoke-Free Ontario Act and support at locations where there are challenges; and
- preventing new generations of nicotine addiction through education, skill building, and awareness raising activities for at-risk populations.

At this time, expanding the cessation options available to residents through the implementation of the CK STOP Program will address a significant gap in the community and help support the increase of successful quit attempts.

Continued partnership with school board staff will create safe environments and opportunities to provide education and supports for students.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.3		

Consultation

CK Public Health staff reviewed reports from Public Health Ontario (https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol) as well as tobacco control directives from the Ontario Ministry of Health.

Communication

Staff have updated the main webpages to communicate up-to-date information and resources on the topics of tobacco cessation, protection, and prevention. Key features being accessed the most include the online Smoke-Free Ontario Act (SFOA) signage request for businesses/organizations, updated vaping prevention/cessation resources, as well as an updated cessation navigation tool.

Priority for the coming months will focus on promotion strategies to target increased quit attempts in the community as well as the promotion and communication of the new CK STOP Program through social media and community partner engagement.

In addition, work is currently underway with Tobacco Control Area Networks (TCAN) regional partners to participate in World No Tobacco Day communication campaign aligning with the WHO campaign that asks the world to **Grow Food, Not Tobacco**. This campaign focuses on the global tobacco industry, a highly specialized oligopoly that depends on the cultivation of the tobacco crop, and includes the following main objectives:

1. Mobilize governments to end subsidies on tobacco growing and use of savings for crop substitution programs that support farmers to switch and improve food security and nutrition.

2. Raise awareness in tobacco farming communities about the benefits of moving away from tobacco and growing sustainable crops;
3. Support efforts to combat desertification and environmental degradation by decreasing tobacco farming; and
4. Expose industry efforts to obstruct sustainable livelihoods work.

In reviewing the WHO promotional material, TCAN members have discussed changing the tagline locally to “Grow Food, Not Commercial Tobacco” in order to respect Indigenous populations who hold tobacco sacred.

Diversity, Equity, Inclusion and Justice (DEIJ)

The expansion of cessation programming to increase access to services will help to increase equitable supports to individuals looking to quit smoking. In addition, the availability of a mail-out model will help to reduce transportation barriers for those living in outlying communities.

Policy/Advocacy

This potential Bill “Vaping is not for kids”, was introduced by the Ontario NDP on April 26, 2023, and has been endorsed by the Canadian Cancer Society, Physicians for a Smoke-Free Canada, Lung Health Foundation, Ontario Nurses Association, Heart & Stroke Foundation, Ontario Public Health Association and the Canadian Lung Association.

Several health groups are concerned about the increase in youth vaping and the potential future harms to increased tobacco use. Current policy efforts are focussed on preventing further increases in youth vaping by:

- moving the age of purchase to 21;
- restricting vape device sales to specialty shops;
- prohibiting online sales of vaping products; and
- prohibiting promotion of vaping products.

Financial Implications

There are no financial implications resulting from this report.

Prepared by:

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Jeff Moco
Youth Engagement Coordinator

Reviewed by:

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Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachments: None

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

Information Report

To: Board of Health

From: Carina Caryn, Program Manager

Date: May 1, 2023

Subject: School Health Team and Oral Health Team Program Update

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

Background

This report will cover activities under the School Health Program Standard, including oral health for children 0 – 17 years of age, activities in relation to the Ontario Seniors Dental Care Program, which is included in the Chronic Disease Prevention and Well-Being Program Standard, and activities in relation to Immunization for the school-age population, included in the Immunization Program Standard.

This report provides a summary of the School Health Team and Oral Health Team's work so far in 2023 and a look ahead to the remainder of the year.

Summary of Ontario Public Health Standard Program Requirements

In the School Health Standard, CK Public Health is required to:

- Collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to our programs and provide this information to relevant stakeholders (e.g., schools/school boards)
- Implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school aged children and youth, in partnership with other CK Public Health programs as needed
- Support the implementation of health-related curricula and health needs in schools, across a variety of topic areas
- Conduct surveillance and oral health screening in school aged children
- Provide the Healthy Smiles Ontario Program
- Provide visual health supports and visual screening services in accordance with the *Child Visual Health and Vision Screening Protocol, 2018*. Visual health is also listed as a topic for consideration under the Healthy Growth & Development Program Standard, Requirement #2a) iv.

The Oral Health Team carries out Requirement #5 in the Chronic Disease Prevention and Well-Being Standard. This requirement states that the Health Unit shall provide the Ontario Seniors Dental Care Program in accordance with the *Oral Health Protocol.*

The School Health Team also carries out Requirement #1 in the Immunization Standard. Under this requirement, the Health Unit shall implement the *Immunization for Children in Schools and Licensed Child Care Settings Protocol*, including the assessment and enforcement of the *Immunization of School Pupils Act*.

Comments

Operational Plan Objectives

Program Description

Program Area	Objective(s)	Goals	Strategies	Requirements	Performance/Accountability Indicators
Immunization	School-age children and youth have up to date immunizations	Schools/parents/guardians are aware of the importance of immunization and how children can obtain routine childhood immunizations All school-age children and youth are caught up on their immunizations Promote and provide a universal provincially funded immunization program (Hepatitis B, HPV, meningitis) to all eligible students in CK through school-based clinics	Assess the immunization status of school aged children and enforce the *Immunization of School Pupils Act (ISPA)* Provide school-based clinics for Grade 7/8 immunizations Offer catch up opportunities for immunization	Requirements #1 and #3 within the Immunization Program Standard Requirement #8 in the School Health Program Standard	**Accountability Indicators** % of 7 and 17 year olds whose vaccinations are up-to-date for all ISPA designated diseases % of students with a valid religious or conscience exemption for ISPA designated diseases **Performance Indicators** All students are caught up on their immunizations (as per the current Publicly Funded Immunization Schedule for Ontario) or have appropriate exemption paperwork filed
Comprehensive School Health	School-age children and youth, schools/school boards, and parents/guardians have access to the information, supports, and resources they need	To increase the number of schools who complete a needs assessment to identify priority areas within their school To increase awareness of our programs, resources, and services related to school-age health and wellness To increase the knowledge, skills, and capacity of school boards and schools to act on the factors associated with the health of school-age children	Partnership development with local schools and school boards to identify needs Education and awareness to school boards/schools and parents/guardians	Requirements #1, #2, #3, #4 within the School Health Program Standard Requirements #1 and #2 in the Substance Use and Injury Prevention Program Standard Requirement #2 within the Chronic Disease Prevention	**Accountability Indicators** Locally determined program outcome indicators – see below “Performance Indicators” **Performance Indicators** Number of schools who complete a needs assessment School boards and schools are aware of how they can engage with CKPH and what programs/services we offer

				and Well-Being Program Standard	Bi-annual meeting schedule established with school boards
Oral Health – children and youth	The oral health of children and youth is improved Children and youth from low-income families have improved access to oral health care	To increase awareness of publicly funded oral health services for eligible children (i.e., Healthy Smiles Ontario [HSO]) To increase enrollment and utilization of HSO To provide oral health screening to all children in JK, SK, Grades 1 through 4, and Grade 8 to identify any oral health concerns (and provide appropriate referrals for care)	Education and awareness to parents/guardians about the Healthy Smiles Ontario Program Deliver oral health assessment/screening program	Requirements #1 through #6 of the School Health Program Standard Requirement #2 of the Healthy Growth and Development Standard	**Accountability Indicators** Locally determined program outcome indicators – see below "Performance Indicators" **Performance Indicators** Number of CK children enrolled in HSO Number of children recommended for follow up from oral health assessments/screenings
Oral Health - Seniors	The oral health of seniors is improved Seniors have improved access to oral health care	Seniors (and their families) are aware of the Ontario Seniors Dental Care Program and the eligibility Seniors who are eligible for the program are enrolled	Provision of preventive and restorative services for seniors who are enrolled in the program Education and awareness of program and eligibility requirements	Requirement #5 of the Chronic Disease Prevention and Well-Being Program Standard	**Accountability Indicators** Locally determined program outcome indicators – see below "Performance Indicators" **Performance Indicators** Percentage of eligible seniors enrolled in the Ontario Seniors Dental Care Program
Vision	All school-age children have their visual health needs met	Parents/guardians/schools/teachers are aware that their child qualifies for (via OHIP) for an annual comprehensive eye exam Vision needs are identified early on for JK students Local optometrist(s) are recruited to the Eye See Eye Learn program	Education and awareness to parents/guardians, schools/school boards Partnership Development	Requirement #2 of the Healthy Growth & Development Standard, Requirements #4, #7 of the School Health Standard	**Accountability Indicators** Locally determined program outcome indicators – see below "Performance Indicators" **Performance Indicators** Number of local optometrists onboarded to Eye See Eye Learn program

Program Priorities and Highlights

Priorities for 2023 for the School Health Team include catch-up immunization work from the COVID-19 pandemic, including implementation of the *Immunization of School Pupils Act* and providing school-based clinics for routine Grade 7/8 immunizations. Through the summer months, CK Public Health will also prioritize planning for its comprehensive school health program so that it can better support schools through the 2023/2024 school year.

In early 2023, CK Public Health hired a Public Health Dentist to provide dental care to seniors eligible under the Ontario Seniors Dental Care Program. This is the first time CK Public Health has had a dentist in-house and it is ramping up services to eligible seniors. In March 2023, CK Public Health completed the renovation for the public health dental clinic. The Dental Team moved its operations to a new space in April 2023 and are working to return to regular operations. This new space provides clinical operations for both the Ontario Seniors Dental Care Program and the Healthy Smiles Ontario program.

Due to the COVID-19 pandemic, all oral health screening conducted in schools for school-aged children was put on hold. It has been a priority this year to conduct those screenings. For the 2022/2023 school year, CK Public Health will provide screening to all students in JK, SK, Grades 1, 2, 3, 4, and 8, along with any additional student not in those grades by parent request in all schools, regardless of the school's previous risk level. The baseline in a typical year for these screenings are JK, SK, and Grade 2 for low screening intensity schools; JK, SK, Grade 2, and Grade 7 for medium screening intensity schools; and JK, SK, Grade 2, Grade 4, and Grade 7 for high screening intensity schools.

Currently, there are not any optometrists locally who participate in the Eye See Eye Learn program. The Eye See Eye Learn program is a program that would provide a free pair of eyeglasses to a child in need. This program is funded, in part, by the Government of Ontario. Although all children (via OHIP) are eligible for an annual comprehensive eye exam, this does not include eyeglasses if needed. Unfortunately, this means that a child would have to travel out of Chatham-Kent to obtain glasses through the Eye See Eye Learn program. CK Public Health will work with the Ontario Optometrists Association to bring awareness to this issue and work to recruit local optometrists to the program.

Future Priorities

In 2024, the School Health Team and the Oral Health Team will continue to catch-up from the COVID-19 pandemic in the areas of immunization and oral health screening. Although significant effort will be paid to this in 2023, CK Public Health expects it to trickle over into 2024.

CK Public Health expects to be able to support schools more comprehensively in 2024, as much of the focus through 2023 was on immunization.
Dental clinic operations will be running at full capacity in 2024 and CK Public Health anticipates a very busy Seniors Dental Program and Healthy Smiles Ontario Program.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	**Healthy & Safe Community**	**People & Culture**	**Environmental Sustainability**
	2.1, 2.2, 2.3		

Consultation

Significant consultation has occurred within the team, school boards, and community partners.

Communication

Public Health has well-established communication protocols with school boards and schools. Through these connections, CK Public Health works with school boards/schools to provide information to parents, teachers, and students about programs and services. Often, items like consent forms and screening information are sent home directly with students from the school. CK Public Health also uses social media platforms and the website to communicate information to parents.

Diversity, Equity, Inclusion and Justice (DEIJ)

Public health is a strong proponent for inclusion of an equity lens in Board and Council reporting, to ensure active and transparent consideration of equity and the social determinants of health.

The Healthy Smiles Ontario (HSO) program is a publicly-funded dental program that provides free preventive, routine, and emergency dental services for children and youth 17 years old and under from low-income households. Children are automatically enrolled in the program if their family meets income eligibility requirements.

Once a child is enrolled they are covered up to one benefit year (August 1 – July 31). Income eligibility is reviewed annually, and benefits under the program would end the day before the child turns 18 years old.

The Ontario Seniors Dental Care Program (OSDCP) is a publicly funded dental program that provides free, routine dental services for low-income seniors who are 65 years of age or older. Eligibility for the program is as follows:

- 65 years of age or older
- A resident of Ontario
- An annual net income of $22,200 or less for a single senior
- A combined annual net income of $37,100 or less for a couple
- Have no other form of dental benefits, including private insurance or dental coverage under another government program such as Ontario Works, Ontario Disability Support Program, or Non-Insured Health Benefits.

Once enrolled in the program, they are covered until July 31. Every year, eligibility will be automatically verified (for most clients) to confirm enrolment for the next benefit period.

For both HSO and OSDCP, if someone does not have a Social Insurance Number or did not file their taxes in the previous year, they can still apply by mail using a guarantor.

When planning for how CK Public Health will support schools from a comprehensive school health perspective, the team uses information such as the Educational Opportunities Index (EOI) to help inform level of support provided to schools. EOI measures educational challenges for a school based on demographic characteristics (low income, lone parent family, and low parental education) of the neighbourhoods where its students live.

While the immunization program is universal in nature, CK Public Health works with students/families where needed to identify barriers to immunization and to ensure immunization can be accessed. This may mean providing immunizations at the public health clinic for students who do not do well in a school-based clinic setting, or providing immunizations for children who do not have a family doctor.

Financial Implications

There are no financial implications with this information report.

Prepared by:

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Carina Caryn, MPH
Program Manager

Reviewed by:

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Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachments: None

April 17, 2023

April 2023 InfoBreak

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

Leader to Leader – A Message from the alPHa President - April 2023

Did you know that technically alPHa has only 34 members? The members are Ontario's 34 Boards of Health! alPHa, though, is so much more — especially when you consider the substantial number of member representatives including Medical Officers of Health, Associate Medical Officers of Health, Board of Health members, and health units' senior leadership in the seven public health affiliate disciplines. They all contribute to alPHa's strength, unity, and collective voice for local public health.

In April, the alPHa Board met with Liz Walker, Executive Lead from the Office of the Chief Medical Officer of Health, Ontario Health Executive Vice President Dr. Christopher Simpson, and Public Health Ontario President and CEO Michael Sherar. The Board was also pleased Michael Jacek from the Association of Municipalities of Ontario (AMO) joined us and spoke of the value of the Boards of Health Section, their role in public health and reinforcing the value of the relationship between alPHa and AMO, which includes a strong staff-to-staff connection. alPHa leadership is also presenting to the Northwestern Ontario Municipal Association (NOMA) at the end of April and will be participating in the AMO AGM and Conference this August.

alPHa and its Board are on task as it strives towards the deadline of October 2024 to ensure compliance with the Ontario Not for Profit Corporations Act (ONCA). Laying the groundwork for strategic planning for beyond 2023 has been a key focus for the alPHa Board as we prepare for the AGM and Conference, where all of alPHa's members will be engaged in this process.

alPHa's work focusses on supporting its members through the resources and networking within this newsletter, providing timely and relevant information through its email lists, website, and the on-going production of the Public Health Matters series of infographics and videos. These tools keep the information and discussion going between regular meetings and symposiums.

On behalf of its members, alPHa continues its advocacy for local public health with Ontario's decision-makers and public health influencers by continually profiling the importance of public health's upstream focus on prevention, communicating the key role local public health plays in communities, and reinforcing the extraordinary value of the work carried out by Ontario's boards of health and public health professionals.

May will introduce alPHa's Workplace Health & Wellness Month, dedicating additional resources to support physical and mental health for members. Be sure to use social media to share your activities because we want to see our members in action!

I was pleased to be a moderator and a speaker at The Ontario Public Health Covention (TOPHC) virtual event on March 27th, along with Loretta Ryan, alPHa's Executive Director who led an interactive workshop. alPHa was pleased to promote TOPHC's events. We were also pleased to profile, via social media, the Canadian Public Health Association's Canadian Public Health Week 2023.

Congratulations to alPHa's Executive Director, Loretta Ryan, on the nomination by her member peers in the Canadian Association of Society Executives (CSAE) for the 2023 Empowering Leader Award. This award recognizes a member who is focussed on advancing association excellence through knowledge sharing in the membership community. alPHa is fortunate to have Loretta, an empowering leader at its helm.

Additionally, only alPHa members are permitted to attend alPHa's first in-person conference in more than three years in Toronto from June 12th to June 14th. It will include alPHa's 2023 AGM, plenary sessions, Section meetings and more on key public health issues. If you require accommodations, be sure to book them as soon as possible.

The alPHa Board and alPHa staff recognize and understand the challenges facing our members and continue to work tirelessly on your behalf. alPHa and local public health are all made stronger through the work done together — as one unified voice. Thank you for your commitment and leadership to local public health.

Trudy Sachowski
alPHa President

If your actions inspire others to learn more, do more and become more – you are a leader.

Shareable alPHa public health materials - Public Health Funding Advocacy

alPHa has documents to profile public health and the important role the association plays in the sector. These include correspondence on public health funding advocacy. These submissions, infographics, videos and other products are supported by the numerous alPHa/Ministry/stakeholder meetings, emails, conferences/symposiums, presentations and other activities to support these efforts.

- alPHa Summary – Budget 2023
- alPHa Letter - 2022 CMOH Annual Report
- alPHa Letter - Meeting Request -PA Premier
  alPHa Letter - Meeting Request -Min. Health
- alPHa Letter - Meeting Request -Min. Finance
- Public Health Matters Infographic #2
- Public Health Matters Video #2
- alPHa Letter - 2023 Pre-Budget Submission
- alPHa Letter - PH Funding Research Proposal
- alPHa Letter - The Future of Public Health
- Public Health Matters Infographic
- Public Health Matters Video
- alPHa Letter to Candidates - Election Primer 2022
- alPHa Letter to Members - Election Primer 2022
- alPHa Report: PH Resilience 2022
- alPHa Report: PH Resilience 2022 Executive Summary
- alPHa Letter - 2022 Pre-Budget Submission
- alPHa Letter -Extraordinary COVID-19 Funding
- alPHa Letter -Support for Research Project
- alPHaLetter - Minister of Health Meeting
- alPHa Letter -Health Critic Meeting
- Public Health Renewal Resource Page

These documents can be widely shared and demonstrate the value and return on investment public health provides. These are also useful for meetings with local councillors, MPPs, and other important stakeholders. Members are strongly encouraged to use these resource materials.

alPHa Annual General Meeting and Conference - Important Updates and Information

alPHa's 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province's Public Health System. On Monday, June 12, we will get things underway with a walking tour in the afternoon and an opening evening reception. The AGM, consideration of Resolutions, Plenary Sessions, and presentation of the 2023 Distinguished Service Awards will take place on Tuesday, June 13. The half-day Section meetings will be held on the morning of Wednesday, June 14. alPHa is very pleased to announce the Conference is being co-hosted by Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. alPHa is looking forward to hosting these in-person events and encourages all members to participate. You can register here.

IMPORTANT: Attendees are encouraged to book accommodations as soon as possible. alPHa does not have a room block. There are a number of nearby hotels including the Chelsea Hotel Toronto, the Holiday Inn, and DoubleTree by Hilton Hotel Toronto Downtown.

Documents, such as the Preliminary Program, can be found here. The Conference Poster is available through this link, and Sponsorship information can be found here. Please check the website often for updates. The June 2023 alPHa AGM Notice and Package are also available. Individual documents from the package are below.

- Notice for the 2023 alPHa Annual General Meeting
- Call for 2023 alPHa Resolutions (deadline: Friday, April 21st, 2023)
- Call for 2023 alPHa Distinguished Service Awards (deadline has passed. Thank you for your submissions.)
- Call for Board of Health Nominations (deadline: Wednesday, June 7th, 2023. But candidates are strongly encouraged to submit earlier.)

We hope to see you at these in-person events. If you have any questions, please do not hesitate to reach out to Loretta Ryan at loretta@alphaweb.org.

The Conference and AGM is co-hosted by alPHa and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. alPHa would like to thank Mosey & Mosey for sponsoring the awards lunch. If you are interested in becoming a sponsor, alPHa welcomes your support. Further information can be found here.

Conference & AGM Keynote Speaker: Rest Refocus and Recharge

Apply the cutting-edge science of brain states to perform at the highest level

Dr. Greg Wells shares his insights on how to unlock the power of alternating peak performance with deep rest in this informative and practical keynote. Based on his groundbreaking book, *Rest Refocus Recharge*, Dr. Wells will explain how our brains and bodies are designed to operate in cycles of work and rest, and how we can harness the power of both to improve our health, well-being, and performance.

Drawing on the latest research in neuroscience and physiology, Dr. Wells will provide a step-by-step guide to optimizing your mental and physical health through strategic rest and relaxation. You'll learn how to identify the five different brain states, each with a distinct function, and how to intentionally trigger these states to achieve your potential.

During this session, Dr. Greg Wells will share valuable insights on how to improve your focus, creativity, and problem-solving abilities by incorporating rest and regular breaks into your workday. He will also discuss how harnessing the power of sleep can boost your brainpower, creativity, and performance. Additionally, Dr. Wells will cover the importance of developing daily rituals and routines that promote relaxation and recovery, cultivating a growth mindset, and embracing the power of learning and self-improvement.

This presentation is designed to provide evidence-based actionable strategies for enhancing your mental and physical performance and better cope with stress and adversity, and how to create a culture of rest and recovery in your workplace or team. These techniques will help you achieve your potential and perform at your highest level while also improving the overall health and well-being of you and your team.

Key Learnings:

- Slow down to speed up.
- Your brain wasn’t designed to be in constant go mode.
- Constantly driving yourself undermines your performance and health.
- Rest and relaxation are critical for peak performance and optimal health.

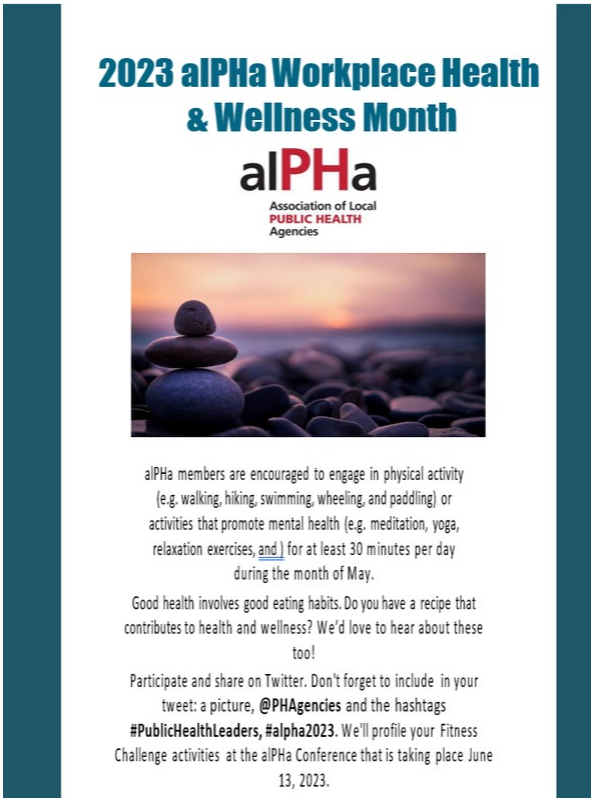
- There are five different brain states, each with a distinct function: recovery, learning and strategic thinking, focused execution, creativity, and peak performance.

By intentionally triggering these brain states, you can achieve your potential, individually and as a team.

Come and hear Dr. Greg Wells speak, and ensure you are performing at your highest level. Interested in learning more about Dr. Greg Wells and the topics he covers? Here are some blog entries for you to explore:

- Breathwork
- Mindful Movement
- Energize
- From Languishing to Thriving

alPHa Workplace Health and Wellness Month is happening in May

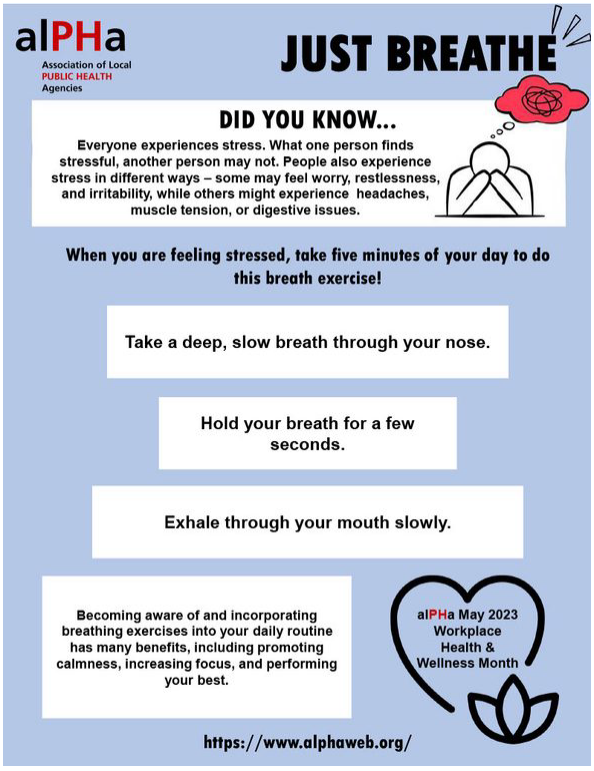


alPHa Workplace Health and Wellness Month will soon be here! This is an opportunity for all alPHa members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. **We encourage all members to participate!** You can participate and share your success via Twitter. All you have to do is tweet a picture, tag @PHAgencies, and use

the hashtags #PublicHealthLeaders and #alPHa2023. The pictures will be highlighted at this year's Conference and AGM.

alPHa has also launched the Workplace Health and Wellness Resources page. You can use it to help you improve your mental and physical well-being by taking the information provided and adapting it to the best way to take care of yourself.

Start living a healthier life with these simple tips



In conjunction with alPHa's new Workplace Health & Wellness Month, we have some tips to help you live a healthier life.

Breathing exercises can help promote calmness, increase focus, and help you perform your best. They can also be simple to do! For more info, check out the infographic here.

If you need more sleep, our newest infographic can help. The infographic provides tips such as not working from your bed and having a bedtime to help you improve your sleep.

National Volunteer Week - April 16-22, 2023

Volunteering Weaves Us Together

alPHa celebrates our individual and collective actions in creating a strong, interconnected and vibrant association! Volunteers strengthen the fabric of our association by sharing time, talent and energy to support Ontario's local public health system.

As we celebrate National Volunteer Week, alPHa would like to give a special shout out and thanks to the alPHa Board of Directors and the many members that volunteer for committees and working groups.

Affiliates Update

Affiliates

Association of Local Public Health Agencies

- The Food Insecurity Workgroup of Ontario Dietitians in Public Health (ODPH) received the 2022 Lori Chow Memorial Health Promotion Award (through ODPH member Marie-Ellen Prange).
- ODPH made a submission to Ontario's pre-budget consultation regarding Household food insecurity (HFI) and inadequate Ontario Works rates.

2021 Census data sorted by health region now available

Public Health Units - Demographic Information

Links to Ontario Health Unit Demographic Info (Source: 2021 Census)

On March 29, 2023, Statistics Canada published the demographic information gathered via the 2021 Census, sorted by health region, which includes detailed profiles for each Ontario public health unit. alPHa has provided direct links to each on this page. Please note the list is sorted by the legal names of the PHUs as they appear in Ontario Regulation 553.

Lyme disease clinical guidance document updated

CLINICAL GUIDANCE DOCUMENT

Management of Tick Bites and Investigation of Early Localized Lyme Disease

Ontario Health, in collaboration with Public Health Ontario, has updated a clinical guidance document that outlines what high-quality care looks like for people who have experienced a tick-bite or have developed early localized Lyme disease. This updated clinical guidance document can be used to help:

- Health care professionals know what care they should be offering
- Health care organizations improve the quality of care they provide

Please download and share the Lyme disease clinical guidance document with your networks.

For more information, please contact Evidence@OntarioHealth.ca.

Promoting Resilience: A Science-Informed Approach to Decision-Making

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

The purpose of this module is to raise awareness about the role of early development in long-term health, the science of adversity, and the importance of resilience and its relationship to wellbeing. The modules describes actions boards of directors, community leaders, and other decision makers can take to prevent and reduce the effects of adversity and build community resilience. WGD Public Health is a partner and alPHa members are encouraged to register. Register here.

Ontario Public Health Directory updated

The Ontario Public Health Directory has been updated since the beginning of the year. Please ensure you have the latest version by clicking here.

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 that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.
Resources available on the alPHa website include:

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

AMO 2023 Ending Homelessness Symposium

The Association of Municipalities of Ontario (AMO) is holding an **Ending Homelessness Symposium** on May 3-4, 2023. This one and a half-day event is open to elected officials; municipal staff; social, health, and economic partners; and all interested sector associations. AMO's Ending Homelessness Symposium will offer perspectives on the root causes of homelessness – including income insecurity, insufficient supply of deeply affordable housing, insufficient responses to mental health and addictions challenges and the policy responses required. Deadline to register is April 26th. More information, including how to register, can be found here.

Public Health Ontario

PHO Mandate Letter

PHO's mandate letter for 2023-2024 is now available. You can read it here.

Public Health Ontario's Open Call for Proposals: Indirect Impacts of COVID-19

Public Health Ontario is currently accepting proposals from public health units for funding (up to $125,000) to support research or evaluation projects focusing on the indirect impacts the COVID-19 pandemic has had in Ontario in one of three 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 and interventions 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. Projects 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 (PHU). Project proposals must 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 visit PHO's Locally Driven Collaborative Projects (LDCP) Program webpage or download the full application package.

The deadline to apply is **Friday, May 12, 2023 at 5 p.m. ET.**

COVID-19 Variants of Concern

- Estimates of Omicron Sub-lineage BQ.1 Severity in an Ontario-based Matched Cohort Study of Cases: August 4 – December 28, 2022
- Phylogenetic Analysis of SARS-CoV-2 in Ontario

COVID-19 Epidemiological Surveillance Report

- SARS-CoV-2 Genomic Surveillance in Ontario
- COVID-19 Wastewater Surveillance in Ontario
- Respiratory Virus Overview in Ontario
- Comparison of COVID-19 Hospitalizations and Deaths in 2022 and 2021

Additional Resources – New

- Invasive Group A Streptococcal (iGAS) Disease in Ontario: October 1, 2022 to February 28, 2023
- Recommendations: High-risk Spring 2023 COVID-19 Vaccine Booster Dose Program in Ontario
- Mpox in Ontario

Upcoming PHO Events

- **Thursday, April 13** - PHO Rounds: Changes to Serological Testing of Lyme Disease – 12:00 p.m. to 1:00 p.m.

Interested in their upcoming events? Check out their Events page to stay up-to-date with all PHO events.

Missed an event? Check out our Presentations page for full recordings our events.

TOPHC 2023

TOPHC
The Ontario Public Health Convention

A special shoutout to Trudy Sachowski who represented alPHa's volunteer leadership and TOPHC and moderated a session. Kudos to alPHa's Dr. Eileen de Villa for speaking at the event. Special thanks to alPHa's Executive Director, Loretta Ryan, who worked over the past year to help create this event and who also moderated a session.

Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- Environments and Health Research Summit (Apr. 17-18)
- Data Science Speaker Series/Temerty Centre Speaker Series: Melissa Haendel (Apr. 17)
- Fast, vast, and diverse: Canada's COVID-19 vaccine programs (Apr. 18)
- Routine immunization: Reaching every child (Apr. 20)
- Corruption During COVID-19: Looking Forward and Backward (May 8-9)

RRFSS is the 'RAPID' Risk Factor Surveillance System!

- RRFSS provides responsiveness not available in other population health surveys.
- RRFSS data is delivered three times per year.
- CCHS data is only available for 2019/2020.
- Responding 'Rapidly' to public health
  -this is what RRFSS was created to do!

There is still opportunity get RRFSS data in 2023!

Health units can join RRFSS 3 times per year: January, May, and September, so there is still opportunities to join RRFSS in 2023. RRFSS participation is possible on any size budget, big or small!

To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

COVID-19 Update

The Ministry of Health COVID-19 resource pages:
https://www.ontario.ca/page/covid-19-coronavirus (English)
Ministry of Health - guidance for the health sector
Public Health Ontario's COVID-19 landing page
Public Health Agency of Canada's COVID-19 landing page
alPHa's recent COVID-19 related submissions can be found here.

As part of the ongoing response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders.

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 - Alcohol Health Warning Labels
An April 17th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to the Minister of Health, Jean-Yves Duclos. It expresses support for the Senate Bill S-254 An Act to amend the Food and Drugs Act (warning labels on alcoholic beverages), calling on the federal government to implement alcohol warning labels.

alPHa Letter - Marketing to Children
An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Prime Minister Justin Trudeau. It urges the prime minister to accelerate action on the promise to enact restrictions on the marketing of food high in sodium, sugars, and saturated fats to kids.

alPHa Letter - Budget 2023 and Oral Health
An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Deputy Prime Minister & Minister of Finance, Chrystia Freeland. They thanked the federal government for the dental health-related announcements in the 2023 budget and

reminded the minister of the call for universal access to preventative and treatment dental health services for all Canadians.

News Releases

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

To:	Chairs and Members of Boards of Health Medical Officers of Health and Associate Medical Officers of Health alPHa Board of Directors Presidents of Affiliate Organizations
From:	Loretta Ryan, Executive Director
Subject:	***alPHa Resolutions for Consideration at the June 13, 2023 Annual General Meeting***
Date:	May 9, 2023

Please find enclosed a package of the resolutions to be considered at the Resolutions Session taking place following the 2023 Annual General Meeting (AGM) and important information on voting procedures.

Five resolutions were received prior to this year's April 21 deadline, and these have been reviewed by the alPHa Executive Committee and recommended to go forward for discussion at the Resolutions Session.

NOTE ON LATE RESOLUTIONS:

Late resolutions are not reviewed by the Executive Committee and are subject to additional procedures for consideration of late resolutions. Please note that any late resolutions received by alPHa will be added to the online version of the attached Resolutions for Consideration document as they come in to allow for review in advance.

Late resolutions will only be debated at the AGM if time allows and if delegates agree to consider these by a two-thirds majority vote. Please be reminded that such resolutions are otherwise subject to the same criteria as all other submitted resolutions, including the requirement that it be sponsored by a recognized alPHa Committee and not an individual acting alone. Please see the "Procedural Guidelines for alPHa Resolutions" for more details.

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session by filling out the attached registration form, wherein member Health Units must indicate who they are designating as voting delegates and which delegates will require a proxy vote.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their health unit and only one proxy vote

is allowed per person, up to the maximum total allocated per health unit (please see the table below).

The completed registration form must be received by Melanie Dziengo (communications@alphaweb.org) no later than 4:30 pm on June 6, 2022.

If you have any questions on the above, please contact Loretta Ryan, Executive Director, loretta@alphaweb.org / 416-595-0006, x 222.

Enclosures:
Resolutions Voting Registration Form
Number of Resolutions Votes Allocated per Health Unit
2023 Resolutions for Consideration

480 University Avenue, Suite 300
Toronto ON M5B 1J3
Tel: (416) 595-0006
E-mail: info@alphaweb.org
Providing leadership in public health management

2023 alPHa Annual General Meeting
Resolutions Session
REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name and email address	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered to attend the alPHa Annual Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

Please email this form to Melanie Dziengo (communications@alphaweb.org) by 4:30 pm on June 6, 2023.

alPHa
Association of Local PUBLIC HEALTH Agencies

2023
Allocation of Votes: alPHa Resolutions

Health Unit	Population	Voting Delegates
Toronto*	2,794,356	**20**
POPULATION OVER 400,000		
Durham	696,992	**7**
Halton	596,637	
Hamilton	569,353	
Middlesex-London	500,563	
Niagara	477,941	
Ottawa	1,017,449	
Peel	1,451,022	
Simcoe-Muskoka	599,843	
Waterloo	587,165	
Windsor Essex**	422,860	
York	1,173,334	
POPULATION OVER 300,000		
Wellington-Dufferin-Guelph**	307,283	**6**
POPULATION OVER 200,000		
Eastern Ontario	210,276	**5**
Kingston, Frontenac, Lennox and Addington	206,962	
Southwestern**	216,533	
Sudbury**	202,431	
POPULATION UNDER 200,000		
Algoma	112,764	**4**
Brant	144,937	
Chatham-Kent	104,316	
Grey Bruce	174,301	
Haldimand-Norfolk	116,706	
Haliburton, Kawartha, Pine-Ridge	189,183	
Hastings-Prince Edward	171,450	
Huron Perth	142,931	
Lambton	128,154	
Leeds, Grenville and Lanark	179,830	
North Bay-Parry Sound	129,362	
Northwestern	77,338	
Peterborough	147,681	
Porcupine	81,188	
Renfrew	107,522	
Thunder Bay	152,885	
Timiskaming	32,394	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference
** denotes health units that have moved into a different allocation category based on latest census data

Health Unit population statistics taken from: Statistics Canada – 2021 Census Profiles – Sorted by Health Region

Resolutions for Consideration
2023

Resolutions Session
2023 Annual General Meeting
Tuesday, June 13, 2023

Resolution #	Title	Sponsor	Page
A23-01	Constitutional Amendment on Voting Delegates Allocation	alPHa Board of Directors	3
A23-02	Toward a Renewed Smoking and Nicotine Strategy in Ontario	Simcoe Muskoka	5
A23-03	Improving Indoor Air Quality to Prevent Infections and Promote Respiratory Health	Peterborough Public Health / Niagara Region Public Health	24
A23-04	Ending Underhousing and Homelessness in Ontario	alPHa Boards of Health Section	26
A23-05	Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates	Ontario Dietitians in Public Health	27

alPHa
Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-01

TITLE: **Constitutional Amendment on Voting Delegates Allocation**

SPONSOR: **alPHa Board of Directors**

WHEREAS article 8.5 of the Constitution of the Association of Local Public Health Agencies specifies the total number of voting delegates based upon the population served by the member local official health agency as follows: *under 200,000* – **4**; *200,000 - 300,000* – **5**; *300,001 - 400,000* – **6**; *over 400,000* – **7**; *Toronto* **20**; and

WHEREAS the most recent change to this allocation was the passage of an amendment to the alPHa Constitution in 1998 to assign 20 delegates to the newly amalgamated City of Toronto, which incorporated former municipalities of East York, Etobicoke, North York, Scarborough and York; and

WHEREAS further amalgamations, public health unit mergers, and population growth have substantially altered the distribution and size of the population of Ontario since that time; and

WHEREAS the composition of the alPHa membership has changed substantially as a result, with the number of public health units reduced from 44 to a current total of 34; and

WHEREAS according to the 2021 Census, 34 public health units are serving over 3 million more Ontarians in total than 44 were serving in 1998; and

WHEREAS the data on population sorted by health region from the 2021 Canada Census of Population have been published; and

WHEREAS these data show that populations have changed sufficiently that four public health units have moved into a higher vote allocation category; and

WHEREAS these data show that populations have changed sufficiently that three public health units categorized in the "more than 400,000" allocation category now have populations in excess of 1 million;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies approve the creation of a new allocation category, namely "Population More Than 1,000,000";

AND FURTHER that each member public health unit in this category be allocated a total of eight (8) voting delegates, as follows:

POPULATION VOTING DELEGATES

Under 200,000	4	Over 400,000	7
200,000 - 300,000	5	Over 1,000,000	8
300,001 - 400,000	6	Toronto	20

BACKGROUND – A23-1

PROPOSED Allocation: If resolution A23-1 is passed, this will take effect for the 2023-24 cycle.

alPHa
Association of Local PUBLIC HEALTH Agencies

Allocation of Votes: alPHa Resolutions

Health Unit	Population	Voting Delegates
TORONTO	2,794,356	**20**
POPULATION OVER 1,000,000		
Ottawa	1,017,449	**8**
Peel	1,451,022	
York	1,173,334	
POPULATION OVER 400,000		
Durham	696,992	**7**
Halton	596,637	
Hamilton	569,353	
Middlesex-London	500,563	
Niagara	477,941	
Simcoe-Muskoka	599,843	
Waterloo (587,165)	587,165	
Windsor Essex – moved up from >300K	422,860	
POPULATION OVER 300,000		
Wellington-Dufferin-Guelph	307,283	**6**
POPULATION OVER 200,000		
Eastern Ontario	210,276	**5**
Kingston, Frontenac, Lennox and Addington	206,962	
Southwestern	216,533	
Sudbury	202,431	
POPULATION UNDER 200,000		
Algoma	112,764	**4**
Brant	144,937	
Chatham-Kent	104,316	
Grey Bruce	174,301	
Haldimand-Norfolk	116,706	
Haliburton, Kawartha, Pine-Ridge	189,183	
Hastings-Prince Edward	171,450	
Huron Perth	142,931	
Lambton	128,154	
Leeds, Grenville and Lanark	179,830	
North Bay-Parry Sound	129,362	
Northwestern	77,338	
Peterborough	147,681	
Porcupine	81,188	
Renfrew	107,522	
Thunder Bay	152,885	
Timiskaming	32,394	

alPHa
Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-02

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BACKGROUND:
TOWARD A RENEWED COMMERCIAL TOBACCO AND NICOTINE STRATEGY IN ONTARIO

1. Commercial Tobacco

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

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

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

2. Vaping

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

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

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

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

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

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

Vaping products contribute to environmental waste.[21]

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

3. Waterpipe smoking

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

4. Cannabis smoking

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

5. Ontario's commercial tobacco and nicotine control landscape

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

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

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

6. Examining the policy options

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

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

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

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

7. Conclusion

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

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

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

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

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

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

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

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

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

Table A1: Jurisdictional Scan Results

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

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

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

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

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

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

Participants included:

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

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

Table B1: Priorities within the MPOWER+ Framework

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

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

alPHa
Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-03

TITLE: **Improving Indoor Air Quality to Prevent Infections and Promote Respiratory Health**

SPONSOR: **Niagara Region Public Health, Peterborough Public Health**

WHEREAS The Association of Local Public Health Agencies (alPHa) previously resolved on June 12, 2001 (Resolution A01-12) to petition the Province of Ontario to establish indoor air quality standards to protect the respiratory health of students.

WHEREAS The intense scientific inquiry conducted during the COVID-19 pandemic has discovered that COVID-19 spreads primarily through the airborne route, and that new understanding around the role of aerosols in infection transmission has made it much more probable that other respiratory infections have a larger airborne transmission component than previously understood.

WHEREAS Canadians spend 90% of their time indoors, and indoor public settings such as food premises, meeting halls, athletics facilities, and congregate living settings have been some of the highest risk settings for COVID-19 transmission during the pandemic.

WHEREAS COVID-19 has emerged as the third leading cause of death in Canada, so measures that can reduce its transmission could have sizable impacts on health.

WHEREAS Improved indoor air quality would have additional positive benefits in terms of preventing lung disease, asthma attacks, and cancers.

WHEREAS Retrofitting indoor air handling equipment to improve air quality would also be an opportunity to move to more efficient air handling systems which would support environmental sustainability which would have its own health benefits.

WHEREAS The current Ontario Building Code includes only a requirement for minimum number of air exchanges, but not more detailed air quality standards, and no standards designed to protect individuals from infection risk.

WHEREAS Improved indoor air quality presents an opportunity for a universal, policy-driven, systems-level intervention to prevent respiratory infections, rather than reliance on individual behaviours within inequitable contexts.

WHEREAS Improved indoor air quality has been associated with improved academic performance in school, and improved productivity in workplaces.

WHEREAS Certain indoor air quality improvement strategies may require investments, however, others including natural ventilation strategies can be no or low cost.

WHEREAS Investments in indoor air quality are likely to achieve substantial economic savings through reducing infections, enhancing workplace/public safety, preventing absenteeism, and keeping the Ontario economy open for business.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) calls on the Federal and Provincial governments to update building codes by incorporating higher standards of air quality such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes as best available evidence evolves;

AND FURTHER that alPHa encourages Municipal governments and First Nations governments to consider policy levers to improve indoor air quality in their regions, and particularly to assess and improve of indoor air quality in their own public facilities;

AND FURTHER that alPHa calls on the Federal and Provincial governments to create funds and incentives to support small businesses and other organizations in upgrading their HVAC systems, and/or otherwise improving their indoor air quality by using best practices and implementing technological advancements so that clean air becomes the norm in these spaces;

AND FURTHER that alPHa encourages members to liaise with other sectors (e.g. environmental engineers, municipal building departments, the business community, etc.) to fully understand how changes could be implemented in indoor public and residential settings and explore opportunities for improvement.

alPHa
Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-04

TITLE: **Ending Underhousing and Homelessness in Ontario**

SPONSOR: **alPHa Boards of Health Section**

WHEREAS housing is recognized as a human right in Canada under the International Covenant on Economic, Social and Cultural Rights [1]; and

WHEREAS the goal of Public Health is to reduce health inequities and improve the health of the whole population; and

WHEREAS housing is widely accepted as a key determinant of health, with the health of a population directly linked with the availability of adequate, affordable housing; and

WHEREAS the negative impacts of housing insecurity and homelessness include poor mental health, higher risk of infectious diseases, higher risk of chronic diseases, and higher risk of injuries among others [2]; and

WHEREAS ending underhousing and homelessness requires a range of housing, social service, and health solutions from a range of stakeholders; and

WHEREAS leadership and urgent action is needed from the provincial government on an emergency basis to develop, resource, and implement a comprehensive plan to prevent, reduce and ultimately end underhousing and homelessness in Ontario; and

WHEREAS The Association of Municipalities of Ontario, a strategic partner of alPHa has asked that their partners support their *Call to Action on Housing and Homelessness;*

THEREFORE BE IT RESOLVED THAT alPHa support AMO's *Call to Action on Housing and Homelessness*;

AND FURTHER THAT alPHa call on the Provincial Government to:

acknowledge that housing is a health issue and a human right.
acknowledge that homelessness in Ontario is a social, economic, and health crisis.
commit to the goal of ending underhousing and homelessness in Ontario.
work with alPHa, AMO and a broad range of community, health, Indigenous and economic partners to develop, resource, and implement an action plan to achieve this goal.

AND FURTHER THAT the Association of Municipalities of Ontario and the Ministers of Health; Municipal Affairs and Housing; and Children, Community and Social Services be so advised.

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[1] Third report of Canada, International Covenant on Economic, Social and Cultural Rights : article 11 : housing : background report, https://publications.gc.ca/site/eng/9.847859/publication.html, retrieved April 20, 2023
[2] Public Health Ontario Evidence Brief: Homelessness and Health Outcomes: What are the associations? https://www.publichealthontario.ca/-/media/documents/E/2019/eb-homelessness-health.pdf

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RESOLUTION A23-05

TITLE: **Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates**

SPONSOR: **Ontario Dietitians in Public Health**

WHEREAS the Population Health Assessment and Surveillance Protocol (2018) of the Ontario Public Health Standards require public health units (PHUs) to monitor food affordability, as well as assess and report on the health of local populations, describing the existence and impact of health inequities;

WHEREAS it is well documented that food insecurity has detrimental impacts on physical and mental health leading to increased healthcare utilization and greater healthcare costs;

WHEREAS adequate income is an important social determinant of health that greatly impacts household food security status;

WHEREAS results of monitoring food affordability in Ontario in 2022 highlight the inadequacy of both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

WHEREAS 67% of households in Ontario that rely on ODSP and OW as their main source of income experience food insecurity;

WHEREAS prices for food purchased from stores rose 10.6% from February 2022 to February 2023, the fastest pace since 1981;

WHEREAS ODSP rates were increased by 5% in 2022 and will be indexed to inflation going forward; however, current ODSP rates are not based on the costs of living. Further, OW has not been increased since 2018 and is not indexed to inflation; and

WHEREAS Previous alPHa resolutions A05-18 (Adequate Nutrition for Ontario Works and Ontario Disability Support Program Participants and Low Wage Earners), A15-04 (Basic Income Guarantee), and A18-02 (Minimum Wage that is a Living Wage) have underscored the need for income-based responses to poverty and food insecurity.

NOW THEREFORE BE IT RESOLVED that alPHa call on the Province of Ontario to utilize food affordability monitoring results from PHUs in determining the adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward;

AND FURTHER that alPHa call on the Province of Ontario to acknowledge the impact of rising food costs, particularly for individuals living on social assistance incomes, and legislate targets for reduction of food insecurity as part of Ontario's plan for poverty reduction.

BACKGROUNDER: Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates

SPONSOR: Ontario Dietitians in Public Health

Food insecurity, inadequate or insecure access to food due to household financial constraints, continues to be a serious and pervasive public health problem. Physical and mental health are tightly linked to individuals' household food security status.[1] The health consequences of food insecurity are a large burden on our healthcare system and are costly for public health care budgets.[1] The most current data indicate approximately one in six households in Ontario experience some level of food insecurity.[2]

Social assistance recipients, including those reliant on Ontario Works (OW) and the Ontario Disability Support Program (ODSP), are at extremely high risk of food insecurity. In 2021, approximately 67% of households in Ontario receiving social assistance experienced food insecurity.[2] The situation has undoubtedly worsened since then with extraordinary food inflation over the past year. The price of food purchased from stores from February 2022 to February 2023 increased by 10.6%, rising at a rate not seen since the early 1980s.[3]

Food affordability monitoring conducted by local Public Health Units (PHUs) in May/June 2022 substantiates that individuals receiving social assistance experience extremely dire financial situations, particularly single adults without children. Table 1 illustrates that for a sample of PHUs across all Ontario regions, monthly OW rates in addition to all potential tax credits (assuming individuals file income tax returns) fall short of covering only the cost of a bachelor apartment and food by a range of -$132 in Chatham-Kent to -$752 in Toronto. Other basic costs of living (e.g., clothing, personal care, transportation, phone, etc.) are not included. These data clearly indicate the extreme inadequacy of OW rates which have been frozen since 2018.[4]

Table 1: Single Adult receiving ONTARIO WORKS (OW)

Public Health Unit	Monthly income (OW[a] + tax credits[b])	Monthly cost of food[c]	Monthly cost of a bachelor apartment[d]	Remainder/ Shortfall
Chatham-Kent	$863	$381	$614	- $132
North Bay Parry Sound District	$876	$404	$650	-$178
Northwestern	$876	$466	$602	- $192
Ottawa	$863	$392	$1059	- $588
Peterborough	$863	$381	$805	- $323
Toronto	$865	$392	$1225	- $752
Wellington-Dufferin-Guelph	$863	$425	$936	-$498

[a] includes Basic Allowance ($343) + Maximum Shelter Allowance ($390)
[b] includes GST/HST tax credit, Ontario Trillium Benefit, and Climate Action Incentive Payment
[c] cost of the Ontario Nutritious Food Basket, collected by Public Health Unit in May/June 2022
[d] cost of market rental rates obtained from CMHC data tables (October 2021) or from municipal housing authorities; may or may not include utilities

Table 2 shows the monthly funds remaining or shortfall of ODSP and available tax credits after rent for a one-bedroom apartment and cost of food are deducted. Again, other basic costs of living are not included. The monthly funds remaining for ODSP recipients range from $121 in Chatham-Kent to a shortfall of -$525 in Toronto. Despite an increase of 5% to ODSP in September 2022, an increase from $200 per month to $1000 per month on employment earning cap, and an adjustment for inflation beginning in July 2023[1,4,5,6], ODSP falls well below the actual costs of living.

Table 2: Single Adult receiving ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

Public Health Unit	Monthly income (ODSP[a] + tax credits[b])	Monthly cost of food[c]	Monthly cost of a 1 bedroom apartment[d]	Remainder/ Shortfall
Chatham-Kent	$1309	$381	$807	$121
North Bay Parry Sound District	$1322	$404	$862	$56
Northwestern	$1322	$466	$814	$42
Ottawa	$1309	$392	$1280	- $363
Peterborough	$1309	$381	$1049	-$121
Toronto	$1313	$392	$1446	- $525
Wellington-Dufferin-Guelph	$1309	$425	$1277	-$393

[a] includes Basic Allowance ($343) + Maximum Shelter Allowance ($390)
[b] includes GST/HST tax credit, Ontario Trillium Benefit, and Climate Action Incentive Payment
[c] cost of the Ontario Nutritious Food Basket, collected by Public Health Unit in May/June 2022
[d] cost of market rental rates obtained from CMHC data tables (October 2021) or from municipal housing authorities; may or may not include utilities

Ontario's poverty reduction plan, Building a Strong Foundation for Success: Reducing Poverty in Ontario (2020-2025) includes various indicators (e.g., poverty rate, employment rate, graduation rate); however, it does not include an indicator or provincial targets for the reduction of household food insecurity (HFI). HFI is a highly sensitive measure of material deprivation that is strongly associated with health outcomes and health care utilization. Food insecurity data collected in the Canadian Community Health Survey and the Canadian Income Survey should be utilized to implement and evaluate effective policy interventions for alleviating food insecurity.[7]

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Chatham-Kent COVID-19 Update, May 17, 2023

Compiled by: Laura Zettler, Epidemiologist and Program Manager, May 10, 2023

Bi-Weekly COVID-19 Update (April 23 to May 6, 2023)

Summary

Total weekly reported and daily average COVID-19 case volumes, percent positivity, and active congregate setting outbreaks were **HIGHER** compared to the previous 2-week period.

2 new congregate setting outbreaks reported in the last 2 weeks.

No new COVID-19 deaths reported since the second week in April.

The COVID-19 wastewater virus signal in Chatham has been **DECREASING** for the period of April 15 to May 3 and has been **INCREASING** for Wallaceburg for the period of April 22 to May 3.

Overall respiratory-related ED visit activity across Ontario and for Chatham-Kent remained at **SEASONAL** levels in the most recent and several past surveillance weeks.

For the week of April 23 to April 29, overall assessment of influenza activity for Ontario was **SIMILAR** compared to the previous week (Influenza A and B circulating at low levels). Chatham-Kent had **NO influenza activity** based on reported influenza cases and facility outbreaks.

Chatham-Kent residents with COVID-19:

Total Confirmed Cases: 11,599 (↑ 57 in most recent 2 weeks, **↑ from previous month update**)

Current 7-day Rolling Average: 6 confirmed cases/day (**↑ from previous month update**)

Total COVID-19 Deaths: 104 (**↑ 2 from previous month)**

COVID-19 outbreaks in high-risk congregate settings:

2 Active Outbreaks in high risk congregate settings (1-Long-term Care Facility, 1- Retirement Home), newly reported in most recent 2-weeks (**↑ from previous month**)

Daily COVID-19 Percent Positivity (7-day average):

May 6/23: **CK 19.3%** (**↑ from previous month);** ON 8.0%

COVID-19 Vaccine Status in Chatham-Kent (May 6, 2023)

Total Doses Administered from CK Public Health inventory (including mass immunization clinics, mobile, hospital, primary care): **196,665**

Total Doses Administered by CK Pharmacies: **60,120**

Table 1: Current estimates for CK resident uptake (1st, 2nd, 3rd and 4th doses)

Age Group	1 Dose	2 Doses	3 Doses	4 Doses
0 to 4	4.1%	2.4%	0.0%	0.0%
5 to 11	36.3%	25.7%	2.9%	0.0%
12 to 17	68.5%	64.2%	11.8%	1.9%
18 to 29	78.8%	75.8%	31.3%	4.8%
30 to 39	83.5%	80.2%	36.8%	7.8%
40 to 49	87.9%	85.5%	45.5%	10.8%
50 to 59	79.8%	78.5%	51.8%	18.7%
60 to 69	97.4%	96.4%	79.0%	46.2%
70 to 79	100.0%	100.0%	94.4%	71.5%
80+	99.4%	98.8%	93.0%	75.0%
18+	88.9%	87.1%	58.6%	29.4%
12+	87.3%	85.3%	55.0%	27.3%
5+	83.3%	80.6%	50.9%	25.1%
0+	79.5%	76.9%	48.5%	23.9%

Please Note:

- Effective May 1, 2023, the Chatham-Kent COVID-19 Surveillance Report will be updated bi-weekly in May (2nd and 4th Wednesdays at 11:00AM) and will pause as of June 1, 2023.
- Online report can be accessed here: https://ckphu.com/current-situation-in-chatham-kent/.
- CK Public Health will be adjusting their approach towards integrated respiratory and outbreak surveillance reporting as we enter the fall of 2023. As COVID-19 becomes normalized, case management guidelines have changed and data entry and reporting

requirements have been reduced. Priority for surveillance continues to be identifying severe outcomes and supporting infection control in high risk congregate settings.
- Similar information is available through Public Health Ontario's interactive Ontario COVID-19 data tool, including case counts by hospitalizations and deaths, vaccine uptake by age, sex, and public health unit, outbreaks, and more.

Additional COVID-19 data sources and respiratory surveillance reports:

- COVID-19 Data and Surveillance | Public Health Ontario
- Respiratory Virus Overview in Ontario | Public Health Ontario
- Ontario Respiratory Pathogen Bulletin | Public Health Ontario
- COVID-19: Current situation | Government of Canada