Board of Health Meeting #04-24

Public Health Sudbury & Districts

Thursday, May 16, 2024

1:30 p.m.

Boardroom

1300 Paris Street

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – FOURTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, MAY 16, 2024 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Forward Momentum: Keeping Children Safe from Outbreaks in School using the *Immunization of School Pupils Act*

- Stacey Gilbeau, Director, Health Promotion Division and Vaccine Preventable Diseases Division and Chief Nursing Officer
- Stephanie Hastie, Program Specialist, Vaccine Preventable Diseases Program

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Third Board of Health Meeting – April 18, 2024

ii) Business Arising From Minutes

iii) Report of Standing Committees

iv) Report of the Medical Officer of Health / Chief Executive Officer

a. MOH/CEO Report, May 2024

v) Correspondence

a. Recommendation for Federal Restrictions on Nicotine Pouches

- Letter from Peterborough Public Health Board of Health Chair to the Minister of Health, dated April 30, 2024

b. Household Food Insecurity

Public Health Sudbury & Districts Motion #06-24

- Email and resolution from Municipality of Dutton Dunwich in supporting the Municipality of St. Charles and Public Health Sudbury & Districts resolutions, dated April 29, 2024

c. 2023 Annual Chief Medical Officer of Health Report *Balancing Act – An All-of-Society Approach to Substance Use and Harms*

- Letter from Haliburton, Kawartha, Pine Ridge District Health Unit to the Premier of Ontario and Minister of Health dated May 6, 2024
- Letter from Peterborough Public Health Board of Health Chair to the Ontario Chief Medical Officer of Health and Deputy Premier and Minister of Health, dated April 23, 2024

d. Ministry of Health Base and One-Time Funding for Board of Health, Public Health Sudbury & Districts

- Letter to Board of Health Chair, Public Health Sudbury & Districts from the Deputy Premier and Minister of Health dated March 28, 2024

vi) Items of Information

- None

APPROVAL OF CONSENT AGENDA

MOTION:

THAT the Board of Health approve the consent agenda as distributed.

6. NEW BUSINESS

i) Association of Local Public Health Agencies (alPHa)'s Annual General Meeting (AGM) and Conference, June 5 to 7, Toronto

- *Preliminary* Program for AGM, Conference and section meetings
- Summary of Resolutions for consideration at alPHa Resolutions Session
- Allocation of Votes by Health Unit
- Agenda for the alPHa Board of Health Section Meeting – June 7, 2024

2024 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS the Public Health Sudbury & Districts is allocated five votes* at the alPHa Annual General Meeting;

THAT in addition to the Acting Medical Officer of Health and the Board of Health Chair, the following Board of Health members are appointed as voting delegates for the Board of Health:

_____

Voting delegates are permitted one proxy vote per person, as required.

ii) Physical Literacy for Communities: A Public Health Approach

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health, dated May 9, 2024
- *Physical Literacy for Communities: A Public Health Approach*, May 2024

PHYSICAL LITERACY FOR COMMUNITIES: A PUBLIC HEALTH APPROACH

MOTION:

WHEREAS according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every day[1]; and

WHEREAS higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood[2]; and

WHEREAS the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children (motion #29-22) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorses the *Physical Literacy for Communities: A Public Health Approach* as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.

iii) Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action

[1] ParticipACTION (2022), Pandemic-Related Challenges & Opportunities for Physical Activity. Retrieved from: https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf

[2] Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. Adapted physical activity quarterly, 31(1), 67-78. https://doi.org/10.1123/apaq:2013-0048

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health, dated May 9, 2024

EARLY CHILDHOOD FOOD INSECURITY: AN EMERGING PUBLIC HEALTH PROBLEM REQUIRING URGENT ACTION

MOTION:

WHEREAS the severity of food insecurity across Ontario is worsening[3]; and

WHEREAS Provincial action is urgently needed to protect young children 0-24 months of age from the harmful effects of household food insecurity; and

WHEREAS Public Health Sudbury & Districts advocacy efforts have long underscored the need for income-based solutions to food insecurity and has recently resolved on 06-24 Household Food Insecurity; and

WHEREAS when food insecurity results in early childhood malnutrition, infants and young children may experience growth faltering, and compromised health[4]; and

WHEREAS food prices including the price of infant formula have increased over the past year[5,6]; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts amplify the efforts of the Ontario Dietitians in Public Health and Food Allergy Canada by asking the Provincial government to safeguard healthy growth and development among families most impacted by food insecurity and health inequities, by:

i) Assessing the adequacy of the Pregnancy and Breastfeeding Nutritional Allowance and the Special Diet Allowance to ensure families reliant on Ontario Works or the Ontario Disability Support

[3] Food Insecurity Policy Research (PROOF). *New Data on Household Food Insecurity in 2023* [webpage online]. Accessed May 2, 2024, from: https://proof.utoronto.ca/2024/new-data-on-household-food-insecurity-in-2023/
[4] Martins, V. J. B., Toledo Florêncio, T. M. M., Grillo, L. P., Do Carmo P. Franco, M., Martins, P. A., Clemente, A. P. G., Santos, C. D. L., Vieira, M. de F. A., & Sawaya, A. L. (2011). *Long-Lasting Effects of Undernutrition*. International Journal of Environmental Research and Public Health, 8(6), 1817–1846. https://doi.org/10.3390/ijerph8061817
[5] Statistics Canada. Consumer Price Index, February 2023. Retrieved 13 April 2023 from https://www150.statcan.gc.ca/n1/daily-quotidien/230321/dq230321a-eng.pdf
[6] Statistics Canada. Monthly Average Retail Prices for Selected Products. Retrieved March 19 2024 from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810024501&pickMembers%5B0%5D=1.6&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2023&referencePeriods=20220101%2C20231201

Program can afford the products they need to adequately nourish their infants.

ii) Expanding the Ontario Drug Benefit to include specialized infant formulas for families whose children (0-24 months) have a medical diagnosis* requiring strict avoidance of standard soy and milk proteins.

*** Medical diagnosis can include an IgE mediated food allergy and/or a non-IgE mediated food allergy, such as food protein-induced enterocolitis syndrome (FPIES), food protein-induced enteropathy (FPE), allergic proctocolitis (AP), eosinophilic esophagitis (EoE) and several others. Due to the variability in clinical presentation and lack of validated diagnostic tests, a diagnosis relies on a detailed medical history, physical examination, and a trial elimination of the suspected food allergen.**

AND FURTHER THAT the Board of Health for Public Health Sudbury & Districts continues to advocate for income-related policies to reduce household food insecurity, especially for households with children where prevalence of food insecurity is highest.

iv) Support for Bill C-322: National Framework for a School Food Program Act

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health, dated May 9, 2024

SUPPORT FOR BILL C-322 NATIONAL FRAMEWORK FOR A SCHOOL FOOD PROGRAM ACT

MOTION:

WHEREAS the current Ontario student nutrition program only reaches 40% of students and 71% of publicly funded Kindergarten to Grade12 schools due to insufficient funding, rising food costs, inadequate infrastructure and human resources, and an increase in student need for proper nourishment[7]; and

WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion 02-20 supporting a universal fully funded healthy school food program, and motion 61-23 supporting a funded national school food program in the 2024 Federal Budget; and

[7] Ruetz, A. T., & McKenna, M. L. (2021). *Characteristics of Canadian school food programs funded by provinces and territories.* Canadian Food Studies, 8(3), 70-106. https://doi.org/10.15353/cfs-rcea.v8i3.483

WHEREAS although the Government of Canada recently announced an investment of $1 billion over 5 years for the national school food program in the 2024 Budget to help enhance and broaden existing programs throughout Canada, more support is required to ensure a universal fully-funded school food program for all students; and

WHEREAS Private Member's Bill C-322 calls for a national framework to establish a school food program that is universal, sustainable and effective, where no child is left out or stigmatized in the program due to their families' ability to pay, fundraise, and volunteer with the program; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & District commend the Government of Canada for prioritizing healthy school food in Budget 2024 and for working in partnership with provinces, territories and Indigenous communities throughout Canada; and

FURTHER THAT the Board of Health urges local Members of Parliament and other key partners to endorse Bill C-322, National Framework for a School Food Program Act and continue to uphold the commitment to the health and wellbeing of children and youth in Canada.

7. ADDENDUM

ADDENDUM

MOTION:

THAT this Board of Health deals with the items on the Addendum.

8. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

9. RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

10. ANNOUNCEMENTS

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, APRIL 18, 2024 – 1:30 P.M.

BOARD MEMBERS PRESENT

Ryan Anderson	Pauline Fortin	Mark Signoretti
Robert Barclay	René Lapierre	Natalie Tessier
Renée Carrier	Abdullah Masood	
Guy Despatie	Ken Noland	

BOARD MEMBERS REGRET

Mike Parent	Al Sizer

STAFF MEMBERS PRESENT

Kathy Dokis	Stacey Laforest	Renée St Onge
Stacey Gilbeau	Rachel Quesnel	
Dr. Mustafa Hirji	France Quirion	

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:30 p.m.

Following the resignation from Bill Leduc on the Board of Health, the City of Greater Sudbury Council appointed Pauline Fortin to Board of Health effective Tuesday, April 16. The resolution from the City of Greater Sudbury is included with today's Board addendum. Pauline Fortin was welcomed, and roundtable introductions followed.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There will be an addendum and in-camera session for today's meeting.

4. DELEGATION/PRESENTATION

i) 2023 Year-In Review

- Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division and Chief Nursing Officer
- Stacey Laforest, Director, Health Protection Division
- Renée St Onge, Director, Knowledge and Strategic Services Division
- Kathy Dokis, Director, Indigenous Public Health

Program directors provided an overview of the previous year's work of Public Health Sudbury & Districts through statistical updates of divisional activities. The respective divisional year-in review for 2023 demonstrated the scope, breadth and volume of Public Health Sudbury & Districts work and complemented the annual statistical Medical Officer of Health and Chief Executive officer report to the Board.

Questions and comment were invited and one follow-up will take place regarding scheduling for the vision program in a Chapleau school.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Special Board of Health Meeting – February 15, 2024

b. Second Board of Health Meeting – February 20, 2024

ii) Business Arising from Minutes

iii) Report of Standing Committees

iv) Report of the Medical Officer of Health / Chief Executive Officer

a. MOH/CEO Report, April 2024

v) Correspondence

a. Bill C-322, National Framework for a School Food Program Act

- Letter from Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health Chair to the Members of Parliament for Northumberland-Peterborough South and Haliburton-Kawartha Lakes-Brock, dated March 21, 2024

b. Regulatory modernization of foods for special dietary use and infant foods

- Letter from the Association of Local Public Health Agencies (alPHa) to Bureau of Nutritional Sciences, Food Directorate, Health Products and Food Branch, Health Canada, dated February 23, 2024

c. Congratulations Re Dr. Sutcliffe's Retirement

- Letter to Dr. Penny Sutcliffe from Public Health Ontario President and CEO, dated March 11, 2024
- Letter to Dr. Penny Sutcliffe from Dr. Kieran Moore, Chief Medical Officer of Health and Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health, dated January 25, 2024

d. 2023 Annual Chief Medical Officer of Health Report *Balancing Act – An All-of-Society Approach to Substance Use and Harms*

- Letter to the Chief Medical Officer of Health from René Lapierre, Board of Health Chair and Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer dated April 11, 2024
- Letter from the Association of Local Public Health Agencies (alPHa) to the Ministry of Health, dated April 5, 2024

e. Support for Improved Indoor Air Quality in Public Settings

- Letter from Peterborough Public Health Board of Health Chair to provincial Minister of Health, Minister of Municipal Affairs and Housing and federal Minster of Health and Minister of Housing, Infrastructure and Communities, dated January 31, 2024

vi) Items of Information

a. Statement from the Chief Public Health Officer of Canada Update on Measles and Risk to Canadians dated March 27, 2024

b. 2024 alPHa Annual General Meeting and Conference

In response to a question regarding the 2023 Annual Chief Medical Officer of Health Report Dr. Hirji noted that the annual report helps public education and building public support on important policy measures to address substance use, recognizing that substance use is a problem that requires society to collectively address.

25-24 APPROVAL OF CONSENT AGENDA

MOVED BY SIGNORETTI – NOLAND: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Ministry of Health Public Health Strengthening – Voluntary Merger Exploration with Algoma Public Health

- The Sault Star, *We were going to lose Power: Algoma Board of Health echoes merger opposition to ministry*, March 28, 2024
- Letter from the Corporation of the Town of Bruce Mines dated March 11, 2024
- Letter from Public Health Sudbury & Districts to Partners dated March 1, 2024

Highlights were provided regarding the correspondence, including the article summarizing discussions between Algoma Public Health and the Ministry of Health. Since Algoma Public

Health's unanimous motion to not proceed with a voluntary merger with Public Health Sudbury & Districts, the Ministry has not requested anything further from Public Health Sudbury & Districts.

Dr. Hirji provided an overview of what is happening in the province relating to voluntary mergers noting there are three voluntary mergers underway:

- Porcupine Health Unit and Timiskaming Health Unit
- Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health Unit
- Kingston, Frontenac, Lennox & Addington and Hastings Prince Edward Public Health and Leeds, Grenville and Lanark District Health Unit

The Ministry is showing flexibility to receive business cases beyond the April 2 submission deadline for those interested in pursuing a voluntary merger. Provincial next steps relating to voluntary mergers is unknown.

Merger exploration between Algoma Public Health and Public Health Sudbury & Districts was very intense work as well time consuming. Staff can now focus on regular public health programs and services. In response to an inquiry, it was noted that the cost analysis collected through this work is being maintained and will be leveraged for other uses.

Contributions from staff and the board of health were recognized.

ii) Government Regulation of Nicotine Pouches

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair, Public Health Sudbury & Districts, April 11, 2024
- Letter from Middlesex London Health Unit Board of Health to the Minister of Health dated March 22, 2024
- Windsor-Essex County Health Unit Board of Health Motion, January 2024

Dr. Hirji noted that in July 2023, Health Canada authorized the selling of Zonnic under the Natural Health Product Regulations as Nicotine Replacement Therapy (NRT). Zonnic is now sold under Health Canada approval without requiring adherence to the restrictions of the federal *Tobacco and Vaping Products Act, 1997* and the *Smoke-Free Ontario Act, 2017*. This is concerning as nicotine pouches currently require:

- No minimum age for purchase.
    - Regardless of product packaging indicating for use by those 18+ only, nicotine pouches can be sold legally to anyone of any age, including children, thus exposing youth to nicotine
- No plain and standardized packaging requirements
- No flavour restrictions
- No restrictions on in-store promotions and product displays

- No restriction on where they can be sold (e.g. can be sold in convenience stores, grocery stores)

Until tighter restrictions on nicotine pouches are imposed, this widely available and accessible product continues to expose youth to nicotine which is highly addictive and unsafe among children and youth. Exposure to nicotine can have negative consequences, especially for the young developing brain and increased chance of addiction to other substances. Additionally, exposure can contribute to future tobacco use including cigarettes.

Many Canadian health organizations have urged the Health Ministers to reclassify nicotine pouches as a prescription product or to suspend sales until regulations are enacted to prevent sales to youth under 18 years of age. The British Columbia provincial government has taken proactive steps to solely sell nicotine pouches from behind counters in pharmacies and the Government of Québec has only permitted the sale of nicotine pouches in pharmacies.

In March 2024, Health Canada issued an advisory stating nicotine pouches should only be used as directed, that unauthorized nicotine pouches should not be used and emphasized that nicotine pouches are only intended to be used as nicotine replacement therapy to help adults quit smoking. Health Canada is currently evaluating further legislative and regulatory measures to enhance public safety.

Per details in today's proposed motion, it is recommended that Public Health Sudbury & Districts join other public health partners who have put recommendations to government to have stronger regulations.

Questions and comments were entertained. It was recommended that the cover letter to the government will accompany the motion emphasize the urgency of this and need for immediate action.

26-24 RECOMMENDATIONS FOR GOVERNMENT REGULATION OF NICOTINE POUCHES

MOVED BY CARRIER – MASOOD: WHEREAS Health Canada approved nicotine pouches for sale under the Natural Health Product regulations providing no restrictions on advertising or sale to children and youth; and

WHEREAS the unrestricted sale, display, and promotion of nicotine pouches contribute to their accessibility, the normalization of nicotine use, and potential health hazards; and

WHEREAS nicotine is highly addictive and its use, in any form, is unsafe for children and youth; and

WHEREAS exposure to nicotine can have adverse effects on the developing brains of adolescents and young adults and increases the likelihood of initiation and long-term use of tobacco products; and

WHEREAS the emergence of nicotine pouch products occurred rapidly without requiring adherence to the restrictions of the federal Tobacco and Vaping Products Act, 1997, and the Smoke-Free Ontario Act, 2017; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly encourage Health Canada to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to youth under 18 years of age; and

FURTHER THAT the Board of Health urge Health Canada to strengthen regulations to restrict the sale of new and emerging tobacco and nicotine products, ensuring that nicotine availability to children and youth never occur again; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts strongly encourage the Government of Ontario to exclusively sell nicotine pouches from behind pharmacy counters, limit their display in retail settings, and restrict their promotion, especially to youth; and

FURTHER THAT the Government of Ontario expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.

CARRIED

iii) Public Health Sudbury & Districts Accountability Monitoring Plan, 2024–2028

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair, Public Health Sudbury & Districts, April 11, 2024
- Public Health Sudbury & Districts Accountability Monitoring Plan 2024–2028, April 2024

In follow-up to the Board's motion 65-23 directing the Medical Officer of Health to operationalize the approved the 2024–2028 Strategic Plan for Public Health Sudbury & Districts and ensuring regular monitoring reports to the Board of Health, a comprehensive monitoring plan is being presented today as outlined in the briefing note and motion along with a recommendation to create a joint Board of Health/Staff Accountability Working Group for 2024–2028. This monitoring plan consolidates monitoring activities to be reported to the Board of Health with monitoring requirements to the Ministry of Health.

R. St Onge reviewed the proposed monitoring process, called the 2024-2028 Accountability Monitoring Plan (Plan). The Plan is meant to be a focal point for the Board's commitments

to transparency, accountability, and public reporting. It aligns with the *Ontario Public Health Standards* and is an overarching framework for comprehensive performance measurement and continuous quality improvement.

The Plan includes three main monitoring and reporting categories that collectively demonstrate accountability for provincial mandates and local commitments:

- Organizational requirements
- Foundational and program requirements
- Strategic Plan

Each component of the framework is reported on provincially or locally and additional details on each component was provided.

It was summarized that the Board of Health plays an important role in local and provincial accountability and monitoring efforts. Boards of health are required to provide the Ministry with regular performance reports on program achievements, finances, and local challenges/issues in meeting outcomes. It is recommended that the Board of Health endorse the establishment of a joint Board of Health/Staff Accountability Working Group for 2024–2028 for the purpose of guiding the reporting of the Accountability Monitoring Plan to the full Board of Health. The Working Group would be responsible to review draft accountability reports, provide comments and direction to finalize these, and present reports to the full Board of Health for approval.

Proposed process and timelines for the Plan were reviewed with the Accountability Monitoring Report being tabled for approval by the Board of Health in February 2025.

Discussion regarding the selection for the Board member representation on the working group was held and a friendly amendment was introduced for the motion to endorse the three Board members who volunteered today to participate on the working group.

27-24 ACCOUNTABILITY MONITORING PLAN, 2024-2028

MOVED BY ANDERSON – DESPATIE: WHEREAS the Board of Health motion #65-23 endorsed the 2024–2028 Strategic Plan and directed the Medical Officer of Health to operationalize the Strategic Plan, ensuring regular monitoring reports to the Board of Health; and

WHEREAS the 2024-2028 Accountability Monitoring Plan is an essential monitoring framework for comprehensive performance measurement related to the provincial mandate, the Board of Health's 2024–2028 Strategic Plan, and local programs and services;

THEREFORE BE IT RESOLVED that the Board of Health approve the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts and direct the Medical Officer of Health to operationalize the Plan, ensuring an annual report to the Board of Health; and

FURTHER THAT the Board of Health endorse the establishment of a joint Board of Health/Staff Accountability Working Group for 2024–2028 for the purpose of guiding the reporting of the Accountability Monitoring Plan to the full Board of Health; and

FURTHER THAT the three members from the Board to participate on the joint Board of Health/Staff Accountability Working Group for 2024–2028 shall be Renée Carrier, Robert Barclay, and René Lapierre.

CARRIED AS AMENDED

7. ADDENDUM

28-24 ADDENDUM

MOVED BY BARCLAY – DESPATIE: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST
There were no declarations of conflict of interest.

i) Board of Health Membership

- Email and City of Greater Sudbury Council motion re appointment of Pauline Fortin on the Board of Health for Public Health Sudbury & Districts, April 16, 2024

Pauline Fortin was appointed to the Board of Health effective April 16, 2024, and was thanked for participating at today's meeting.

ii) Public Health Strengthening

(relating to April 18 Board of Health agenda item 6i)

- North Bay Parry Sound District Health Unit news released *NBPSDHU and Renfrew County and District Health Unit Not Moving Forward with Merger*, March 19, 2024
- Northwestern Health Unit media release *Boards of Health vote against voluntary merger of northwestern Ontario's two health units* dated April 17, 2024
- Thunder Bay District Health Unit media release *Boards of Health not Proceeding with a Merger in Northwestern Ontario*, April 17, 2024

These news release announce that the northern health units listed will not be pursuing the voluntary mergers they had been exploring.

8. IN CAMERA

29-24 IN CAMERA

MOVED BY SIGNORETTI – FORTIN: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, and a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board. Time: 2:47 p.m.

CARRIED

9. RISE AND REPORT

30-24 RISE AND REPORT

MOVED BY TESSIER – NOLAND: THAT this Board of Health rises and reports. Time: 3:13 p.m.

CARRIED

31-24 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES

MOVED BY DESPATIE – BARCLAY: THAT this Board of Health approve the special meeting notes of the February 15, 2024, Board in-camera meeting, as well as meeting notes of February 20, 2024, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

10. ANNOUNCEMENTS

- Board members were invited to complete the meeting evaluation for today's Board of Health meeting in BoardEffect.
- The next regular Board of Health meeting will be held on Thursday, May 16, 2024, at 1:30 p.m. in the Boardroom.

11. ADJOURNMENT

32-24 ADJOURNMENT

MOVED BY SIGNORETTI – FORTIN: THAT we do now adjourn. Time: 3:20 p.m.

CARRIED

_____ (Chair)

_____ (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

Medical Officer of Health and Chief Executive Officer Board of Health Report, May 2024

Words for thought

Climate change, Population Health and Health Equity

Source: Canadian Public Health Association, 2023 Annual Report

Date: May 2024

The 2023 Annual Report of the Canadian Public Health Association reviewed the major reports and initiatives that the Association undertook in 2023. By topic area, they broke down as follows:

- 3 Indigenous reconciliation and equity, diversity, and inclusion
- 2 substance use
- 2 sexually transmitted infections, health sexuality, and intimate partner violence
- 2 climate change
- 1 vaccination

These very closely align with recent areas of focus for our agency. In last month's presentation on 2023 in review, we had dedicated slides on each of the following: health equity efforts, our positive space initiative, workforce diversity survey, racial equity, Indigenous engagement, staff training on Indigenous perspectives, Indigenous cultural competency, mental health and substance use, opioids and other drugs, sexual health and sexually transmitted infections, and vaccine preventable diseases.

Add to this our extensive work done in schools around healthy sexuality, this Board's endorsement of there being an epidemic of intimate partner violence, and the comprehensive climate change and health vulnerability assessment our agency completed to inform local policy development, I think it is clear that the work of PHSD is very much aligned with the focus of national conversation. Indeed, today's presentation is again about one of these topics: vaccination.

However, this alignment by the national association also reflects a hard truth: these are the most intractable public health challenges, hence why the Canadian Public Health Association is spending its budget studying and developing resources to support action on these. To achieve improvements, we will need to continue to learn from our other public health partners, and experiment locally, sharing back what we find, so that we can all learn how to make progress on these most difficult public health problems.

General Report

1. Board of Health

An orientation session will be held on May 15, 2024, for Board of Health member, Pauline Fortin. The orientation will include presentations outlining the public health system, governance, accountability, and monitoring, as well as corporate governance including risk management, continuous quality improvement, financial/budget, and liabilities.

A thank you letter has been sent to Bill Leduc recognizing his membership on the Board of Health since January 2019 as a City of Greater Sudbury municipal appointee on the Board of Health for Public Health Sudbury & Districts.

alPHa Workplace Health and Wellness month

Reminder that Board of Health members are invited to join Public Health Sudbury & Districts staff in participating in this year's annual Association of Local Public Health Agencies (alPHa) workplace health and wellness month by get moving. Participation includes any physical or mental health-related activities that are at least 30 minutes long during the month of May. Examples include running, walking, cycling, yoga, or sharing healthy recipes. You can send your pictures with alPHa on X (formerly known as Twitter) by tagging @PHAgencies and using the hashtag #alPHa2024. The pictures will be featured at this year's alPHa Conference in June.

Annual Board of Health declaration forms

Board of Health members are thanked for completing the Board of Health Code of Conduct and Conflict of Interest declaration forms. Signed forms have been received by all members.

Continuing education opportunity for Board of Health members

alPHa Annual General Meeting and Conference

alPHa will be holding its 2024 Annual General Meeting (AGM), Conference and Board Section meeting from June 5 to June 7, 2024, in Toronto. Registration, accommodation, travel, and meal expenses will be covered by Public Health Sudbury & Districts for Board members attending. A motion is included on the agenda relating Board member attendance and voting delegation for the AGM.

2. Local and Provincial Meetings

I attended the Canadian Public Health Association (CPHA)'s annual conference in Halifax from April 23 to April 25, and co-presented on a panel entitled *Something in the Air: Towards a New Understanding of Aeorols and Respiratory Disease* where I reviewed efforts to improve community understanding of, and access to, clean indoor air in public health jurisdictions in local public health agencies in Ontario.

I participated in the Red Dress Awareness Day at College Boreal on May 3, as well as the Sacred Fire Sunrise ceremony and breakfast at the N'Swakamok Friendship Centre that morning, for the #RedDressDay or National Day of Awareness for Missing and Murdered Indigenous Women and Girls (MMIWG). Public Health honours individuals, families, and communities who have been, and continue to be, impacted by MMIWG2S. #NotInvisible #WhyWeWearRed #NoMoreStolenSisters #PublicHealth

I am participating in the regular bi-monthly Northern Medical Officer of Health teleconferences along with my northern Medical Officer of Health and Associate Medical Officers of Health counterparts and attended the May 1 teleconference.

I attended the Ministry's Public Health Sector Coordination Table special meeting on April 24, and am scheduled to attend the regular meeting on May 14. The Table meets monthly.

3. Public Health Sudbury & Districts MOH/CEO Engagement

I continue to participate in engagement opportunities with individual Bord members as well as staff, including divisional team and committee meetings. I will be meeting staff from the Chapleau district office on May 28, as well as partners in the Chapleau area.

I continue to participate in meetings with external partners and recently met with David McNeil, Health Sciences North President and CEO, as well as Laurentian University's President, Dr. Lynn Wells. I also met with Heidi Eisenhaur, Executive Director of Réseau-Access, on May 3. I am scheduled to meet with MPP Jamie West on May 17.

Over the coming months, I will be focused on connecting with the community now that I have made my internal connections within the agency. I will be reaching out directly to key partners to schedule introductory meetings with municipal partners, MPs and MPPs, community partners, and Indigenous, First Nations partners to support ongoing partner engagement.

4. Financial Report

Following the BOH approval of the 2024 Cost Shared Operating Budget in November 2023, the Senior Management Executive Committee adjusted budget areas to align resources to program priorities and to address the inclusion of COVID-19 within the budget. As noted during the 2024 budget discussion, the ministry expectation is that COVID-19 costs be managed within the Boards mandatory cost-shared budget. As such, the temporary division and budget centre set up to support COVID-19 was collapsed and the significantly reduced resources were incorporated into the renamed Health Promotion and Vaccine Preventable Disease Division and the Health Protection Division. Other resources were also shifted to align with program priorities. The financial statements present the BOH approved budget, the adjusted budget allocations and year-to-date expenditures and balances at the end of February.

The financial statements ending February 2024, show a positive variance of $539,194 in the cost-shared programs. On March 28, 2024, funding approvals for the period ending March 31, 2024, were received for merger planning expenses of $402,600, respiratory syncytial virus (RSV) Adult Prevention Program in the amount of $71,500, and we were approved for COVID-19 extraordinary costs for the vaccine program in the amount of $225,000.

5. Board of Health Manual

Board of Health Manual Policy A-III-10 stipulates that Board of Health by-laws, policies, and procedures will be reviewed and revised as necessary, and at least every two years. Last reviewed in September 2022; therefore, the internal review process will begin with the goal to bring proposed revisions to the Board this Fall.

6. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding, and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to April 12, 2024, on April 15, 2024. The Employer Health Tax has been paid, as required by law, to March 31, 2024, on April 12, 2024. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to March 31, 2024, on April 29, 2024. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.*

Following are the divisional program highlights.

Health Promotion and Vaccine Preventable Diseases Division

1. Chronic disease prevention and well-being

Healthy eating behaviours

From January to April, staff delivered training opportunities for building community leadership and capacity in running collective kitchens. Collective kitchens are food literacy promoting initiatives where participants gather to plan, prepare, share, and enjoy wholesome, affordable meals together. The 41 participants, including health service providers, Canadian Mental Health Association outreach workers, and Killarney Senior Cooperative Group community leaders, engaged in experiential learning and group discussions on effective food literacy activities that strengthen social connections. The participants found the training valuable for promoting healthy living in their communities.

In March, the Public Health Teaching Kitchen program celebrated an inaugural community partnership. The Health Sciences North's Pediatric Oncology Group of Ontario organized a session for seven youth clients at the teaching kitchen, featuring hands-on food skill activities and discussions on nutrition. The event provided a safe space for the youth to socialize with peers and healthcare providers while receiving valuable healthy eating programming.

In April, Public Health continued to collaborate with Harvest Pride for an Earth Day gathering in the Teaching Kitchen. They shared a meal and discussed sustainable eating. Through a partnership with Réseau Access Network, Sudbury Queers United Around Diversity (SQUAD), and

the Youth Wellness Hub, 19 2SLGBTQ+ youth, older adults, and allies received food handler training to support future programing. Additionally, public health staff provided a letter of support to SQUAD to aid in their efforts in securing continuous funding of safe space for future gatherings and events.

Seniors dental care

Staff continued to provide comprehensive dental care to clients at our seniors dental care clinic at Elm Place, including restorative, diagnostic, and preventive services. Staff also continued to provide client referrals to our contracted providers in the community for emergency, restorative and prosthodontic services, and enrollment assistance to low-income seniors eligible for the Ontario Seniors Dental Care Program.

Healthy aging

In March, in collaboration with the Greater Sudbury Public Library, the GrandPals program was launched. The GrandPals program is a 7-week intergenerational program that connects school aged children with older adults by engaging them through storytelling. The goal of the program is to decrease social isolation and address ageism by creating strong community connections between young children and older adults. Intergenerational programs have been shown to be successful in decreasing ageist attitudes, and increasing social participation in partakers.

2. Healthy growth and development

Infant feeding

From March to April, staff provided a total of 178 clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin locations. This service helps to support parents to make an informed decision regarding how they would like to feed their baby. Clients learn skills that promote, protect and support breastfeeding, and can ask questions about infant feeding choices, such as formula feeding. The assessment conducted by the nurse also offers an opportunity to screen for potential concerns, including tongue tie, insufficient milk supply, and ensuring the infant's weight gain and growth are within expected parameters.

Recently, staff participated in professional development focusing on inclusivity and the significance of establishing a supportive environment where all families can access services without fear of judgement. At the core of this shift is the acknowledgment that traditional gendered language and terminology such as "breastfeeding" may not resonate with individuals who do not identify with traditional gender roles. Terms such as "chest feeding" or "lactating parent" may be more suitable. Additionally, staff learned the importance of asking and respecting the preferred pronouns and terminology of parents.

Growth and development

In March and April, 192 reminder post cards were sent to parents to book their child's 18-month well-baby visit. The goal of this intervention is to increase the number of infants that are screened early for developmental milestones and referred to services as appropriate.

During March and April, staff conducted 204 48-hour calls to parents of newborns, addressing such topics as infant feeding, post-partum care, and offering information on community resources and supports services.

In March, staff from the Espanola office, collaborated with the Lacloche Area Service Provider Network, to set up a booth at a "pop up" early years screening day in Webbwood. Five families attended where various resources covering topics such as oral health, healthy eating, Healthy Babies Healthy Children, and the Bounce Back & Thrive! parenting program were provided.

Health information line

The Health Information line fielded 188 calls concerning topics such as infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services, and locating a nearby family physician.

Healthy babies healthy children

From March to April, staff continued to provide support to 198 client families. One thousand seven-hundred and sixty (1760) interactions were completed. Public health dietitians continued to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

From March to April, 63 individuals signed up for the online prenatal course. This course provides information on life with a new baby, infant feeding, the importance of self-care and navigating the changes a new baby can bring to relationships.

Preparation for parenting

From March to April, 21 participants took part in Prep 4 Parenting classes covering various topics such as preparing for parenthood, fostering attachment and bonding, effective communication, understanding roles and responsibilities, caring for a newborn, post-partum mood disorders (PPMD), infant mental health, and newborn care. Additionally, bilingual Prep 4 Parenting posters and healthy families team rack cards were distributed to community partners for program promotion.

3. School health

Healthy eating behaviours

Public health dietitians conducted the *Nourish to Flourish* program series at two elementary schools. A total of 30 students from Grades 4, 5, and 6 engaged in hands-on learning, food

preparation activities, tasting, and discussions about the food environment across seven weekly sessions. The program was launched based on recommendations from the 2018-2020 Food Literacy in Schools Pilot evaluation. Participating students reported increased food literacy attributes, and applied their new skills and knowledge at home, and in their community.

Healthy sexuality

The team continued to support school boards and schools with implementing sexual health-related curricula, and sexual health needs in schools. Presentations on contraception and sexually transmitted infections to 15 secondary students were provided.

Mental health promotion

Throughout February, March and April, the team delivered several workshops and presentations as part of our comprehensive approach to support students' mental health, resiliency, and create flourishing school communities. The team delivered the brain architecture workshop to 142 post-secondary students highlighting brain development, neuroplasticity, and the importance of early experiences in shaping health and mental health outcomes. The team also delivered Growth Mindset presentations to students at two Free2BeMe conferences, one for elementary school, and one for secondary school students, highlighting the importance of having a growth-mindset and taking a strengths-based approach in their lives. Throughout February and April, the team also delivered its *Comprehensive Mindfulness* program to 170 students (seven grade five to six classrooms) and more than ten staff members from one school, in its largest offering of the comprehensive program to date!

The team also offered ongoing support to staff and educators on student mental health through consultation, and the provision of resources, as requested.

Oral health

Staff concluded the delivery of the school-based dental screening program for the 2023–2024 school year at the end of March and have been continuing to conduct case management follow-ups for all students who had been identified with urgent dental needs. Staff also hosted a drop-in dental screening clinic for children and youth at the Paris Street office on the school professional development day on April 8, providing dental screening to nine children. Staff also continued to provide preventive dental care to children enrolled in the Healthy Smiles Ontario (HSO) Program, and enrollment support to families interested in applying for HSO.

Substance use and harm reduction

The team delivered a presentation to 65 principals and staff from one school board on substance use, focusing on cannabis, nicotine, and caffeinated beverages. The team also delivered two substance use presentations for parents and guardians. These presentations educate adult influencers on the rates and local prevalence of substance use among youth, specific risks and factors associated with various substances (including recent concern with unregulated nicotine pouches among youth in Canada) and provide information and resources

on how to support youth in avoiding or dealing with substance use. The team also responded to requests for support via consultation and the provision of resources.

Vision

Staff initiated the delivery of the Senior Kindergarten Vision Screening Program for the 2023–2024 school year on March 18. All schools in the catchment area with any students enrolled in senior kindergarten have been invited to participate and will receive vision screening prior to the end of the school year. Parents and guardians of any students identified with a vision concern during screening, will be informed and advised to have their child receive a comprehensive eye exam with an optometrist.

4. Substance use and injury prevention

Alcohol and cannabis

In March, the pediatrics department of Health Sciences North received a presentation on cannabis, and breastfeeding or chestfeeding from staff. This collaborative effort involved the Healthy Families team. Ten physicians and nurses were educated on how tetrahydrocannabinol (THC) and tetrahydrocannabinol (CBD) pass through breast milk, and the adverse effects of cannabis on babies and infants, and the resources available for harm reduction to support parents and guardians to make informed decisions. This presentation-initiated discussions about the need to educate other health care providers, such as family physicians, midwives, nurse practitioners, and obstetricians, who engage with breastfeeding or chestfeeding parents. Plans to provide resources and to offer educational opportunities for other allied health professionals and community-based service providers are in progress.

Life promotion, suicide risk and prevention

The team has continued to participate in the local Suicide Safer Network on both the leadership and prevention pillars and has been identified as the network's co-chair for World Suicide Prevention Day planning for September 10, 2024.

Mental health promotion

Public Health continued to co-chair the provincial Mental Health Promotion in Public Health Community of Practice (CoP). As of April 2024, the CoP finalized and circulated a compendium of Ontario-relevant foundational mental health documents across the membership that would align mental health promotion programming with both best practice and Ontario Public Health Standards requirements.

Substance use

The Steering Committee of the Community Drug Strategy (CDS) for the City of Greater Sudbury held the inaugural meeting of the reinvigorated strategy on April 23, 2024. This meeting brought together over 100 community partners to begin to align the new committee structure to the three streams of the Greater Sudbury Summit on Toxic Drugs (health promotion, wrap

around supports, substance use care). The focus of this meeting was to identify co-chairs for each of the three streams and ensure membership is inclusive, diverse, and well-balanced. By solidifying these roles, we can ensure effective collaboration and impactful outcomes for our community, ensuring alignment of CDS operations with the current needs of the community, while simultaneously providing oversight for the advancement of the Summit priorities in the presence of an ongoing toxic drug crisis. The CDS Executive Committee also met earlier this month to review its membership and structure.

The CDS received multiple reports of increased drug poisonings (overdoses) and unexpected reactions from the use of substances in the Sudbury and districts. On February 9, 2024, an advisory alert was issued to local health system partners containing important information about the toxic drug supply in Ontario. Drug warnings were also issued on February 21, March 4, March 19, and April 2, and April 25. With an increasingly unpredictable, toxic, and unregulated drug supply, and the recent closure of the supervised consumption site, persons who use drugs may be at increased risk. With each drug warning, corresponding communications were shared through social media channels, and the website.

Public Health attended the *Biindigin Abiinji Waayeyaag – Coming Into the Circle: First Nations Harm Reduction Gathering* on Manitoulin Island from March 25 to 27, 2024. The purpose of this gathering was to engage the seven First Nations communities on Manitoulin Island and seven First Nations communities of the North Shore Tribal Council in harm reduction service planning.

The Community Drug Strategy committees on Manitoulin, and in Sudbury East, continue to meet monthly to strengthen their community connections to address the ongoing toxic drug crisis, and reduce substance-use related harms and death.

Harm reduction – Naloxone

Public Health Sudbury & Districts holds 48 Memoranda of Understanding with community partners for the distribution of naloxone. Although not all partners are active, staff continue to support all partners with the distribution and training of naloxone. In February and March, together with these partners, a total of 2426 naloxone doses were distributed, and 304 individuals were trained in its use. Although this is only a two-month snapshot, the number of distributed naloxone kits is trending downward from previous years.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (NE TCAN), with the provincial Joint TCAN Committee and advisory committees (youth, young adult, and adult), completed a public health unit wide needs assessment. Together, the decision was made to revise the provincial TCAN structure to promote streamlined outcome-focused initiatives, to better collaborate and improve efficiencies. Details of the TCAN structure will be shared with key partners, and the impact of the new model will be closely monitored over the coming months.

5. Vaccine preventable diseases

The Vaccine Preventable Diseases (VPD) team responded to 3733 phone calls in 2024 thus far. Calls were related to inquiries including:

- the *Immunization of School Pupils Act* (ISPA)
- general immunization inquiries
- school-based immunization clinics
- COVID-19 and Universal Influenza Immunization Program (UIIP)
- accessing an immunization record
- cold chain maintenance
- international immunization record submission

The team started the *Immunization of School Pupil's Act* (ISPA) enforcement activities for secondary schools in January.

- The ISPA program began with 1706 students overdue for mandatory school vaccinations.
- As of April 26, there are 695 students overdue for vaccinations.
- Suspensions for non-compliant students in the first batch of secondary schools will begin on April 25, and follow each week onward for the subsequent batches.
- Public health nurses will continue to follow-up with school principals regularly regarding their suspension status.

Staff continued with the provision of grade seven school vaccination clinics starting in the month of March and are projected to continue through until June.

- School-based vaccine clinics have been offered in a total of 22 area schools, with 25 schools remaining.

Since January 2024, four advisory alerts were issued regarding the following topics:

- The re-emergence of vaccine preventable diseases
- *Immunization Of School Pupils Act* programming for secondary school students
- Measles
- COVID-19 spring programming and respiratory syncytial virus (RSV) vaccine season wind down
- The transition to Pentacel® from Pediacel® vaccine in the publicly funded immunization program

Since January 2024, the team filled 360 orders and distributed 19711 doses of publicly funded vaccines to different community partners across the service area (including pharmacies, primary care offices, walk-in clinics, and long-term care homes).

- These vaccines offer protection against tetanus, diphtheria, pertussis, poliomyelitis, hepatitis A, hepatitis B, human papillomavirus, rabies, meningitis, haemophilus

influenza B, measles, mumps, rubella, pneumonia, rotavirus, shingles, varicella, influenza, RSV and COVID-19.

Lastly, the VPD team administered 3448 doses of publicly funded vaccines out of our Public Health Sudbury & Districts offices since January 2024.

Health Protection

1. Control of Infectious Diseases (CID)

In April, staff followed up with 30 new local investigations of COVID-19 and investigated 42 sporadic reports of other communicable diseases. Further, nine respiratory outbreaks were declared in institutions. Eight of these respiratory outbreaks identified a single causative agent: COVID-19 (4), parainfluenza virus (2), influenza A virus (1), and metapneumovirus (1). One respiratory outbreak identified two causative agents: human coronavirus and parainfluenza virus. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the month of April, one infection control complaint was received and investigated. Six infection control requests for service were addressed.

Infection Prevention and Control Hub

The Infection Prevention and Control Hub provided 132 services and supports to congregate living settings in the month of April. These included proactive IPAC assessment and working with facility staff to respond to cases and outbreaks of acute respiratory infection (ARI), COVID-19, and enteric illness, to ensure that effective measures were in place to prevent further transmission.

2. Food safety

During the month of April, public health inspectors issued one closure order to food premises due to adverse water. The premises remains closed while the area public health inspector ensures corrective actions are progressing.

Staff issued 45 special event food service permits, and one non-exempt farmers market permit to various organizations.

Through the Food Handler Training and Certification Program, 10 sessions were offered in April, and 176 individuals were certified as food handlers.

3. Health hazard

In April, 30 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. *Ontario Building Code*

In April, 26 sewage system permits, and 13 renovation applications were received.

5. Rabies prevention and control

In April, 28 rabies-related investigations were conducted. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

Two individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

6. Safe water

During April, 31 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated two regulated adverse water sample results.

Five boil water orders, and one drinking water order were issued in the month of April. Of these, one boil water order, and one drinking water order were rescinded following corrective actions. Two Health Information Notices for elevated sodium levels were issued.

7. *Smoke-Free Ontario Act*, 2017 enforcement

In April, *Smoke-Free Ontario Act* Inspectors charged three retail employees for selling tobacco to a person who is less than 19 years of age, and two retail employees for selling e-cigarettes to a person who is less than 19 years of age. Furthermore, four warning letters were issued for vaping on school property.

8. Emergency preparedness and response

In April, staff participated in the Espanola emergency management meeting and emergency tabletop exercise.

A media release and social media posts were issued in advance of the April 8, 2024, solar eclipse, sharing important information with the public on how to protect their eyes during the eclipse.

9. Needle and Syringe Program

In March, harm reduction supplies were distributed, and services received through 3 007 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 212 227 syringes for injection, 186 468 foils, 15 270 straight stems, and 9 209 bowl pipes for inhalation, through both our fixed site at Elm Place and outreach harm reduction programs. The closure of the Sudbury Action Center for Youth (SACY) has coincided with a noticeable spike in needle distribution for the month of March, which is very unusual. SACY distributed approximately 100 000 syringes to the Four Sisters Motel before their closure to ensure continued ease in access for marginalized clients.

10. Sexual health and sexually transmitted infections (STI) including HIV and other blood borne infections

Sexual health clinic

In April, there were 80 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and pregnancy counselling. As well, the Elm Place site completed a total of 333 telephone assessments related to STIs, blood-borne infections, and pregnancy counselling, resulting in 167 onsite visits.

Growing family health clinic

In April, the Growing Family Health Clinic provided services to 50 patients.

Knowledge and Strategic Services

1. Health equity

On the International Day for the Elimination of Racial Discrimination (March 21), five staff members participated in the 2024 Greater Sudbury Immigration Summit hosted by the Sudbury Local Immigration Partnership with the support from the City of Greater Sudbury. This event featured engaging speakers, workshops, and an interactive panel discussion. Two members of the Health Equity team participated in the panel discussion, and highlighted insights from the recently published report *Lessons Learned From Engaging with Members of the Black Community in Sudbury & Districts*. That same day, representatives from the Health Equity team attended the *Greater Sudbury Stronger Together* gala dinner organized by the Greater Sudbury Police Service in partnership with the Sudbury Multicultural and Folk Arts Association. The event brought together newcomers, international students, service providers, leaders, and community allies.

In both January and February, the manager also participated in the Health Equity Standard Review Group to help inform updates to the *Ontario Public Health Standards*.

In March, staff members from Health Equity and Indigenous Engagement delivered a presentation on key concepts related to health equity and Indigenous engagement to students at Laurentian University in a community health course.

In April, the Health Equity team in partnership with the Centre de santé communautaire du Grand Sudbury and the Contact interculturel francophone de Sudbury, provided a 3-hour French language allyship training workshop (Formation des allies) for the francophone community.

On April 25, Science North and the Science Communication Program at Laurentian University hosted the 2024 Northern MedTalks. The manager of Health Equity participated in the fast-paced and engaging speakers event featuring presentations by nine other Northern Ontario healthcare providers.

2. Indigenous engagement

A survey to assess the impact of Indigenous cultural competency activities offered to staff in 2023 was conducted last fall. The survey aimed to understand the ways in which these activities increased workforce capacity for Indigenous engagement, and the findings will inform future Indigenous engagement training. These recommendations included suggestions for the following: 1) more in person training with opportunities to practice, 2) group or team specific debrief sessions, 3) a peer-to-peer knowledge exchange or community of practice, and 4) a self-study guide.

The Director, Indigenous Public Health and the Director, Knowledge and Strategic Services, attended the Indigenous Primary Health Care Council training in Toronto called the *Wholistic Health and Integrated Care Gathering*. This day was specific training for public health.

The health promoter, Indigenous Engagement, along with members of the Mental Health and Substance Use team, attended Biindigin Abiinji Waayeyaag – Coming Into the Circle: First Nations Harm Reduction Gathering, in Little Current in March.

The special advisor, Indigenous Affairs attended Anishinaabek Collaboration within the N'Swakamok Territory meeting hosted by the Ngo Dwe Waanzizjik Urban Indigenous Sacred Circle in April. Public Health was invited an Ex Officio member agency.

3. Population health assessment and surveillance

The Population Health Assessment and Surveillance team continues to provide internal and external (public, media, ministry) support related to operational planning data and analysis requests, and public health priorities. This also includes the epidemiological surveillance and reporting of issues of public health importance such as respiratory illness including COVID-19

cases and vaccination, infectious diseases, student illness-related absenteeism, acute care enhanced surveillance, suspected opioid overdose related EMS calls, and drug-related deaths.

In January and February, members of the Population Health Assessment and Surveillance team provided analytical capacity and statistical support for merger related activities with Algoma Public Health. This included socio-demographic and population health status data for the two service areas, and data visualization products and maps.

A member of the team co-presented to NOSM University students on the topic of critical appraisal and evidence-based medicine.

The Population Health Assessment and Surveillance team continues to collaborate with the Vaccine Preventable Diseases team to find opportunities to streamline data submission from school boards, improve data quality, and reduce the manual steps involved in the upload of data. This updated process created efficiencies (saving staff time) and included the introduction of auditing, and data quality processes. This collaboration work has also extended to the Oral Health team to develop an automated template for the data export for oral and vision school screenings, which also resulted in a saving of 100 plus hours of staff time.

As a result of a Lean Green Belt project to automate the process of compiling the monthly board report figures on reportable disease case and outbreak management for the agency, the team has been able to create processes that provide staff more timely access to updated data which are updated weekly. To date, the following Power BI reports are supported by this approach: CID-ICDPC Board Report, STIBBI Report, and iGAS Report.

On March 22, 2024, a team member met with the data subgroup of the Community Safety and Well-Being (CSWB) committee, to discuss potential indicators available for inclusion in the Community Safety and Well-Being plan. These indicators will be brought to each of the pillars for consideration in a community report. A second meeting was attended on April 15, to further discuss data availability related to the Indigenous pillar of the CSWB group.

4. Effective public health practice

On March 18, the 2024 Annual Service Plan and Budget Submission was completed, marking the end of the latest program planning cycle. The Effective Public Health Practice team collated information from program standard activity and evaluation plans, gathered content from foundational standard teams, and updated the agency's community assessment to prepare the submission.

On April 3, 2024, a pre-recorded poster presentation delivered by staff from the Effective Public Health Practice, was released as part of The Ontario Public Health Convention virtual convention. Staff presented on *Program Planning in the Context of Change,* highlighting the agency's 2023 tailored planning and topic-based business case process to assess programs,

services, and operational needs to inform local implementation of the *Ontario Public Health Standards* and budget recommendations. Other public health units have since requested copies of the tools, or more information on the process to inform their work.

From February to April 2024, members of the Effective Public Health Practice team contributed to initiatives led by the Ontario Public Health Evaluators Network (OPHEN). Public Health Sudbury & Districts staff attended an OPHEN-led professional development session on navigating ethical questions in evaluation, and actively participated in working groups to provide feedback on revised Public Health Core Competencies, and the Ministry of Health Seasonal Respiratory Pathogens Debrief Tool. The OPHEN brings public health professionals together to build capacity, collaborate on projects, and promote evidence-informed decision-making.

Over the last year, in collaboration with the Health Promotion Vaccine Preventable Diseases (HPVPD) division, the Effective Public Health Practice team participated in the advisory committee of the Locally Driven Collaborative Project (LDCP), and Development of Common Chronic Disease Prevention (CDP) Indicators. The project, led by Thunder Bay District Health Unit, and supported by Ottawa Public Health, stemmed from a sub-group of the Ontario Chronic Disease Prevention managers in Public Health committee. The aim was to develop a participatory process for establishing a core set of CDP indicators to increase the quality and consistency of reporting. Public Health staff members attended provincial meetings; provided input on processes, tools, and evidence reviews; contributed to survey development and review; and completed surveys for the prioritization of indicators and to evaluate the overall approach. A final report is underway. Following project completion, findings can inform the development of core indicators for other topics within chronic disease prevention.

A debrief the 2023–2024 respiratory response was held on April 24, 2024, with management and staff from Health Protection, Health Promotion and Vaccine Preventable Diseases, and Knowledge and Strategic Services. The purpose of the debrief process was to understand system performance, successes, best practices, and lessons learned in the following response categories: preparedness activities, partnerships and collaborations, operations, and delivery, tracking and monitoring, and communications. Results from the debrief will help inform planning for next year’s response efforts, improve upon system delivery, and will be shared with our key stakeholders and community partners; a copy of these findings was also submitted to the Ministry of Health on April 30, 2024.

5. Staff Development

As part of Black History Month, Staff Development supported the delivery of a series of events in February and March to commemorate the contributions of Black Canadians in Canada. In collaboration with Staff Development, the Health Equity team supported four mandatory all-staff training sessions facilitated by Dr. Amadou Ba, where 248 staff learned about the history and contributions of Black Canadians in Canada and Northern Ontario. To help deepen their learning, staff were encouraged to participate in continued discussions on this topic following the training. Three Reflective Circles were held and approximately 33 staff attended.

Staff Development also worked with the Canadian Mental Health Association's *Your Health Space* program to facilitate a number of free workshops that run from March to June 2024. this includes workshops on Trauma Informed Workplaces, Intersecting Identities, Flourishing in the Workplace, and Mindfulness.

6. Student placement

As eight winter term placements end, the agency has four placements in place for the spring and summer period, with three Master of Public Health (MPH) students and a NOSM Northern Ontario Dietetic Internship Program (NODIP) student beginning their placements in early May.

The Student Placement Program would like to recognize staff members Chantal Belanger and Bridget King, who each won a NOSM University Health Sciences Preceptor Award for their work with NODIP learners on placement at Public Health Sudbury & Districts. Chantal (winner of the Innovative Preceptor category) and Bridget (winner of the Academic Excellence category) were recognized on Friday, May 3, at this year's NOSM University Achievement Celebration, which is part of the Northern Constellations and Connections event.

7. Communications

The Communications team focused heavily in February and March on coordinating communications activities leading up to my welcome and joining the agency on March 18. The Communications team also continues to work alongside Public Health's teams responsible for controlling infectious diseases, case and contact management, as well as monitoring the vaccination status of school-aged children to support prevention activities and ensure readiness to respond to potential local cases. Significant focus remains on the toxic drug crisis, and work related to strategically supporting Community Drug Strategy efforts, including for example, issuing drug alerts when overdoses or toxic substances are reported in the community. Knowledge and Strategic Services staff also participated in professional development supported by Communications to review copyright best practices, clear language principles, accessibility guidelines, and effective report writing techniques.

8. Strategic engagement

In April 2024, representatives from Public Health Sudbury & Districts contributed to the strategic planning process for Health Sciences North, as well as a planning and feedback session for Health 811 to support the agency's ongoing engagement efforts with health system partners. In early May, some of our staff also participated in the Canadian Mental Health Association (Sudbury-Manitoulin) strategic plan consultations.

Respectfully submitted,

Original signed by

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 2 Periods Ending February 29, 2024

Cost Shared Programs

	2024 BOH Approved Budget	Adjusted BOH Approved Budget	Increase (Decrease) between Approved and Adjusted 2024 Budgets	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:							
MOH - General Program	18,538,348	18,538,348	0	3,089,725	2,863,798	225,927	15,674,550
MOH - Unorganized Territory	826,000	826,000	0	137,667	137,668	(1)	688,332
Municipal Levies	10,548,731	10,548,731	0	1,758,122	1,758,394	(273)	8,790,337
Interest Earned	160,000	160,000	0	26,667	61,072	(34,405)	98,928
Total Revenues:	$30,073,079	$30,073,079	$0	$5,012,180	$4,820,932	$191,247	$25,252,147
Expenditures:							
Corporate Services:							
Corporate Services	5,675,238	5,662,649	(12,589)	1,069,876	865,837	204,039	4,796,813
Office Admin.	111,350	111,350	0	18,558	11,343	7,215	100,007
Espanola	126,473	126,473	0	20,087	18,673	1,414	107,800
Manitoulin	137,892	137,892	0	21,866	16,255	5,611	121,637
Chapleau	139,699	139,699	(0)	22,241	17,615	4,626	122,084
Sudbury East	19,270	19,270	(0)	3,212	3,281	(69)	15,989
Intake	354,886	354,886	(0)	54,598	42,093	12,505	312,793
Facilities Management	684,866	684,866	0	114,144	95,941	18,203	588,925
Volunteer Resources	3,850	3,850	0	642	0	642	3,850
Total Corporate Services:	$7,253,523	$7,240,935	$(12,589)	$1,325,224	$1,071,039	$254,185	$6,169,896
Health Protection:							
Environmental Health - General	1,395,200	1,462,523	67,323	220,609	171,383	49,225	1,291,140
Enviromental	2,939,396	2,939,396	0	446,783	428,660	18,122	2,505,496
Vector Borne Disease (VBD)	90,847	90,847	0	7,337	436	6,900	90,411
Small Drinking Water Systems	209,356	209,356	0	32,209	20,788	11,421	188,568
CID	848,341	963,753	115,412	154,708	156,788	(2,079)	848,896
Districts - Clinical	224,061	224,061	(0)	34,484	34,404	80	189,657
Risk Reduction	53,756	53,756	0	7,376	6,462	914	47,294
Sexual Health (previously SVC)	1,416,735	1,416,735	(0)	219,117	195,268	23,849	1,221,467
COVID CCM	98,732		(98,732)				
SFO: E-Cigarettes, Protection and Enforcement	280,314	280,314	0	40,423	27,872	12,550	250,753
Total Health Protection:	7,556,738	$7,640,741	$84,003	$1,163,044	$1,042,061	$120,982	$6,633,681
Health Promotion and Vaccine Preventable Diseases:							
Health Promotion - General	1,321,333	1,593,572	272,239	245,722	211,084	34,638	1,346,010
School Health and Behavior Change	1,189,147	1,094,746	(94,401)	171,685	144,372	27,314	969,674
Districts - Espanola / Manitoulin	369,527	369,527	(0)	56,587	55,191	1,395	314,335
Nutrition & Physical Activity	2,013,604	1,754,750	(258,854)	282,079	208,461	73,618	1,526,989
Districts - Chapleau / Sudbury East	419,200	419,200	(0)	65,075	51,841	13,234	367,358
Tobacco, Vaping, Cannabis & Alcohol	708,943	708,943	(0)	109,732	36,192	73,541	672,751
Family Health	1,408,191	1,357,541	(50,650)	209,484	191,905	17,579	1,165,636
Mental Health and Addictions	852,081	750,486	(101,595)	115,909	138,970	(23,060)	611,516
Dental	501,055	501,055	(0)	78,141	77,058	1,083	423,997
Healthy Smiles Ontario	665,118	665,118	0	101,139	91,314	9,826	573,804
Vision Health	11,770	11,770	0	0	0	0	11,770
SFO: TCAN Coordination and Prevention	485,266	485,266	0	76,139	48,929	27,210	436,337
Harm Reduction Program Enhancement	173,699	173,699	0	26,796	0	26,796	173,699
School Health, VPD, COVID Prevention - General (previously SVC)	235,128		(235,128)				
COVID Vaccines (previously SVC)	166,275	170,544	4,269	26,465	54,446	(27,981)	117,577
VPD and COVID CCM (previously SVC)	944,790	1,281,912	337,122	197,253	152,104	45,149	1,129,807
MOHLTC - Influenza (previously SVC)	0	(0)	(0)	(619)	6,790	(7,409)	(6,790)
MOHLTC - Meningittis (previously SVC)	0	(0)	(0)	(167)	10,880	(11,047)	(10,880)
MOHLTC - HPV (previously SVC)	0	(0)	(0)	(242)	11,365	(11,607)	(11,365)
Total Health Promotion:	11,465,126	$11,338,128	$(126,999)	$1,761,180	$1,490,901	$270,279	$9,812,227
Knowledge and Strategic Services:							
Knowledge and Strategic Services	3,245,904	3,301,486	55,582	505,344	437,106	68,238	2,864,380
Workplace Capacity Development	23,507	23,507	0	0	1,832	(1,832)	21,675
Health Equity Office	14,440	14,440	0	2,407	880	1,527	13,560
Nursing Initiatives: CNO, ICPHN, SDoH PHN	503,611	503,611	0	77,479	61,513	15,965	442,098
Strategic Engagement	10,230	10,230	(0)	1,097	0	1,097	10,230
Total Knowledge and Strategic Services:	3,797,692	$3,853,274	$55,582	$586,326	$501,331	$84,995	$3,351,943
Total Expenditures:	30,073,079	$30,073,079	$(0)	$4,835,773	$4,105,332	$730,441	$25,967,748
Net Surplus/(Deficit)	0	$(0)		$176,407	$715,601	$539,194	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 2 Periods Ending February 29, 2024

		2024 BOH Approved Budget	Adjusted BOH Approved Budget	Increase (Decrease) between Approved and Adjusted 2024 Budgets	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:								
	MOH Funding	30,073,079	30,073,079	0	5,012,180	4,868,318	143,861	25,204,761
	Other Revenue/Transfers	706,252	706,252	(0)	117,709	49,454	68,255	656,798
	Total Revenues & Expenditure Recoveries:	30,779,331	30,779,331	(0)	5,129,889	4,917,772	212,116	25,861,559
Expenditures:								
	Salaries	19,299,736	19,295,938	(3,798)	2,968,604	2,700,834	267,770	16,595,104
	Benefits	6,724,284	6,728,083	3,798	1,029,495	865,237	164,258	5,825,846
	Travel	270,607	270,607	0	43,918	10,915	33,003	265,542
	Program Expenses	771,667	771,667	0	125,151	33,379	91,772	795,101
	Office Supplies	86,448	86,781	333	11,898	7,801	4,098	67,349
	Postage & Courier Services	90,100	90,100	0	15,017	10,432	4,584	79,668
	Photocopy Expenses	0	0	0	838	689	149	4,340
	Telephone Expenses	68,050	68,050	0	11,675	11,580	95	58,470
	Building Maintenance	690,966	690,966	0	79,494	80,345	(851)	396,616
	Utilities	236,920	236,920	0	39,487	31,968	7,519	204,952
	Rent	328,254	328,254	0	54,709	52,539	2,170	275,715
	Insurance	208,850	208,850	0	204,683	200,682	4,001	8,168
	Employee Assistance Program (EAP)	0	0	0	6,167	8,360	(2,193)	28,640
	Memberships	40,189	40,189	0	6,681	5,640	1,041	34,549
	Staff Development	129,201	129,201	0	10,757	9,887	870	117,814
	Books & Subscriptions	7,445	7,445	0	1,162	682	481	6,763
	Media & Advertising	131,265	131,265	0	23,696	7,046	16,651	124,219
	Professional Fees	288,146	288,146	0	86,781	44,984	41,797	395,700
	Translation	49,090	49,090	0	7,923	16,733	(8,810)	32,357
	Furniture & Equipment	22,453	22,120	(333)	2,173	624	1,549	21,496
	Information Technology	1,335,660	1,335,660	0	223,174	101,815	121,359	1,238,749
	Total Expenditures	30,779,331	30,779,331	0	4,953,482	4,202,171	751,310	26,577,160
	Net Surplus (Deficit)		(0)		176,407	715,601	539,194	

	C-S Programs	
Gapped Salaries & Benefits	432,027	80.12%
Gapped Operating and Other Revenues	107,167	19.88%
Total gapped funding at October 31, 2023	**539,194**	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended February 29, 2024

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	8,759	81,641	9.7%	*Dec 31*	16.7%
Pre/Postnatal Nurse Practitioner	704	139,000	127,217	11,783	91.5%	***Mar 31/2024***	91.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	92,103	7,897	92.1%	***Mar 31/2024***	91.7%
MOH - Merger Planning	739	402,600	255,220	147,380	63.4%	***Mar 31/2024***	91.7%
Northern Fruit and Vegetable Program	743	176,100	37,265	138,835	21.2%	*Dec 31*	16.7%
RSV- One Time Funding	744	71,500	15,652	55,849	21.9%	***Mar 31/2024***	16.7%
MOH - ISPA Vaccination Clinic Catch Up	756	152,500	144,079	8,421	94.5%	***Mar 31/2024***	91.7%
Healthy Babies Healthy Children	778	1,476,897	1,274,526	202,371	86.3%	***Mar 31/2024***	91.7%
IPAC Congregate CCM	780	914,100	737,073	177,027	80.6%	***Mar 31/2024***	91.7%
Ontario Senior Dental Care Program	786	1,256,200	161,783	1,094,417	12.9%	*Dec 31*	16.7%
Anonymous Testing	788	64,293	48,225	16,068	75.0%	***Mar 31/2024***	91.7%
Total		4,843,590	2,901,901	1,941,689			

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

April 30, 2024

The Honourable Mark Holland
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
hcminister.ministresc@hc-sc.gc.ca

Dear Minister Holland,

Re: Recommendation for Federal Restrictions on Nicotine Pouches

Peterborough Public Health (PPH) wishes to express our gratitude and support for the "Statement from the Minister of Health on nicotine replacement therapies" and the corresponding public advisory, released on March 20th, 2024. We share your concerns regarding the highly addictive and harmful effects of nicotine, especially as they pertain to children and adolescents.

We know that Health Canada has only authorized nicotine pouches to help adults quit smoking. However, as you now know, this novel product is not being marketed or sold as a typical cessation aid. A regulatory gap exists that has presented an opportunity to market and sell highly addictive and dangerous nicotine pouches in brightly coloured packaging with candy-like flavours with no restrictions. These products have a high potential to appeal to youth, who are particularly susceptible to the adverse effects associated with nicotine use, addiction, and the developing brain.

PPH supports the implementation of federal regulations to target the marketing and sale of nicotine pouches and other nicotine-containing products. Specifically, we ask:

- that the federal government takes swift action to close the regulatory gap that currently permits the sale of nicotine pouches and other nicotine-containing products to individuals under 18 years of age; and,
- that the federal government requests provinces align their applicable legislation with said federal restriction.

Closing this regulatory gap is necessary to safeguard public health and must be urgently addressed. Immediate federal action to restrict the sale of these items would provide the time necessary for the province of Ontario to embed restrictions within the Smoke-Free Ontario Act, while protecting the communities we serve in the meantime.

We echo your sentiment that nicotine pouches pose a significant risk for addiction and long-term health consequences, especially among youth and adolescents. Restricting nicotine pouch sales will reinforce the great strides already made to protect youth from the dangers of tobacco and nicotine use, promoting healthier lifestyles and fostering a future generation free from addiction-related burdens.

Sincerely,

Original signed by

Councillor Joy Lachica,
Chair, Board of Health

cc: Hon. Sylvia Jones, Ontario Deputy Premier & Minister of Health
Local MPs
Local MPPs
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

From: Tara Kretschmer <TKretschmer@duttondunwich.on.ca>
Sent: April 29, 2024 11:20 AM
To: clerk@stcharlesontario.ca; Flack, Rob <rob.flack@pc.ola.org>; karen.vecchio@parl.gc.ca; Communications - Public Health Sudbury & Districts <communications@phsd.ca>
Subject: Resolution of Support Household Food Insecurity

> You don't often get email from tkretschmer@duttondunwich.on.ca. Learn why this is important

Good morning,

Please see the attached resolution supporting the Municipality of St. Charles and Public Health Sudbury and Districts.

Have a great day,

Tara Kretschmer
Clerk

Municipality of Dutton Dunwich

GETTING IT DONE IN DUTTON-DUNWICH

(519) 762-2204 x26

199 Currie Road, Dutton ON, N0L 1J0

www.duttondunwich.on.ca

Please do not feel a need to respond to this email outside of your own work schedule.

Municipality of Dutton Dunwich

MUNICIPALITY OF DUTTON DUNWICH

Council Meeting

Resolution Number	2024.09.07
Date:	April 24, 2024

Moved by:	A. Drouillard
Seconded by:	K. Loveland

THAT the Council of the Municipality of Dutton Dunwich supports the resolution from the Public Health Sudbury and Districts calling upon the Provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and

THAT a copy of this resolution be forwarded to Rob Flack - MPP, Karen Vecchio - MP, Municipality of St. Charles and the Public Health Sudbury and Districts.

Motion: CARRIED

The Corporation of the Municipality of St. Charles
RESOLUTION PAGE

Regular Meeting of Council

Agenda Number: 8.3.

Resolution Number 2024-071

Title: Resolution stemming from February 21, 2024 Regular Meeting of Council - Item 10.1 - Correspondence #8

Date: March 20, 2024

Moved by: Councillor Pothier

Seconded by: Councillor Laframboise

BE IT RESOLVED THAT Council for the Corporation of the Municipality of St.-Charles hereby supports the Resolution passed by Public Health Sudbury & Districts on January 18, 2024, regarding household food insecurity;
AND BE IF FURTHER RESOLVED THAT a copy of this Resolution be sent to Premier Doug Ford; Minister of Children, Community and Social Services, Michael Parsaco; Minister of Finance, Peter Bethlenfalvy; Minister of Municipal Affairs and Housing, Paul Calandra; Deputy Premier and Minister of Health, Sylvia Jones; the Association of Municipalities of Ontario (AMO); our local Member of Provincial Parliament (MPP); and all Ontario Municipalities.

CARRIED

MAYOR

May 6, 2024

Hon. Doug Ford, Premier
Premier@ontario.ca

Hon. Sylvia Jones , Deputy Premier and Minister of Health
sylvia.jones@pc.ola.org

Dear Premier Ford and Minister Jones,

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) met on April 18, 2024, to review the 2023 Chief Medical Officer of Health (CMOH) Annual Report, "Balancing Act: An All-of-Society Approach to Substance Use and Harms."

We extend our gratitude to Chief Medical Officer of Health Dr. Kieran Moore for shedding light on the pressing and intricate issue of substance use and associated harms. In HKPRDHU communities, the repercussions of substance use are of escalating concern. From 2014 to 2018 there were 376 deaths, 1,472 hospitalizations, and 3,529 emergency department visits due to tobacco-related issues among adults aged 35 and above living in Northumberland County, the City of Kawartha Lakes, and in Haliburton County. In 2022 alone, there were 3 deaths, 503 hospitalizations, and 1,028 emergency department visits attributable to alcohol-related harms, along with 35 deaths, 39 hospitalizations, and 195 emergency department visits due to opioid-related issues.

We commend the report's comprehensive examination of all substances, its emphasis on the social determinants of health, acknowledgment of Indigenous perspectives including decolonization lenses, advocacy for bold policy reforms, and focus on upstream approaches. While responding to substance use harms collectively as an "All-of-Society" endeavor will pose challenges, we align with the report's conclusion that failure to invest upstream will result in preventable deaths, ongoing family suffering, and substantial provincial expenditures covering healthcare, social, and legal/policing costs associated with substance use harms.

The Board of Health for HKPRDHU stands in solidarity with recent correspondence from the Association of Local Public Health Agencies (alPHa), endorsing this report, and echoes their appreciation to the CMOH and his team for their leadership in advocating evidence-based strategies to prevent and alleviate harms related to tobacco, alcohol, cannabis, and opioids.

We pledge our commitment to embracing the inclusive all-society approach and fostering continued collaboration with our community partners. This entails jointly reviewing, endorsing, and implementing the recommendations delineated in the report.

Yours truly,

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Original signed by:

David Marshall
Chair, Board of Health
Haliburton, Kawartha, Pine Ridge District Health Unit

Cc:
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable David Piccini, MPP, Northumberland-Peterborough South
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Ontario Boards of Health
Association of Local Public Health Agencies

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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F: 705-743-2897
peterboroughpublichealth.ca

April 23, 2024

Dr. Kieran Moore
Ontario Chief Medical Officer of Health
cmoh@ontario.ca

Hon. Sylvia Jones
Deputy Premier and Minister of Health
sylvia.jones@ontario.ca

Dear Dr. Moore and Minister Jones,

The Peterborough Public Health Board of Health met April 10th, 2024 and reviewed the 2023 Chief Medical Officer of Health (CMOH) Annual Report, Balancing Act: An All-of-Society Approach to Substance Use and Harms.

Substance use harms are a significant and increasing concern in the community of Peterborough. The Public Health Ontario Burden of Health Conditions Attributable to Smoking and Alcohol estimated 267 deaths and 1109 hospitalizations each year attributable to smoking and 61 deaths and 310 hospitalizations attributable to alcohol. Additionally, opioids caused an estimated 71 deaths and 429 emergency department visits in 2023.

The Board of Health specifically appreciated that you quantified the significant health and societal costs of substances, emphasized Indigenous perspectives including decolonization lenses, and focused on upstream drivers of substance use.

The recommendations that you highlight present a clear path forward that, as you indicate, will require collaborative effort by every level of government.

In particular, Peterborough Public Health was encouraged that you emphasized the importance of harm reduction interventions for opioids including access to safe inhalation at Consumption and Treatment Sites (CTS). We have written Minister Jones on two occasions (November 2022/2023) regarding the urgent need for access to safe inhalation within CTSs.

The Board was supportive of recent correspondence from the Association of Local Public Health Agencies (alPHa) and their endorsement of this report, and echoes their thanks to the CMOH and his staff for "their leadership on key evidence-based strategies to prevent and reduce the harms related to tobacco, alcohol, cannabis, and opioids".

We also agree with our colleagues at the Canadian Mental Health Association that, along with harm reduction, adequate resources for increased and timely access to health care and treatment is necessary to further support those impacted by the opioid crisis.

The work of responding to substance use harms, from "All-of-Society" will be challenging, but as you conclude, "If we do not invest upstream, more Ontarians will die preventable deaths, families will continue to suffer, and the province will continue to spend billions each year to cover the health care, social and legal/policing costs of substance use harms".

Peterborough Public Health appreciates this timely and insightful report, and stands ready locally to support its implementation and collaborate across the province to ensure advocacy advances its recommendations provincially.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5e étage
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Téléphone: 416 327-4300
www.ontario.ca/sante

Ontario

March 28, 2024

e-Approve-72-2024-632

René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear René Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to $340,775 in additional base funding for the 2023-24 funding year, up to $1,022,325 in additional base funding for the 2024-25 funding year, and up to $1,084,600 in additional one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

These approvals support the government's commitment towards Strengthening Public Health, including restoring provincial base funding to the level previously provided under the 2020 cost-share formula, effective January 1, 2024, and providing 1% growth base funding for the 2024 calendar year.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

.../2

René Lapierre

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approve the consent agenda as distributed.

June 5th: Walking Tour 2 p.m. to 4 p.m. & Opening Reception 5 p.m. to 7 p.m. EDT
June 6th: AGM & Conference 8 a.m. to 4:45 p.m. EDT
June 7th: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT
The Pantages Hotel is the location for the events and the starting point for the walking tour.
The hotel is located at 200 Victoria Street, Toronto, ON M5B 1V8.
Draft as of April 29, 2024

June 5th	
Walking Tour Featuring Toronto Public Health Heritage Plaques For more than 140 years, Toronto Public Health has worked hard to advance the health of all those who live, work, and play in Toronto. These efforts focus on keeping people safe from illnesses, preventing diseases, and promoting good health. Join your colleagues for a guided walk to learn more about the many ways that public health has helped to make Toronto a better and healthier place to live. Tour Leader: Lori Zuppinger, Toronto Archives	2 p.m. – 4 p.m.
Opening Reception Come and join colleagues, old and new, at a reception with a cash bar and light snacks. This is an excellent opportunity to connect and reconnect with colleagues at this unique venue overlooking Massey Hall.	5 p.m. – 7 p.m.
June 6th	
A light breakfast will be available at 7:30 a.m.	7:30 a.m. – 8 a.m.
Call to Order, Opening Remarks, and Land Acknowledgement Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors	8 a.m. – 8:05 a.m.

Medicine Bag Workshop Facilitator: Marc Forgette, Makatew Workshops Marc Forgette is a noted Indigenous speaker who works with organizations from across Canada. In this workshop, each participant will assemble their own medicine bag. During the workshop, Marc will share his thoughts on several topics including the difference between cultural appropriation versus appreciation, terminology, and the Truth and Reconciliations' 94 Calls to Action.	8:05 a.m. – 9 a.m.
Remarks from the Premier of Ontario alPHa is pleased to announce the Premier of Ontario, the Hon. Doug Ford, will give remarks at the conference. **Remarks from the Minister of Health (invited)** The Hon. Sylvia Jones, Deputy Premier and Minister of Health, has been invited to give remarks at the conference.	9 a.m. – 9:30 a.m.
Chief Medical Officer of Health's Annual Report Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Dr. Charles Gardner, President, alPHa Board of Directors Ontario's Chief Medical Officer of Health's 2023 Annual Report, *Balancing Act: An All-of-Society Approach to Substance Use and Harms*, is a call for an all-of-society approach to reduce substance use harms. Come and hear about this important report with its emphasis on addressing mood altering substances such as cannabis, alcohol, opioids, and tobacco/vaping products.	9:30 a.m. – 10 a.m.
Networking Break	10 a.m. – 10:15 a.m.
Combined alPHa Business Meeting and Resolutions Session Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department	10:15 a.m. – 12:15 p.m.
Lunch, Distinguished Service Awards, and Board Recognition Speakers: Dr. Charles Gardner, President, alPHa Board of Directors and Loretta Ryan, Executive Director, alPHa The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health.	12:15 p.m. – 1:45 p.m.

Proposed Voluntary Public Health Unit Mergers Speakers: Dr. Lianne Catton, Medical Officer of Health & CEO, Porcupine Health Unit Wess Garrod, Chair, Kingston, Frontenac, Lennox & Addington Public Health Bonnie Clark, Board member, Peterborough Public Health Moderator: Dr. Eileen de Villa, Treasurer, alPHa Board of Directors One-time funding, resources, and supports are being offered by the Province of Ontario to local public health agencies that voluntarily merge to streamline and reinvest back into strengthening and enhancing programs and services. Come and hear about three proposed voluntary mergers of public health units. Speakers will discuss the rationale for the proposed mergers and what brought them to the decision to move forward.	1:45 p.m. – 2:15 p.m.
Update on Strengthening Public Health Speakers: • Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health • Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch • Brent Feeney, Director, Accountability and Liaison Branch Moderator: Paul Sharma, Affiliate Representative, alPHa Board of Directors The Province of Ontario's Strengthening Public Health initiative aims to have a stronger public health system that will support Ontario communities for years to come. The province is working with partners to refine and clarify the roles of local public health units, to reduce overlap of services, and focus resources on improving people's access to programs and services. Come and hear the latest updates from staff from the Office of the Chief Medical Officer of Health.	2:15 p.m. – 3 p.m.
Networking Break	3 p.m. – 3:30 p.m.
Two Years In and Two Years Out – *What's in Store at Queen's Park?* Speakers: Sabine Matheson, Principal, StrategyCorp and John Perenack, Principal, StrategyCorp Raconteur: Dr. Charles Gardner, President, alPHa Board of Directors The current provincial government is two years into its mandate with two years left to go. Hear about what to expect regarding the public policy climate and key political issues impacting public health agencies and their local boards of health. *Attendees will have an opportunity to pose questions in advance and at the conference. Please send advance questions to communications@alphaweb.org on or before May 24.*	3:30 p.m. – 4:35 p.m.
Wrap Up Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors	4:35 p.m. – 4:45 p.m.

June 7th	
Section Meetings: *Members of the BOH Section and COMOH Section will meet the next day. There are separate agendas for these meetings.* ***A light breakfast will be available starting at 8:30 a.m.***	9 a.m. – 12 p.m.

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

This event is sponsored by:

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 6, 2024 Annual General Meeting***
Date:	May 6, 2024

Please find enclosed a package of the resolutions to be considered at the Resolutions Session taking place following the 2024 Annual General Meeting (AGM) and important information on voting procedures.

Six resolutions were received prior to this year's deadlines, and these have been reviewed by the alPHa Executive Committee on April 26 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 attached voter registration document that is in word format.)

The completed registration form must be received by Melanie Dziengo (communications@alphaweb.org) no later than 4:30 pm on May 31, 2024.

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
2024 Resolutions for Consideration

alPHa
Association of Local PUBLIC HEALTH Agencies

Allocation of Votes: alPHa Resolutions
Revised 2023

Health Unit	Population	Voting Delegates
TORONTO*	2,794,356	**20**
POPULATION 1,000,000 and OVER **		**8**
Ottawa	1,017,449	
Peel	1,451,022	
York	1,173,334	
POPULATION OVER 400,000		**7**
Durham	696,992	
Halton	596,637	
Hamilton	569,353	
Middlesex-London	500,563	
Niagara	477,941	
Simcoe-Muskoka	599,843	
Waterloo	587,165	
Windsor Essex***	422,860	
POPULATION 300,001 – 400,000		**6**
Wellington-Dufferin-Guelph	307,283	
POPULATION 200,000 – 300,000		**5**
Eastern Ontario	210,276	
Kingston, Frontenac, Lennox and Addington	206,962	
Southwestern***	216,533	
Sudbury***	202,431	
POPULATION UNDER 200,000		**4**
Algoma	112,764	
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
**new allocation category of population >1M endorsed by membership at 2023 Annual Conference
*** denotes health units that have moved into a different allocation category based on latest census data

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

Resolutions for Consideration
2024

Resolutions Session
2024 Annual General Meeting
Thursday, June 6, 2024

alPHa RESOLUTION A24-01

TITLE: **Permitting Applications for Automatic Prohibition Orders under the *Smoke Free Ontario Act, 2017* for Vapour Product Sales Offences**

SPONSOR: **Middlesex-London Health Unit (MLHU)**

WHEREAS In Ontario, there are approximately 800 age-restricted specialty vape stores and 12,000 retail outlets that sell both commercial tobacco and vapour products; and

WHEREAS in Ontario, under the *Smoke-Free Ontario Act, 2017,* the sale of menthol, mint, and tobacco-flavoured e-cigarettes (vapour products) is permitted at convenience stores, gas stations, and any other retail environment where vulnerable individuals have access; and

WHEREAS in Ontario, the sale of menthol, mint, tobacco-flavoured, fruit, and candy-flavoured vapour products are permitted at age-restricted specialty vape stores; and

WHEREAS in 2023, approximately 414 charges were issued against retailers of vapour products in Ontario for selling a vapour product to a person under the age of 19 years of age; and

WHEREAS in 2023, approximately 182 charges were issued against retailers of vapour products in Ontario for selling flavoured e-cigarettes and/or selling vapour products with greater than 20 mg/ml nicotine, contrary to regulations under the *Smoke-Free Ontario Act, 2017*; and,

WHEREAS automatic prohibition orders under Section 22 of the *Smoke-Free Ontario Act, 2017* apply to tobacco product sales convictions only; and

WHEREAS the membership previously carried resolution A21-1 proposing provincial and federal policy measures to address youth vaping, several of which have not been implemented.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies urge through the Ministry of Health to the Government of Ontario to include automatic prohibition order applications by public health for convictions related to vapour product retail sales to prevent unauthorized sales to the public;

AND FURTHER that the Association of Local Public Health Agencies advise all Ontario Boards of Health to recommend their local Members of Provincial Parliament to advocate for an amendment to Section 22 of the *Smoke Free Ontario Act, 2017* to include vapour product sales convictions for inclusion within automatic prohibition order applications.

Statement of Sponsor Commitment

The Middlesex-London Health Unit is discouraged by the level of non-compliance by vapour product retailers despite the provisions under the *Smoke-Free Ontario Act, 2017*. Regardless of the development of regulatory measures to reduce youth access and appeal of vapour products, the number of brick-and-mortar retailers in Ontario has increased significantly. Increased youth access to vapour products threatens to reverse what has been a downward trend in smoking rates and nicotine addiction within our youth and young adult populations.

The Middlesex-London Health Unit's Tobacco Enforcement Officers have been noting an increase in the number of warnings and charges being issued against vapour product retailers for sales to persons under the age of 19 years of age. Retailers that are prohibited from offering to sell candy and fruit-flavoured vapour products and e-cigarettes with nicotine concentrations greater than 20 mg/ml continue to do so, despite the deployment of progressive enforcement measures. It has become apparent that the issuance of fines and seizures of vapour products are an insufficient deterrent.

Under the *Smoke-free Ontario Act, 2017*, routine non-compliance with tobacco sales offences results in the issuance of an automatic prohibition order under Section 22. At present, a similar enforcement tool for routine non-compliance with regulatory measures for vapour products does not exist. An amendment to Section 22 of the *Smoke-Free Ontario Act, 2017* to include vapour product sales convictions for inclusion within automatic prohibition order applications is warranted to help reduce youth access to these highly addictive products.

Dr. Alex Summers, Medical Officer of Health for the Middlesex-London Health Unit, will be present at the 2024 Annual General Meeting to provide clarification on the proposed resolution.

Background

Under the *Smoke-Free Ontario Act, 2017* (*SFOA, 2017*), an Automatic Prohibition Order will be issued by the Ministry of Health, and served by the local public health unit, when there are two or more registered convictions within a five-year period against any owner for tobacco sales offences committed at the same location. Automatic Prohibition Orders can be based on registered convictions against multiple owners (past and present); that is, ownership of the business at that location may change but the convictions and the Automatic Prohibition Order stay with the address. The length of the prohibition on the sale and storage of tobacco at an address depends upon the number of convictions within a five-year period. Two convictions registered at the address within five years results in a six-month prohibition, three convictions registered at the address within a five-year period warrants a nine-month prohibition, and four convictions within a five-year period result in a twelve-month prohibition. While an Automatic Prohibition Order is in effect, wholesalers or distributors are prohibited from delivering tobacco products to that location.

Under Section 22 of the *SFOA, 2017*, only registered convictions for tobacco sales offences are eligible for inclusion in the application of an Automatic Prohibition Order. Examples of tobacco sales offences that can result in the issuance of an Automatic Prohibition Order include:

- The sale or supply of tobacco to someone under the age of 19 years.
- Failing to request identification from someone appearing to be less than 25 years of age.
- Selling tobacco without posting required age restriction and government identification signs.
- The sale of improperly packaged tobacco.
- The sale of tobacco in vending machines.
- The sale or storage of tobacco during an automatic prohibition.

- Selling unmarked or unstamped tobacco in violation of section 8 or 9 of the *Tobacco Tax Act.*

Vapour products can continue to be sold at a retailer even if they are under an Automatic Prohibition Order for violating either the *Smoke-Free Ontario Act, 2017* or the *Tobacco Tax Act.* Between 2011 and 2023, Middlesex-London Health Unit has served 25 Automatic Prohibition Orders**,** with 3 Orders in effect at the present time.[1]

The Changing Vapour Product Retail Landscape

Since the legalization of nicotine vapour products in Canada on May 23, 2018, under Canada's *Tobacco and Vaping Products Act,* the retail market landscape has undergone significant changes in Ontario. In the Middlesex-London jurisdiction, the number of retailers that sell vapour products has grown from 186 in 2018, to 253 in 2023. Provincially, it is estimated that there are there are approximately 800 age-restricted specialty vape stores and 12,000 retail outlets that sell both commercial tobacco and vapour products. This growth in community availability of vapour products is in alignment with the growth of the global e-cigarette market. In 2021, the global e-cigarette market was valued at approximately 20.4 billion US dollars, with projections to continue its rapid growth to 30 billion US dollars by 2027 (Business Wire, 2022).

Nicotine is highly addictive, and the negative effects on youth brain development (US Surgeon General, 2016) and growing evidence regarding cardiovascular and lung health harms associated with vapour product use is a significant public health concern (Buchanan et al., 2020; Davis et al., 2022; Keith and Bhatnagar, 2021; Kennedy et al., 2019; Willis et al., 2020). To reduce youth access, it is illegal to sell or supply a vapour product to a person under the age of 19 years in Ontario under the *SFOA, 2017.* Additionally, only vapour products flavoured with mint, menthol, and tobacco can be sold in non-specialty vape stores (e.g., convenience stores, grocery stores, gas station kiosks, etc.); whereas, all flavoured vapour products, including candy- and fruit-flavoured products can be sold in age-restricted specialty vape stores. Under Canada's *Tobacco and Vaping Products Act,* the sale of vapour products with nicotine concentrations greater than 20 mg/ml is prohibited. Despite these health protective regulatory measures, public health units report significant retailer non-compliance.

[1] *The Smoke-Free Ontario Act* came into force on May 31, 2006. Although retailers were already selling tobacco products, convictions prior to this date were not applicable to APs which is why the date of 2011 is used (2006 + 5 years = 2011). Same applies for the *Smoke-Free Ontario Act, 2017* – it came into force on October 17, 2018, so any convictions prior to this date were not applicable to APs which is relative to the 3 APs that were issued in 2023 and are still active (2018 + 5 years = 2023).

Table 1
Retailer Non-Compliance as Reported by Ontario Public Health Units for 2023

# of charges issued to either a clerk OR an owner (e.g., sole proprietor, general limited partnership, or corporation) for the **supply or sale** of a vapour product to a **person under the age of 19 years of age**.	**414**[1]
# of charges issued to either a clerk OR an owner for the **supply or sale** of a vapour product to a person who **appears to be less than 25 years of age without requesting government ID**	**54**[1]
# of charges issued for **selling or offering to sell flavoured e-cigarettes in a prohibited place** (e.g., fruit or candy flavoured vaping products in a non-specialty vape store) and/or **selling or offering to sell** vapour products with **greater than 20 mg/ml nicotine**	**182**[1]
# of vapour product seizures	**474**[2]

[1] These numbers are an underrepresentation of non-compliance. Many Health Units reported that due to the COVID-19 pandemic response and staff redeployments between 2020 and 2022, enforcement programs were not fully functional until 2023. In 2023, the emphasis was on education, the issuing of warnings (versus charges), and re-inspections to gain compliance.
[2]This number is an underestimation of non-compliance. Some Health Units were unable to report due to insufficient time provided to collate local tracking data. Additionally, due to capacity challenges in 2023, some public health units relied on referrals to Health Canada for seizures.

Overall, compliance with vapour product provisions under the *SFOA, 2017* is decreasing. Operators have shared with Tobacco Enforcement Officers that the total revenue from sales of vapour products far exceeds both the fine amounts and the risk of product seizures and is viewed as a cost of doing business. Public Health Units also reported that in 2023, convenience store operators began to explore how to operate an age-restricted specialty vape store in conjunction with their convenience store, to expand the inventory of vapour products that they could legally sell. This change in the retail marketplace has the potential to further increase market availability of vapour products to youth. Based on current compliance rates and reported retailer behaviours, current vapour product regulations are insufficient.

Opportunity to Strengthen Controls to Reduce Youth Access and Increase Retailer Compliance

Rates of youth vaping are escalating at a concerning rate. According to the 2022 Canadian Tobacco and Nicotine Survey, 30% of youth aged 15 to 19 years and 48% of young adults aged 20 to 24 years reported having tried vaping in their lifetime (Statistics Canada, 2023). Reducing youth access to vaping products through the enforcement of age restriction legislation is an important public health measure. Current test shopping and inspection practices of Ontario public health unit staff are critical to promote and monitor retailer compliance; however, opportunity exists to strengthen controls at retail. As noted in the Middlesex-London Health Unit's 2022 submission to Health Canada to help inform the legislative review of Health Canada's *Tobacco and Vaping Products Act*, there is no automatic prohibition lever that can be applied to retailers who continue to sell vapour products to persons under the age of 19 years, nor for non-specialty vape stores that continue to sell vapour products that should only be available for sale in age-restricted stores in Ontario. Retailers are not held to the same level of accountability for non-compliance with the sections of the *SFOA,* 2017 that regulate the sale of vapour products.

Based on lessons learned from the enforcement of the regulations under the *SFOA, 2017* for commercial tobacco products, the Middlesex-London Health Unit recommends that the Ontario Government implements an automatic prohibition regime for vaping products that is modelled after Section 22, which would apply to repeated convictions against retailers who:

- Sell or supply vaping products to someone under the age of 19 years.
- Fail to request identification from someone appearing to be less than 25 years of age.

- Sell or offer to sell vapour products without posting required age restriction and government identification signs.
- Sell or offer to sell vaping products that are regulated by law in a prohibited place.
- Sell or offer to sell vaping products that are prohibited by law.
- Sell or store vapour products during an automatic prohibition.

By permitting public health units to apply to the Ministry of Health for an automatic prohibition order against a retailer who has committed either tobacco product and/or vapour product violations, retailers who are providing either of these products to vulnerable individuals will be prevented from doing so for a defined period of time depending upon the number of registered convictions on file for a location. Nicotine, whether in the form of a vaping product or a commercial tobacco product, is harmful for youth and young adults. Nicotine interferes with healthy brain development, which continues until the age of 25, and young people can become heavily addicted with lower levels of exposure than adults (US Surgeon General, 2016). It is important to hold retailers of these harmful products accountable when commercial tobacco and vaping products are being sold in contravention of the *Smoke-Free Ontario Act, 2017.*

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alPHa RESOLUTION A24-02

TITLE: **Artificial Intelligence for Enhanced Public Health Outcomes**

SPONSOR: **Simcoe Muskoka District Health Unit, Wellington-Dufferin-Guelph Health Unit**

WHEREAS artificial intelligence (AI) has the potential to revolutionize public health by improving disease surveillance, health promotion, health protection, and service delivery; and

WHEREAS AI-driven technologies can significantly aid in the analysis of large datasets, leading to more accurate and/or rapid identification of public health trends and outbreaks; and

WHEREAS the integration of AI in public health can enhance health promotion and health protection interventions; and

WHEREAS ethical considerations, including data privacy, bias, and transparency, are paramount in the deployment of AI technologies in public health; and

WHEREAS there is a growing need for public health professionals to be equipped with knowledge and skills in AI to effectively utilize these technologies; and

WHEREAS collaboration between local public health agencies, technology experts, and policymakers is essential for the responsible and effective implementation of AI in public health; and

WHEREAS there is an opportunity to leverage AI for addressing health disparities and promoting health equity across different populations; and

WHEREAS a proactive approach would position public health agencies as beneficiaries of the technological evolution and as contributors to the ethical and impactful use of AI in improving public health and wellbeing;

NOW THEREFORE BE IT RESOLVED that that the Association of Local Public Health Agencies write to the Ontario Minister of Health to provide background information on the transformational possibilities of AI tools in the future delivery of Public Health programs and services;

AND FURTHER that alPHa call for increased academic investment in data stewardship, AI research, training, and development focused on public health applications and post-secondary educational programs through the Ontario Minister of Colleges and Universities;

AND FURTHER that alPHa acknowledge the transformative potential of AI and other emerging technologies as pivotal tools for the future across all sectors of industry and society, and support public health agencies in carefully leveraging these tools to enhance health outcomes, improve service delivery, and increase operational efficiency;

AND FURTHER that a copy of this resolution be sent to the President and Chief Executive Officer of Public Health Ontario and to the Chief Medical Officer of Health of Ontario.

BACKGROUND:

Introduction

The integration of AI and emerging technologies marks a transformative shift in the landscape of public health. These innovations offer new methods for tackling complex health challenges, enhancing patient care, and improving the delivery of health services. For Ontario's Local Public Health Agencies (LPHAs), adopting AI and related technologies is crucial to meet the evolving needs of public health effectively.

Defining AI and Emerging Technologies

AI refers to the use of technology to perform tasks that otherwise require human-level intelligence to complete[1, 2]. AI has shown effectiveness at an increasingly broad range of tasks, including pattern recognition, decision-making[3], and language understanding[1]. Emerging technologies encompass a broad range of innovative tools and systems, including blockchain, the Internet of Things (IoT), and advanced computing, which are on the cusp of becoming mainstream. These technologies offer new capabilities that can significantly impact various sectors, including public health, by enhancing data analysis, connectivity, and operational efficiency.

AI and Emerging Technologies: Revolutionizing Public Health

AI and emerging technologies are transforming public health through applications in predictive analytics, health equity enhancement[4], and the development of digital health services[5]. These tools offer unprecedented opportunities for disease surveillance[6], optimizing health interventions[7], and providing more personalized care[3,8,9,10].

Predictive Analytics

AI-driven models can sift through vast datasets to predict health trends and potential outbreaks, enabling LPHAs to allocate resources more effectively and prepare for public health emergencies[11]. This predictive capability is critical for planning and emergency response, enhancing the public health system's ability to mitigate threats.

Health Equity

AI can play a pivotal role in identifying and addressing health disparities by analyzing patterns in health outcomes and access to care. By leveraging AI, LPHAs can design targeted interventions to meet the unique needs of underserved populations, thereby promoting equity across different communities[12].

Digital Health Innovations

Advancements in technology have accelerated the adoption of telehealth and digital health platforms, offering new modes of healthcare delivery. AI enhances these services by improving accuracy, enabling real-time patient monitoring, and tailoring treatment plans[3], thus making healthcare more accessible and efficient[8].

Building Capacity for Technological Adoption

To fully benefit from AI and emerging technologies, LPHAs need to invest in digital infrastructure and upskill their workforce. This involves adopting digital tools and training healthcare professionals to use these technologies effectively, ensuring public health units are well-equipped to face future challenges[6, 13, 14, 15].

Ethical Considerations in AI Deployment

Deploying AI in healthcare and public health must adhere to stringent ethical standards, focusing on transparency, fairness, and accountability[10, 13, 16]. It's crucial to protect privacy and ensure that health

outcomes are equitable[7]. Developing comprehensive ethical guidelines and governance frameworks is vital for maintaining public trust in public health practices[8, 10, 17, 18].

Overcoming Challenges: Towards a Strategic Approach

Adopting AI and emerging technologies in public health comes with its set of challenges, including data privacy concerns, potential algorithmic bias, future regulatory frameworks[19] and the digital divide[7, 16, 20]. Addressing these issues requires a strategic approach that includes policy development, stakeholder engagement, data stewardship, and continuous evaluation to ensure responsible and effective use of these technologies[7, 16, 17, 21].

Conclusion

Strategically utilizing AI and emerging technologies presents a significant opportunity for Ontario's LPHAs to enhance public health services and outcomes. Embracing these innovations allows public health units to improve efficiency, responsiveness, and their ability to serve the community. Moving forward, a balanced approach that tackles technological, ethical, and operational challenges will be essential for leveraging the full potential of these technologies in enhancing public health.

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TITLE **A Proposal for a Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment**

SPONSOR Oxford-Elgin-St. Thomas Board of Health (Operating as Southwestern Public Health (SWPH)

WHEREAS alcohol caused 6,202 deaths, 60,902 hospitalizations (including day surgery) and 258,676 emergency room visits in Ontario for the year 2020; and [1,2]

WHEREAS the harms due to alcohol are disproportionally carried by individuals with low socio-economic status (SES), compared to those of high SES, even though the exact amounts of alcohol or less are consumed; described as the alcohol harm paradox; and [3,4]

WHEREAS alcohol is classified as a group one carcinogen by the International Agency for Research on Cancer and can cause cancer of the breast, colon, rectum, mouth and throat, liver, esophagus, and larynx; and [5]

WHEREAS between 2017-2020, 31.1% of adults age 19 and older exceeded the low-risk threshold for alcohol-related harms as per the *Canadian Guidance on Alcohol and Health*, having reported drinking more than two alcoholic drinks in the past week, with the recognition that self-reported alcohol intake usually is underreported, and the number of those drinking above this level is likely higher. [6]

WHEREAS alcohol was the most frequently reported substance of concern among people accessing treatment services in both Ontario and Canada; and [7]

WHEREAS research confirms that as alcohol becomes more available and affordable, the following problems increase: street and domestic violence, chronic diseases, sexually transmitted infections, road crashes, youth drinking, injury, [8] and suicide; [9,10] which is disturbing being the current government plans to increase alcohol availability with up to 8,500 new stores eligible to sell alcohol in Ontario; and [11]

WHEREAS the current government has committed $10 million, above current funding, over five years to the Ministry of Health to support social responsibility and public health efforts; and [11]

WHEREAS comprehensive and enforced alcohol control policies delay the age of onset and lower alcohol prevalence and frequency among young people; and [12]

WHEREAS the World Health Organization recognizes that policies need to address the availability, acceptability, and affordability of alcohol, as these are the factors that create alcogenic environments; and [12,13]

WHEREAS despite alcohol revenue, the substantial societal costs caused by alcohol create a deficit of $1.947 billion in Ontario and $6.196 billion each year in Canada. [1,14]

WHEREAS the Canadian Radio-television and Telecommunications Commission (CRTC) Code For Broadcast Advertising Of Alcoholic Beverages has not been updated since 1996 and includes no provisions for new ways of advertising, such as social media and lacks concrete enforcement of the rules; and [15]

WHEREAS the membership previously carried alPHa RESOLUTION A08-2, to Establish Stricter Advertising Standards for Alcohol; and

WHEREAS the membership previously carried alPHa RESOLUTION A08-3 requesting advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse; and

WHEREAS the membership previously carried alPHa RESOLUTION A08-4.1 to eliminate The Availability of Alcohol Except in Liquor Control Board Outlets (LCBO) (i.e. Increase Point of Sale Control); and

WHEREAS the membership previously carried alPHa RESOLUTION A11-1 to conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy; and

WHEREAS the membership previously carried alPHa RESOLUTION A12-4 TITLE: Alcohol Pricing and LCBO Revenue Generation; and

WHEREAS all of the above resolutions on alcohol were introduced more than a decade ago, with the majority of actions taken before 2019, according to alPHa's public records, with the recognition that alPHa recently sent a letter regarding a call for an alcohol strategy dated December 14, 2023; priority for these resolutions must be re-established.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the Provincial Government recommending that a comprehensive alcohol strategy be developed, which includes the following actions: promote comprehensive public education campaigns, strengthen regulations on advertising, increase alcohol taxes, adopt a prevention model, and improve access to addiction treatment and support services;

AND FURTHER that the alcohol strategy be formed and written with the support of a multidisciplinary panel of experts, including local public health and people with lived experience;

AND FURTHER that the Association of Local Public Health Agencies petitions the federal government to either ban alcohol advertising like cannabis and tobacco, or in the absence of such a ban, update the CRTC code to include alcohol restrictions on digital and social media.

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

AND FURTHER that the Association of Local Public Health Agencies recommends that in the development of a provincial strategy, the government implement a tax or pricing system that covers the growing deficit alcohol causes each year;

AND FURTHER that the government limits the influence of the Alcohol Industry on the creation of alcohol policies and education campaigns, as they have a conflict of interest being that increased consumption of alcohol provides increased industry sales and profit. [8]

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

BACKGROUND

Effective Interventions

It is recognized in Canada and internationally that the most cost-effective strategies to reduce the harmful effects of alcohol include increasing price, restrictions on the physical availability of alcohol, restrictions on alcohol advertising and marketing, enforcing drunk driving countermeasures, and implementing screening, brief interventions, referral, and treatment. [1,4,8,13,16,17]

It cannot be disputed that tobacco control policies are highly effective in decreasing smoking rates and lung cancer deaths. [14,18,19] As tobacco regulations have slowly become stronger, alcohol regulation has eroded over the past few decades. [17,11,14] These changes began in 2014 when alcohol retail sales were permitted through farmer's markets in Ontario and continued to become more accessible through grocery stores, bookstores, movie theatres, Liquor Control Board of Ontario (LCBO) convenience outlets, extended off premise retail hours of 9 am to 11 pm, home delivery and now further expansion of privatized alcohol retail locations. [20,21] To reduce population-level harms due to alcohol, the measures used for tobacco control should be applied to alcohol.

Comprehensive Public Education Campaigns

When individuals become aware of the link between cancer and alcohol, their support of alcohol policy increases. [22,23] Education alone is known to be less effective in changing population-level behaviours than policy interventions. However, education has positive impacts when coupled with alcohol policy regulating price, availability, and marketing. [1,8,9]

Studies have shown that the public is largely unaware of the harms of alcohol. [24,25,5] The Canadian Guidance on Alcohol and Health states that even small amounts of alcohol can be harmful and that decreasing alcohol use has benefits. [5] Information on alcohol harms and the Canadian Guidance on Alcohol and Health are not promoted widely. This information must be promoted collectively on government and health organization websites, and at point of sale (by the alcohol industry retail sector) across Ontario and Canada. The lack of restrictions on alcohol marketing promotions, coupled with a population who does not fully understand the implications of their choices regarding alcohol, will likely lead to more harm. To make informed decisions using the most recent recommendations made by the Canadian Guidance on Alcohol and Health, the population needs information readily available. [5]

It is well-documented that the Alcohol Industry distorts and denies evidence of alcohol harm to the public and during government consultations regarding alcohol policy. [22,26,27] They also have a conflict of interest because the more people drink, the more profit they make. [8] Therefore, they should not have input regarding public education and alcohol policy.

Stricter regulations on advertising

Alcohol marketing accelerates the onset of drinking, increases consumption by those already drinking, and is associated with problematic alcohol use. [8] The World Health Organization recommends that alcohol advertising be banned or that comprehensive restrictions on alcohol advertising, sponsorship, and promotion be legislated and enforced. [13]

There must be restrictions on advertising and marketing in conjunction with public health campaigns. The playing field is imbalanced between the Ontario Ministry of Health and the Alcohol Industry. The financial power of the Alcohol Industry, compared to Public Health's vastly smaller budget, gives the Alcohol

Industry a clear advantage when competing in mass communication campaigns. [8,11] Marketing is an important industry strategy. Alcohol companies regularly contribute significant amounts of money towards 'investment in brands'. [8] In 2019, AB InBev, the largest alcohol corporation in 2021, was the 11th largest advertiser in the world, while another six Transnational Alcohol Companies were among the top 100 advertisers in 2019. [8]

The Canadian Radio-television and Telecommunications Commission (CRTC) Code For Broadcast Advertising Of Alcoholic Beverages has not been updated since 1996, and it includes no provisions for new ways of advertising, such as social media, and lacks concrete enforcement of the rules. [15] At a provincial level, the Alcohol and Gaming Commission of Ontario (AGCO) regulates alcohol advertising through the Liquor License Control Act, 2019, through a complaints-based system, and within the parameters set out in the regulation and the Registrar's Interim Standards and Requirements for Liquor. [28,29,30]

It is relevant to look at the experience of banning tobacco marketing when considering the likely impact of a ban on alcohol marketing. Before the global community widely adopted the World Health Organization Framework Convention on Tobacco Control (FCTC), comprehensive but not partial bans were found to reduce tobacco consumption in high-income countries. [8] Post adoption of the FCTC, and after numerous countries adopted the highest level of tobacco advertising bans on all direct and indirect advertising, it is estimated that approximately 3.7 million fewer smoking-attributable deaths occurred due to these measures. [8,31] Research from the World Health Organization currently points toward complete and comprehensive advertising and marketing bans as more effective than partial bans and industry-regulated restrictions. [8,31] The best way forward would be to enact a legislative approach, rather than a code, through a National Alcohol Act, like what exists for cannabis and tobacco. [29]

Without a complete ban, the following restrictions could be suggested as better than the status quo:

- Regulations should include all forms of media, such as the internet, social media, print, radio, and television. [29]
- Cap the quantity of alcohol advertising at all retail outlets. [29]
- Ban marketing activities in connection to young people, people with alcohol use disorders, heavy drinkers, and vulnerable populations. [29]
- Supervision should be introduced to ensure compliance with provincial and federal regulations, creating an independent organization to monitor and pre-screen alcohol advertisements and alcohol industry activities proactively rather than reactively, beyond a complaints-based system. [29]

Decrease Affordability, Increase Price

Alcohol was the substance that cost Canada the most in 2020, at $19.7 billion, due to health care, lost productivity, criminal justice, and other direct costs. In comparison, alcohol costs more than both Tobacco ($11.2 Billion) and Opioids ($7.1 Billion) combined in 2020. [14] At the very least, alcohol should cover the costs it contributes to rather than contribute to government debt each year. In contrast, AB InBev, the largest Alcohol corporation in 2021, had an annual revenue of $45.6 billion (U.S) in 2017. To provide perspective on this amount, half of the world's countries don't reach that amount in terms of their gross domestic product.

Increasing the price of alcohol has been noted as the most effective strategy to decrease harm due to alcohol. [1,8,13] Strong policies that could be used include indexed minimum unit pricing, alcohol-specific sales taxes, and markups. [1] Despite what many may think, pricing is considered an equitable policy, as it has been shown to decrease harm in those populations found to be most deprived. As recently demonstrated in Scotland, Minimum Unit Pricing (MUP) was implemented, and it was associated with a

significant 13.4% reduction in deaths and a 4.1% decrease in hospitalizations from conditions 100% attributable to alcohol consumption. [32] The greatest reductions were found in the four most socioeconomically deprived groups, demonstrating the policy is effective at improving deprivation-based inequalities in harm due to alcohol. [32]

Adoption of a Prevention Model

The factors that contribute to youth initiation of substance use, specifically alcohol, are dynamic and complex. Preventing and reducing substance use among youth should include collaborative interventions that decrease risks and harms and increase protective factors and wellness while providing a safe and inclusive environment that does not promote the use of substances. [12,33,34] Because risk and protective factors exist within every aspect of our society, a substance prevention model should consider interventions with an ecological view. This view would consider factors and interventions at the personal, interpersonal, community and policy levels and how these interact at all levels of society. [33] Participating must have a shared vision, collaboration, and agreement. [33]
The Planet Youth approach is a model that demonstrates the above vision and goals, sometimes known as "The Icelandic Model." This approach improves social environments and decreases substance use through collaborative actions based on local research that includes the whole community and partnerships across sectors. [33,35,36] While being implemented in Iceland, this model decreased youth substance use dramatically. Their rate for 30-day drunkenness decreased from 29.6% in 1997 to 3.6% in 2014, with dramatic decreases among other substances as well. [37] The Planet Youth approach has been introduced to numerous countries since 2006 and has been implemented or used in 16 countries and hundreds of municipalities since 2022. [38] Funding an approach such as the Planet Youth Model as part of an Alcohol Strategy would support goals to prevent future substance use.

Improving Access to Treatment and Support Services

Alcohol was the most common problem substance for people accessing treatment services and was reported by more than 67,000 people per year over 2016-2018. [7] Collaboration with People with Lived Experience and those using treatment services are vital, as they are the experts in this regard and their practical experience should be incorporated into the Alcohol Strategy. An alcohol strategy should consider how to improve access to treatment and support services for alcohol use disorder, such as:

- Incorporation of a Universal Screener for substance use in healthcare settings across Ontario, with compensation for healthcare staff who regularly provide screening, brief interventions, and referral to treatment for their clients.
- Improved wait times for public access to treatment and support services related to mental health care and substance-related treatment, as well as ongoing support while people wait for these services.
- Improved support and capacity for caregivers of those with substance use disorders.

The current alcohol policy environment will impact the need for treatment and support services in the future. Because the proportion of heavy drinkers is strongly associated with the total level of consumption of the general population, it is essential to consider society's overall alcohol policy within a strategy to reduce consumption in general, not just consumption by heavy drinkers. [8]

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alPHa RESOLUTION A24-04

TITLE: **Reviewing Provincial Regulatory Needs for Supportive Living Facilities Serving Vulnerable Individuals**

SPONSOR: Oxford-Elgin-St. Thomas Board of Health (Operating as Southwestern Public Health (SWPH)

WHEREAS medical officers of health and municipal staff are required to perform inspections of residential facilities concerning public health and fire and property standards, respectively, when a complaint is received; and

WHEREAS unregulated and quasi-regulated residential facilities are not required to be registered or licensed with medical officers of health or municipalities on a province-wide basis; and

WHEREAS the human rights, safety, health and well-being of the vulnerable residents residing in unsafe and hazardous conditions of poorly managed and maintained unregulated and quasi-regulated residential facilities may be at risk; and

WHEREAS the state of such facilities may be in part due to the lack of registration, routine inspection, adherence to standards, and enforcement capabilities in these settings, which may lead to limited involvement with medical officers of health and municipal inspection authorities; and

WHEREAS the provision of care required to support activities of daily living in unregulated and quasi-regulated residential facilities is not prescribed provincially in Ontario; and

WHEREAS medical officers of health have no powers to inspect or resolve concerns related to the quality of care of activities supporting daily living in quasi-regulated and unregulated residential facilities; and

WHEREAS the patchwork regulatory nature of this sector in Ontario has contributed to a lack of adequate regulation and oversight in many jurisdictions in the province; and

WHEREAS the lack of regulation and oversight in Ontario has resulted in alleged reports of bad actors taking fiscal advantage of their residents; and

WHEREAS there needs to be more transparency and communication with the general public regarding the operation of unregulated and quasi-regulated residential facilities and the health, safety, and wellness complaints received by these facilities.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Ontario to review the need to regulate unregulated and quasi-regulated residential facilities on a provincial basis.

AND FURTHER THAT following such a review, alPHa joins voices with the 45 municipalities across Ontario that have called on the province to develop and enact provincially enforced standards for unregulated and quasi-regulated residential facilities;

AND FURTHER THAT the insights of municipalities on this issue should be heard by consulting with the Association of Municipalities of Ontario and all levels of municipal government;

AND FURTHER THAT consideration should be taken in this review to include recommendations toward greater transparency in reporting health and safety issues in these settings to the public;

AND FURTHER THAT provisions should be developed in this review to prevent and penalize owners and operators who demonstrate unscrupulous practices that take advantage of vulnerable populations who reside in quasi-regulated and unregulated residential facilities;

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

BACKGROUND

Reviewing Provincial Regulatory Needs for Residential Facilities

1. Terminology

For a more detailed breakdown of the terminology used in this resolution, please refer to the section below:

***Provincially regulated residential facility**:* A residential facility that operates under specified standards of care and may receive provincial funding. For example, the operation and funding of long-term care homes are overseen by the Ministry of Long-Term Care and are regulated through the *Ontario Long-Term Care Homes Act*. Another example is retirement homes: the province requires retirement homes to obtain a license and comply with requirements under the *Retirement Homes Act*; however, retirement homes do not receive funding from the province.[1]

***Quasi-regulated residential facility**:* Facilities (e.g., lodging and boarding homes) that receive municipal or provincial funding, are typically registered or licensed and have associated municipal regulations (or standards imposed by community organizations). In Ontario, specific standards of care for these facilities may be prescribed at the municipal level through by-laws.

As a limitation to the operational definition above, it is essential not to disregard facilities that receive funding because there are disparities between residential facilities due to the different funding types available (for instance, Community Homes for Opportunity[2] vs. Community Homeless Prevention Initiative[3]). These funding disparities also translate to inconsistent and less frequent facility assessments, which may affect the quality of care for residents.

***Unregulated / not required to be regulated residential facility**:* Defined as a facility that operates without provincial standards of care, provincial or municipal funding or licensing for the aspects of care and accommodation that affect a resident's quality of life. This excludes other regulatory requirements prescribed by the *Ontario Building Code, Fire Code* and *Occupational Health and Safety Act* that protect tenants and workers from hazards that could lead to injury, mental and physical illness, and fatalities. Examples of this type of facility would be boarding homes, supportive living facilities, or residential care facilities operating in areas of Ontario that do not have municipal by-laws regulating these settings or the same facilities that operate without licensure in regions requiring regulations. The quality of care provided in these settings can vary quite notably, with some offering higher levels of accommodation and care and others offering notably poor standards of care. These settings' lack of regulation and standardization may contribute to this variability.

2. Historical context

In the 1970s and 1980s, a process known as deinstitutionalization occurred in Canada.[2] Deinstitutionalization was a practice in which the psychiatric hospitals of the day gradually released their residents into the community.[2] As a movement, deinstitutionalization was associated with increasing advocacy of human rights; this can be demonstrated by the primary goal of this movement, which was to empower people living with mental illness and enable them to integrate into communities.[3-4] However, there was a need to provide adequate community-level care to replace the institutional approach, and there has been a noted failure to provide adequate support (such as income and housing) to people living with a mental illness or substance use disorder.[3] Deinstitutionalization policies contributed to the development of residential care facilities, as new settings in the community were required to offer some degree of support for activities of daily living to individuals with severe and ongoing mental illness.[2]

[2] Community Homes for Opportunity (CHO): This is funding from the province, and can be considered a high quality funding pot for quasi-regulated residential facilities. It includes the provision of Service Liaison personnel that regularly assess the home to ensure standards of care and quality are met.

[3] Community Homeless Prevention Initiative (CHPI): This funding is managed by municipalities and is transferred to agencies with roles in supportive housing, such as the Canadian Mental Health Association (CMHA). The funding may be tied to municipalities' standards via their bylaws, however these standards are not routinely assessed or enforced due to lack of resourcing for community agencies. As such, the condition of these facilities is variable.

Lack of effective oversight and enforcement has led to anecdotes of quasi-regulated and unregulated residential facilities being hazardous for occupants. These conditions can sometimes result in poor health outcomes or even fatalities. Notable examples include a building fire in Toronto that claimed ten lives in 1989, a housing fire in London linked to twelve fire code violations and the death of a resident, and more recently, the closure and relocation of residents living in an unregulated boarding home in St. Thomas.[5-7]

Unregulated residential facilities are often used as last-resort housing; Ontario's lack of affordable housing may be a potential contributing factor.[8] Ontario is currently experiencing an affordable housing crisis, with rent and house prices increasing faster than incomes, lack of rental supply, and unmet demand for supportive housing all playing a role in this crisis.[9] Although multiple levels of government have expressed their commitment to increasing the housing supply, this complex issue is unlikely to be resolved rapidly.[9] In the interim, populations who experience multiple inequities are left with sparse choices for housing and may have to choose between living in an unregulated housing facility or experiencing homelessness.[8]

3. Incidents in these settings that go beyond current province-wide regulations

Additionally, some factors not addressed by the current province-wide regulations (Fire, Building Code, and Food Safety) affect health. For instance, many unregulated and quasi-regulated residential facilities provide care in support of activities of daily living for their residents; this care can vary from requiring periodic involvement with the resident to 24/7 support and supervision.[10] The personal care provided in quasi-regulated and unregulated residential facilities is not subject to province-wide regulatory practices. As such, a regulatory gap exists in that the personal care received by the vulnerable residents who live in quasi-regulated and unregulated residential facilities can be of inferior quality if they happen to live in a municipality that does not have any by-laws that apply to these settings.

Additionally, there have been some anecdotal reports of bad actors within this sector taking advantage of the residents of these facilities. Examples of this type of behavior include operators taking the pension of residents, referring residents to pharmacies they own, and staff of these facilities attempting to bring former residents back to the facility after forced closure by authorities.[11-13]

Even in jurisdictions with bylaws for these types of settings, there has still been some degree of criticism of the regulations in place, with one of the noted concerns being the lack of public-facing transparency. This is an issue as the need for more transparency makes it harder for people looking to live in these facilities (or their relatives/loved ones) to determine a facility of high quality.[2]

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TITLE: **Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action**

SPONSOR: **Ontario Dietitians in Public Health**

WHEREAS Provincial action is urgently needed to protect young children 0-24 months of age from the harmful effects of household food insecurity; and

WHEREAS alPHa's advocacy efforts have long underscored the need for income-based solutions to food insecurity and have previously resolved on the following areas: A15-04 (Basic Income Guarantee), A18-02 (Minimum Wage that is a Living Wage), A18-4 (Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 Months), A18-05 (Adequate Nutrition for Ontario Works and Ontario Disability Support Program Participants and Low Wage Earners), A23-05 (Monitoring Food Affordability); and

WHEREAS food insecurity is a potent social determinant of health, and infants and young children are particularly susceptible to adverse effects of household food insecurity, including associated parental stress, lower breastfeeding rates, and financial barriers to accessing adequate infant formula, when needed; and

WHEREAS when food insecurity results in early childhood malnutrition, infants and young children may experience growth faltering, compromised health, and cognitive impairments which may hinder their lifelong potential and result in considerable burden for the provincial health care system; and

WHEREAS food prices including the price of infant formula have increased over the past year; and

WHEREAS the Ontario Dietitians in Public Health and Food Allergy Canada has called on the Provincial government to amend the Ontario Drug Benefit program to support infants and children with a medical diagnosis*requiring strict avoidance of standard soy and milk proteins; and

WHEREAS the Windsor-Essex County Board of Health passed the resolution *Food Insecurity Compromises Infant Health* in March 2024 in response to a notable local increase in infant food insecurity

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on the Provincial government to optimize early growth and development among families most impacted by food insecurity and health inequities, by:

i. Increasing the Pregnancy and Breastfeeding Nutritional Allowance and the Special Diet Allowance to ensure families reliant on Ontario Works or the Ontario Disability Support Program can afford the products they need to adequately nourish their infants.

ii. Expanding the Ontario Drug Benefit to include specialized infant formulas for families whose children (0-24 months) have a medical diagnosis* requiring strict avoidance of standard soy and milk proteins.

AND FURTHER THAT alPHa continues to advocate for income-related policies to reduce household food insecurity, especially for households with children where prevalence of food insecurity is highest.

Backgrounder: Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action

SPONSOR: Ontario Dietitians in Public Health

We acknowledge that this document refers to breastfeeding. Breastfeeding is traditionally understood to involve an individual of the female sex and gender identity who also identifies as a woman and mother. However, it is important to recognize that there are individuals in a parenting and human milk feeding relationship with a child who may not self-identify as such and who may prefer to use the term "chestfeeding" rather than breastfeeding.

Nutrition is fundamental for growth and development in the early years of life[1]. Early childhood malnutrition presents a considerable burden to the health care system in Ontario. The long-term effects of malnutrition during early childhood include increased risk of hypertension, dyslipidemia, insulin resistance in adulthood, poor school achievement due to impaired cognitive development and increased risk of mental illness[2]. These conditions cost millions of dollars in health care expenditures.

Food insecurity, inadequate or insecure access to food due to household financial constraints, continues to be a serious and pervasive public health problem. While the prevalence of infant-specific food insecurity has not been formally investigated, as no provincial surveillance system exists, it is likely significant considering that nearly 1 in 4 children under the age of six live in a household experiencing food insecurity[3].

In the last year, Statistics Canada data demonstrated that the price of food has increased by 10.6%, rising at a rate not seen since the early 1980s[4]. During the same time, the price of infant formula increased 35.5% in Ontario[5]. Exclusive breastfeeding is recommended for up to two years and beyond to support healthy growth and development[6], yet many families choose to offer infant formula instead of breastfeeding for a variety of reasons. Women who experience food insecurity tend to stop exclusive breastfeeding sooner than those who are food secure and they tend to struggle more often to maintain an adequate supply of breastmilk[7,8]. Medical conditions such as food allergies are another reason one may choose to offer infant formula. For those with a medical diagnosis* requiring the strict avoidance of standard soy and milk proteins, there is no substitute for breastmilk other than specialized infant formula. It is estimated that 5,125 infants and children 0-24 months of age in Ontario have a medical diagnosis requiring strict avoidance of standard soy and milk proteins and must have specialized infant formula to meet their nutrient needs[9]. When household food insecurity results in unreliable access to breast milk or formula, both infant health and parental mental health are threatened which can have significant implications for our healthcare system.

*Medical diagnosis can include an IgE mediated food allergy and/or a non-IgE mediated food allergy, such as food protein-induced enterocolitis syndrome (FPIES), food protein-induced enteropathy (FPE), allergic proctocolitis (AP), eosinophilic esophagitis (EoE) and several others. Due to the variability in clinical presentation and lack of validated diagnostic tests, a diagnosis relies on a detailed medical history, physical examination, and a trial elimination of the suspected food allergen.

Provincial interventions that reduce the prevalence of food insecurity, optimize breastfeeding, and improve access to infant formula, including expansion of the Ontario Drug and Benefit program, must be actioned.

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alPHa RESOLUTION A24-05

TITLE: **Compliance with Ontario Not-for-Profit Corporations Act (ONCA): Proposed 2024 alPHa General Operating By-Law to replace The Constitution of the Association of Local Public Health Agencies (Ontario)**

SPONSOR: **alPHa Board of Directors**

WHEREAS *The Ontario Not-for-Profit Corporations Act* (ONCA) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021, as regards to not-for-profit corporations, including alPHa; and

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

WHEREAS ONCA provides a comprehensive set of regulations tailored to meet the unique needs of non-profit corporations while promoting transparency, accountability, and effective governance; and

WHEREAS ONCA includes clauses that allow flexibility in organizational structure and the customization of certain provisions to the specific needs and missions of individual organizations; and

WHEREAS organizations that do not formally file such provisions within ONCA's compliance requirements with the government of Ontario by October 18, 2024, will be subject to the more restrictive governance provisions of the Act; and

WHEREAS alPHa has, in consultation with legal counsel, drafted a General Operating By-Law that retains the key elements, structures, processes and objectives of its current Constitution while ensuring compliance with ONCA provisions; and

WHEREAS substantial time and significant resources have been committed to this process since the Spring of 2022 with regular updates to members throughout; and

WHEREAS alPHa must file the General Operating By-Law with the Ontario Government no later than October 18, 2024, to ensure that alPHa's current organizational structure and objectives remain legislatively compliant; and

WHEREAS changes to the alPHa Constitution require ratification by the alPHa membership via resolution at a general meeting by a majority vote,

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies formally adopt and approve the formal filing of *GENERAL OPERATING BY-LAW NO. 2, A by-law relating generally to the conduct of the affairs of the ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ONTARIO),* which will replace *The Constitution of the Association of Local Public Health Agencies (Ontario)* effective October 18, 2024.

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

as of March 18, 2024

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

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

Why the changes and what are the changes?

The main objectives of introducing the ONCA were as follows:

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

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

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

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

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

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

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

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

How do these changes impact alPHa and its members?

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

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

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

Proposed changes will come forward in a Resolution at the AGM in June for the membership to pass.

Boards of Health Section Meeting Agenda

June 7, 2024 from 9 a.m. to 12 p.m. EDT

BOH Section Chair: Carmen McGregor

The Pantages Hotel is located at 200 Victoria Street, Toronto, ON M5B 1V8.

Draft as of April 29, 2024

A light breakfast will be available at 8:30 a.m.	8:30 a.m. – 9 a.m.
Call to Order, Opening Remarks, and Land Acknowledgement Speaker: Carmen McGregor, Chair, BOH Section, alPHa Board of Directors,	9 a.m. – 9:05 a.m.
alPHa Update/Section Business Speakers: Carmen McGregor, Chair, BOH Section, alPHa Board of Directors and Loretta Ryan, Executive Director, alPHa Section update and approval of minutes from February 16, 2024, 2023, BOH Section Meeting.	9:05 a.m. – 9:15 a.m.
On the Front Lines Back by popular demand! This session features senior public health managers in key public health disciplines – inspections, dentistry, health promotion, and epidemiology. Speakers will discuss key public health issues from the unique perspectives of these affiliate members. Don't miss these important updates! Speakers from the alPHa Board of Directors: Association of Public Health Epidemiologists in Ontario, Caitlyn Paget Association of Supervisors of Public Health Inspectors of Ontario, Steven Rebellato Health Promotion Ontario, Susan Stewart Ontario Association of Public Health Dentistry, Paul Sharma Moderator: Cynthia St. John, Affiliate Representative, alPHa Board of Directors	9:15 a.m. – 10 a.m.
Networking Break	10 a.m. - 10:30 a.m.

Association of Municipalities of Ontario (AMO) Update Speakers: Alicia Neufeld**,** Senior Manager, Policy, and Daniela Spagnuolo, Policy Advisor, AMO Moderator: Trudy Sachowski, Past-President, alPHa Board of Directors AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with regards to public health issues, including homelessness, from a municipal perspective with a focus on their recent work.	10:30 a.m. – 10:50 a.m.
Hamilton's Proposed Board of Health Structure Speakers: Maureen Wilson, BOH Executive Committee, alPHa Board of Directors Jennifer Vickers-Manzin, Affiliate Representative, alPHa Board of Directors Moderator: Abinaya Chandrabalan, BOH Executive Committee, alPHa Board of Directors Earlier this year, Hamilton City Council approved a series of recommendations to apply to the Province of Ontario to become a semi-autonomous board of health, similar to Toronto and Ottawa. The model being pursued would change the board composition with the aim of making it more inclusive and representative of the community. Come and hear about these proposed changes.	10:50 a.m. – 11:10 a.m.
Board of Health Governance Speaker: Monika Turner, Principal, Roving Capacity Moderator: Loretta Ryan, Executive Director, alPHa Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario. Hear highlights about public health legislation, funding, accountability, roles, structures, and much more. You will gain insights into leadership and services that drive excellence.	11:10 a.m. – 11:30 a.m.
BOH Section Elections *An election to determine the representatives will be held at the meeting. All nominees must be present.*	11:30 a.m. -11:50 a.m.
Closing Remarks Speaker: Loretta Ryan, Executive Director, alPHa	11:50 a.m. - noon

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

The 2024 Conference is sponsored by the following:

2024 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS the Public Health Sudbury & Districts is allocated five votes* at the alPHa Annual General Meeting;

THAT in addition to the Acting Medical Officer of Health and the Board of Health Chair, the following Board of Health members are appointed as voting delegates for the Board of Health:

_____

Voting delegates are permitted one proxy vote per person, as required.

Briefing Note

To: René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

From: Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: May 9, 2024

Re: Endorsing Physical Literacy for Communities: A Public Health Approach Guide

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
According to ParticipACTION's (2022) Report Card on Physical Activity for adults only, 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of Canadian children were getting at least 60 minutes of moderate to vigorous physical activity every day.[1] A Statistics Canada health report published in 2022 revealed a decrease in physical activity participation among Canadian youth. In fact, it was stated that youth reported accumulating, on average, two hours less physical activity per week in the fall of 2020 compared with the fall of 2018 (129 minutes per week). A greater decline in Ontario youth was reported with a decrease of 168 minutes per week.

In Ontario, an estimated $2.6 billion of the total annual economic burden of chronic disease risk factors can be attributed to physical inactivity.[2] Physical activity programs that foster physical literacy provide equitable opportunities for participation regardless of an individual's socioeconomic status, age, culture race, gender, ability, sexual orientation or geographic location.[3] Furthermore, there is currently no guidelines or approach pertaining to physical literacy development for public health professionals.

Recommended Action:
That the Board of Health for Public Health Sudbury & Districts endorses the *Physical Literacy for Communities: A Public Health Approach* as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.

Background:
Several national papers including Health Canada's Common Vision and the Framework for Recreation in Canada identified physical literacy as the foundation for an active lifestyle and a life-long journey. Furthermore, Sport for Life has established a strategy to mobilize equity, diversity, inclusion and

accessibility goals through the development of physical literacy by way of improving quality sport and physical activity programs.[4]

Individuals who are developing physical literacy have the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engaging in physical activities for life.[5] These skills help them make healthy, active choices.[6] There is a positive association between children with higher physical literacy levels and the likelihood of meeting the Canadian 24-Hour movement Guidelines.[7] A longitudinal study had also revealed that higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood.[8] There is some evidence speculating that resilience plays a mediating role in linking physical literacy to positive mental health.[9]

In October 2022, the Board of Health for Public Health Sudbury & Districts approved motion #29-22 outlining the importance of *Physical Literacy for Healthy Active Children*[10] and expressing the need for local quality physical literacy enriched programs for children and youth. The motion recognizes physical literacy as the foundation to an active lifestyle and recommended that local sport and recreation organizations, education, and early learning settings work collaboratively with Active Sudbury of which Public Health Sudbury & Districts is a leader.

The *Physical Literacy for Communities: A Public Health Approach* serves as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways in which public health can work with other sectors (e.g., education, sport, and recreation) towards building a physically literate community. The document was developed based on Public Health Sudbury & Districts' experience implementing the Physical Literacy for Communities (PL4C) strategy in partnership with Active Sudbury under the guidance of Sport for Life. PL4C is a strategy created by Sport for Life that seeks to establish a multi-sector community-based partnership to support the development of physical literacy (PL) and increase physical activity in communities.[11] The purpose of the strategy is mainly to create or enhance collaboration between sectors that champion physical activity.[12,13] The strategy seeks to build local capacity to support the delivery of community PL-enriched programs. The *Physical Literacy for Communities: A Public Health Approach* provides recommendations that public health agencies can help to implement to support a multi-sector strategy that builds a more physically literate community. We hope this document encourages other communities and public health units to begin or continue their journey in becoming a physically literate community.

Financial Implications:
None

Ontario Public Health Standard:
Chronic Disease Prevention & Well-being

Strategic Priority:
Equitable opportunities

Meaningful relationships
Practice excellence
Organizational commitment

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Physical Literacy for Communities:

A Public Health Approach

Public Health Sudbury & Districts
May 2024

Public Health
Santé publique
SUDBURY & DISTRICTS

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Acknowledgements

The authors would like to thank Active Sudbury's leadership team for their valuable feedback on this document.

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This document is available online at www.phsd.ca. Ce document est disponible en français.

Citation

Public Health Sudbury & Districts. (2024). *[Physical Literacy for Communities: A Public Health Approach].* Sudbury, ON: Author.

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Table of Contents

Purpose

This document serves as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways public health can work with other sectors (e.g., education, sport, and recreation) toward building a physically literate community. The document was developed based on Public Health Sudbury & Districts' experience working in partnership with Active Sudbury under the guidance of Sport for Life.

Physical Literacy: What is it exactly?

The International Physical Literacy Association currently defines physical literacy (PL) as *"the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engagement in physical activities for life*[1]*."*

PL has gained increasing attention in the field of public health as an important determinant of physical activity across the lifespan[2,3,4]. Also, the Government of Canada's national policy

document *Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving* identifies physical literacy as the foundation for an active lifestyle[5].

Physical Literacy and Health

In Ontario, an estimated $2.6 billion of the total annual economic burden of chronic disease risk factors can be attributed to physical inactivity[6]. A Statistics Canada health report published in 2022 revealed a decrease in physical activity participation among Canadian youth. In fact, it was stated that youth reported accumulating, on average, two hours less physical activity per week in the fall of 2020 compared with the fall of 2018 (129 minutes per week). A greater decline in Ontario youth was reported with a decrease of 168 minutes per week. The percentage of youth meeting the Canadian physical activity recommendation for children and youth dropped from 50.8% in the fall of 2018 to 37.2% in the fall of 2020[7].

Individuals who are developing physical literacy have the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engaging in physical activities for life[8]. These skills help them make healthy, active choices[9]. There is a positive association between children with higher physical literacy levels and the likelihood of meeting the *Canadian 24-Hour Movement Guidelines*[10]. A longitudinal study had also revealed that higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood[11]. There is some evidence speculating that resilience plays a mediating role in linking physical literacy to positive mental health[12]. Physical literacy and its domains (affective, cognitive, physical, and behavioural) are also identified as learning

outcomes in *The Ontario Curriculum, Grade 1-8: Health and Physical Education*, due to its benefits to children's health and its impact on "healthy development of the whole person" for sustained participation in physical activity throughout their lifespan[13].

Several national papers including *Health Canada's Common Vision* and the *Framework for Recreation in Canada* identified physical literacy as the foundation for an active lifestyle and a life-long journey. Being physically literate results in more opportunities for physical activity[14]. In turn, participation in regular physical activity can improve mobility, prolong independent living, and decrease the likelihood of chronic diseases, such as type 2 diabetes and cardiovascular disease[15]. There is considerable evidence that being physically active lowers the risk of developing cancers of the colon, breast, endometrium, esophagus, stomach, bladder, and kidney[16].

The World Health Organization's *Global Action Plan on Physical Activity* recognizes the importance of strengthening quality physical education and supportive school environments (i.e. more positive experiences and opportunities for active recreation, sports, and play) by applying the principles of the whole-of-school approach in all pre-primary, primary, secondary, and tertiary educational institutions, to establish enjoyment of, and participation in physical activity, ultimately setting the foundation for health and physical literacy that lead to long-lasting healthy, active lifestyles[17]. The *Common Vision* also recognizes physical literacy as an essential part of childhood development. Physical activity programs that foster physical literacy provide equitable opportunities for participation regardless of an individual's socioeconomic status, age, culture, race, gender, ability, sexual orientation, or geographic location[18]. Furthermore, Sport for Life has established a strategy to mobilize equity, diversity, inclusion, and accessibility goals through the development of physical literacy by way of improving quality sport and physical activity programs[19]—all of which is reflected in the *Physical Literacy for Communities* strategy.

In the *Truth and Reconciliation Commission of Canada: Calls to Action (2015),* physical activity and sport are identified as tools for social development to improve the health and well-being of individuals and communities. The Call to Action speaks to the need to reduce the barriers to sport participation and promotion of physical activity policies that are inclusive and favourable for the pursuit of sport participation of Indigenous people[20]. The *Sport for Life Indigenous Communities: Active for Life* is a resource created collaboratively by Sport for Life and the Aboriginal Sport Circle. The resource builds on concepts of physical literacy that seek to engage Indigenous community members, including parents, Elders, educators, recreation leaders, and coaches, who prioritize physical activity as a means to foster holistic growth and community well-being.

Physical activity is a modifiable risk factor and can also prevent and reduce the burden of mental illness and injuries[21,22,23]. The *Icelandic Model for Primary Prevention of Substance Use (IPM)* hypothesizes that risky behaviour is an outcome of a *"lack of opportunities for participation in positive and prosocial development (e.g., organized recreational and extracurricular activities such as sports, music, drama, after-school clubs, etc.)[24]."* among other sociological factors. Therefore, increased opportunities for physical activity may act as a protective factor against substance use in youth. Since the implementation of the IPM many municipalities have increased their funding for recreational and extracurricular activities to encourage prosocial behaviours in youth[25].

Physical Literacy for Communities

Physical Literacy for Communities (PL4C) is a strategy created by Sport for Life. PL4C seeks to establish a multi-sector community-based partnership to support the development of physical literacy (PL) and increase physical activity in communities[26]. The purpose of the partnership is mainly to create or enhance collaboration between sectors that champion physical activity[27,28]. The partnership seeks to build local capacity to support the delivery of community PL-enriched programs. Key components of building capacity include providing training, resources, and increasing collaboration between various sectors.

In October 2022, the Board of Health for Public Health Sudbury & Districts approved the Motion #29-22 outlining the importance of *Physical Literacy for Healthy Active Children*[29] and expressing the need for local quality PL-enriched programs for children and youth. The motion recognizes physical literacy as the foundation to an active lifestyle and recommended that local sport and recreation organizations, education, and early learning settings work collaboratively with Active Sudbury, including Public Health Sudbury & Districts with the guidance of Sport for Life. We hope this document encourages other communities to begin or continue their journey in becoming a physically literate community.

Physical Literacy for Communities as a Public Health Intervention

In 2018, Sport for Life published a document titled: *Developing Physical Literacy - Building a New Normal for all Canadians*. The document serves as a rationale and roadmap that targets the sectors, which play a key role in creating physical activity opportunities in communities and speaks to the need for a collective approach[30].

Several studies show that physical literacy sets the foundation for physical activity participation throughout life. Researchers suggest that physical literacy could be seen as a determinant of health due to its demonstrated impact in increasing physical activity for life and the relationship between life-long physical activity engagement and chronic disease prevention, mental health, psychosocial well-being, and overall health status[31,32].

Physical literacy—more specifically referring to its multiple core domains (affective, cognitive, physical, and behavioural)—is a concept that captures broader social processes that contribute to life-long learning. Therefore, positioning physical literacy as a strategy within a comprehensive health promotion approach by way of inter-sectoral collaborations, for example, between physical education, health promotion and public health should be considered[33].

> **"Positioning physical literacy within the narrative of health promotion and disease prevention provides opportunities, at conceptual and practice levels, to build inter-sectoral collaborations between physical education, health promotion and public health[33]."**

The *Ontario Public Health Standards* are comprised of foundational standards and program standards (e.g., *Chronic Disease Prevention and Well-Being*, *School Health*). The foundational standards advise on specific requirements that support all program standards. These foundational standards include but are not limited to: *Population Health Assessment, Health Equity and Effective Public Health Practice.* The *Chronic Disease Prevention and Well-Being* standard requires that: *"community partners have the knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of wellbeing, including healthy living behaviours, healthy public policy, and creating supportive environments[34]."* This includes knowledge of the importance and impact of physical literacy on increasing physical activity participation and of reducing the risk of chronic disease.

Foundational Standards: Population Health Assessment

Population Health Assessment measures, monitors, analyzes, and interprets population health data to identify challenges and opportunities to improve the health outcomes for individuals and populations; including non-communicable and infectious diseases and broader system and social determinants of health[35]. Physical literacy sets the foundation to physical activity on an individual level and therefore needs to be measured at an individual level.

Several validated tools have been developed to measure an individual's physical literacy including the *Physical Literacy Assessment for Youth tools*, *The Canadian Physical Literacy Assessment*, *Passport for Life*, and the *Physical Literacy Observation Tool*. For example, the *Physical Literacy Assessment for Youth PLAYFun* assesses 18 different fundamental movement skills; the *Physical Literacy Assessment for Youth's PLAYSelf* is a self-evaluation form that assesses an individual's perception of their physical literacy[36].

Using a combination of physical literacy assessment tools may provide a collective representation of physical literacy at a local population level. The information could be used to guide and observe trends and to support further local investigation in order to provide effective public health interventions.

Foundational Standards: Health Equity

Health is influenced by a broad range of factors (e.g., lifestyle and behaviours, genetics, physical, social, and economic environments)[37]. Organizations (e.g., sports and recreation organizations, educational institutions, health services) that have adopted the principles of physical literacy within their programs and services seek to provide inclusive environments, increase access, and work towards reducing barriers to physical activity participation[38,39,40]. Inclusive physical activity programs that are offered by coaches, recreation providers, and educators, collectively contribute to reducing health inequities.

Foundational Standards: Effective Public Health Practice

Guided by current and emerging evidence, as well as a health equity approach, effective public health practice is an ongoing and iterative cycle of program development and improvement. It uses data from population health assessments, as well as evidence from research and

evaluation to best inform decision-making and program planning in local, regional, provincial, national, and international environments[41].

The Physical Literacy for Communities (PL4C) strategy should be explored as an effective public health practice. The Public Health Agency of Canada has partnered with Sport for Life to support several community-led endeavours across the country[42]. Creating a muti-sector, community-based partnership can improve communications between all sectors. Collaborating and championing the adoption of physical literacy programs and services can influence the quality of opportunities within the community. The various sectors offer unique expertise and values that contribute quality PL programming for community members.

As a key partner in the improvement of population health and health outcomes, local public health should actively participate in communities where the PL4C strategy is being implemented or considered.

As outlined above, physical activity is a well-recognized protective factor against many chronic diseases including poor mental health, cardiovascular disease, diabetes, and hypertension. Individuals or populations that are physically literate are more likely to have higher physical activity levels throughout their lifespan, thereby reducing their risk of developing a chronic disease.

Public health agencies have a clear mandate to "*develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population*[43]*."* Creating physically literate communities through PL programming shows great promise as a health promotion and public health intervention.

Below are recommendations that public health agencies can implement to support a multi-sector strategy that builds a more physically literate community.

Recommendations for Public Health

Collaborating with the Early Years Sector

- Support the enhancement of indoor and outdoor spaces that encourage inclusive play. For example, spaces should be suitable for all forms of structured and unstructured play and support all abilities, including active risky play and play-based learning.
- Work with early learning settings by collaborating and supporting professional development opportunities so that early childhood educators are trained in physical literacy.
- Work with early learning settings to develop policies and guidelines that foster physical literacy development of children and youth (e.g., policies that encourage curious play, play-based learning, and risky play).
- Share new and current best practices with early learning settings that have committed to fostering the development of physical literacy.

Collaborating with the Education Sector

- Support the enhancement of indoor and outdoor spaces that encourage inclusive play and the development of fundamental movement skills.
- Support educators and schools in providing physical literacy-enriched lesson plans and athletic programming (e.g., intramural games, extracurricular activities) and promote movement over the whole school day.
- Work with local school boards by supporting physical literacy professional development opportunities for educators.
- Work with local school boards and schools to develop policies and guidelines that foster physical literacy development in children and youth (e.g., policies that encourage movement and reduce the impact of sedentary behaviours and the use of screens in classrooms).
- Share new and current best practices with local school boards that have committed to foster the development of physical literacy. For example, provide training on physical literacy assessment tools (i.e., PLAY Tools) to help schools assess children's fundamental movement skills and chart their progress.

Collaborating with the Sport and Recreation Sector

- Work with community groups including committees and associations to ensure that places where everyone can be active—trails, gymnasiums, multi-purpose spaces, pools, and rinks—are accessible to participants of all abilities (including providing clear navigation through signage and informed staff). Make access affordable, barrier-free, and safe to support individuals needs (e.g., gender, cultural) so that all users have an enjoyable and safe experience.
- Support municipal recreation departments and sport organizations to enhance spaces that will foster physical literacy programs. For example, the facility's equipment is modified for the ability, size, and fundamental movement stages of participants.
- Consult with sport and recreation organizations to include physical literacy within their programming to align with the *Long-term Development in Sport and Physical Activity Framework* and ensure that programs and environments are fun and developmentally appropriate.

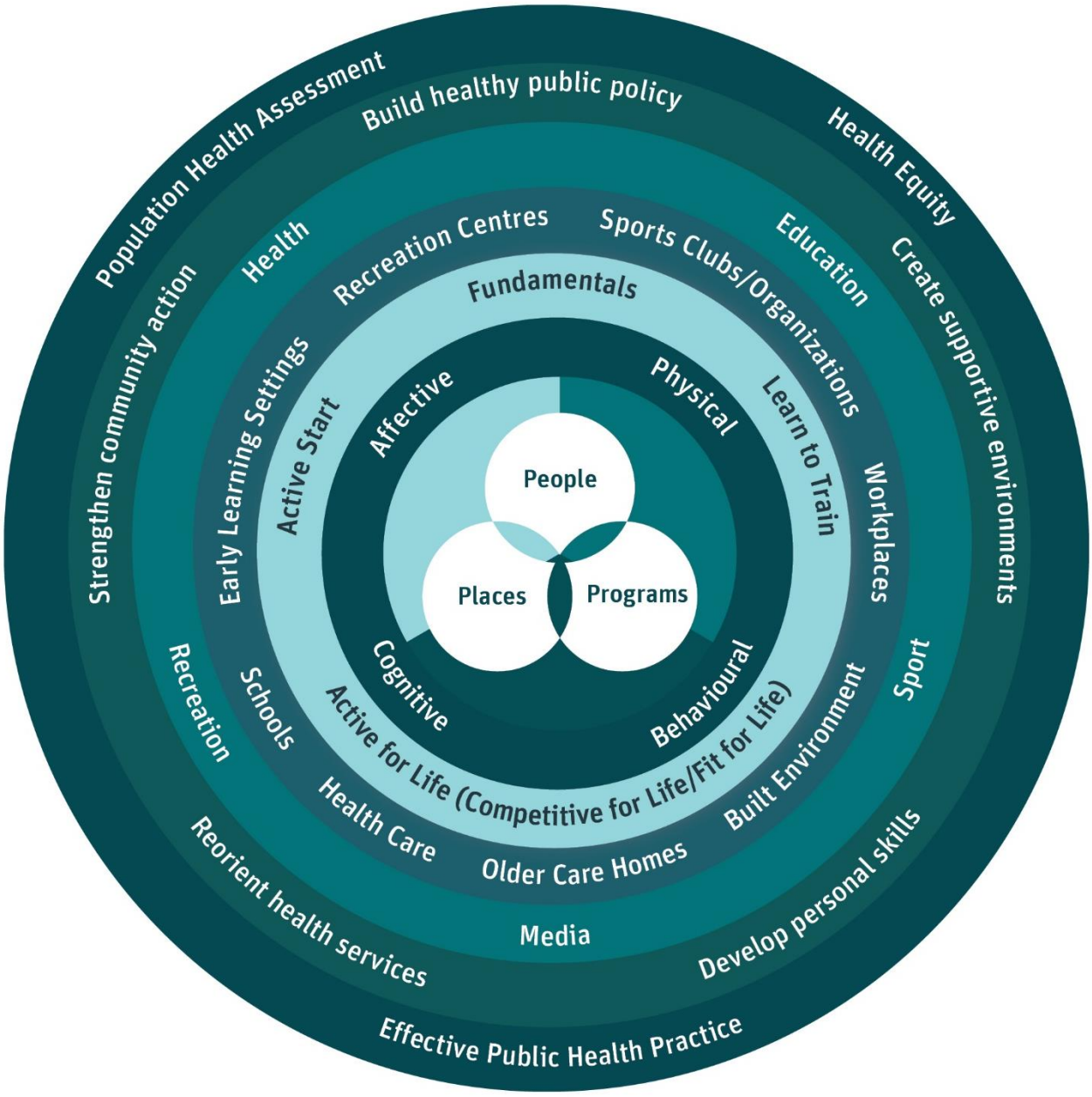
- Consult with recreation providers to focus on multisport programs, rather than specializing in one activity or sport, and design activities to maximize the use of skills in small-sided games (i.e., small group circuit style activities) and other activities.
- Support sport organizations to avoid early specialization. Share information on the use of warm-up and cool-down periods to develop a wide range of fundamental movement skills.
- Share new and current best practices with recreation and sport organizations that have committed to fostering the development of physical literacy. Focus on the development of fundamental movement skills prior to introducing fundamental sport skills to ensure that every participant has a quality-first experience and sense of belonging.
- Encourage recreation and sport organizations to work towards ensuring that their programs are inclusive (support diversity, provide equitable opportunities, and conducive of social norms[1] that reinforce more positive movement behaviour).
- Support recreation and sport organizations to enhance their policies and guidelines (e.g., concussion protocols, guidelines pertaining to making access affordable and barrier free).
- Work in partnership to offer physical literacy training to recreation leaders, coaches, and administrators.

These recommendations are a sampling of the ways public health agencies can work in partnership with each sector. The following framework was developed to show how we at public health can collaboratively support physical literacy for communities using an ecological model.

[1] For more information on social norms pertaining to physical activity, please consult the document titled *A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada* located on page 29.

Pulling It All Together

Figure 1. Physical Literacy for Communities: A Public Health Approach



This approach provides a visual of how a strategy of physical literacy for communities can be utilized within a public health context. It provides an overview of the role public health agencies can take while working collaboratively with other sectors to support the development of a more physically literate community. The approach includes Sport for Life's concepts and

recommended practices that are integral to the development of a more physically literate community. The circular design illustrates how all components work together simultaneously to ensure its effectiveness.

The core of this approach emphasizes people, programs, and places. Each sector has their own unique way of providing programming and services. It is important that each sector incorporates physical literacy within and works collaboratively with the other sectors including public health.

The first layer speaks to delivering physical literacy-enriched programs and services by trained physical literacy champions (e.g., teachers, coaches, early childhood educators) in environments (e.g., schools, sport facilities, early learning settings) that are conducive to the development of physical literacy by participants. The people, places, and programs should foster motivation and support participant confidence (affective domain illustrated in the figure) while increasing their physical competence (physical domain illustrated in the figure) and providing them with the ability to understand, value (cognitive domain illustrated in the figure), and take responsibility for their own active health (behavioural domain illustrated in the figure).

The second layer shows how—collectively—all sectors can collaborate to enhance or develop policies, create supportive physical literacy-enriched environments, have staff and volunteers trained in physical literacy, and provide opportunity to exchange knowledge and resources.

The third layer speaks to the *Long-term Development Stages in Sport and Physical Activity Framework*. While physical literacy is vital during the early stages of life, it can, and should be, developed throughout one's lifespan. Physical literacy is a lifelong journey that keeps an individual engaged in different forms of movement in ways they enjoy.

The fourth and fifth layers demonstrate all aspects that need to be considered to enhance physical activity opportunities in a community. It shows all sectors and places where individuals can be physically active. Physical literacy and its benefits on the health of communities depend on a coordinated effort by all sectors and more specifically all organizations including the agencies and institutions that can influence an individual's physical literacy journey.

The sixth and seventh layers reveal the foundation of quality physical literacy programming and services. Quality physical literacy programming includes developing personal skills (e.g. providing training on physical literacy), building supportive environments (e.g. whole-school approach), strengthening community actions (e.g. participating on local physical literacy alliances or committees), building healthy public policies (e.g. a sport club's commitment to implement physical literacy), and reorienting health services (e.g. inclusive; focused on the individual as a whole person).

Through population health assessments, health equity, and effective public health practice, local public health professionals can work efficiently and effectively with all sectors to ensure individuals experience a physical literacy journey that is meaningful and leads to being active for life.

Example of Physical Literacy for Communities – Active Sudbury

When different sectors work collaboratively and increase knowledge exchange, communities have a greater influence over their ability to increase physical activity participation. This is why a small group of local physical activity champions came together and started the journey of what is now known as Active Sudbury.

Active Sudbury is a community group comprised of individuals who work in health, recreation, sport, and education within the City of Greater Sudbury. The leadership team consists of physical literacy champions from Cambrian College, City of Greater Sudbury, Collège Boréal, Laurentian University, Public Health Sudbury & Districts, SportLink, and The Baseball Academy.

Members of the leadership team coordinate and provide education, raise awareness, and assist in developing supportive environments through PLAY groups (Physical Literacy and You). These PLAY groups are structured as different communities of practice that focus on physical literacy in the early years, education, sport and recreation, and health—all of which have their own unique way of communicating and sharing knowledge and experiences.

Established in 2016, Active Sudbury began its collaborative work with the support of a RBC Learn to Play grant. In 2017, the project received a three-year Ontario Trillium Foundation Grow Grant. These funding opportunities were instrumental in increasing awareness and skill-building opportunities such as workshops, conferences, and community of practice tables. Since the establishment of Active Sudbury, over 2000 physical literacy champions have participated in a variety of learning opportunities.

Conclusion

As we look ahead, it is vital that physical literacy-enriched programs and services be delivered to address an increase in sedentary behaviours and chronic diseases associated with physical inactivity in our communities. The well-being of the population is influenced across all sectors—in education, early years, sport, and recreation. Aspiring to a *Health in All Policies*[44] approach across all sectors, public health can collaborate with and assist decision-makers in education, early years, sport, and recreation sectors to incorporate health and equity principles into their policy development process to ensure the long-term health and well-being of the community. A multi-sector community-based partnership is a systemic and upstream approach that accounts for the health implications of decisions, to improve population health and health equity. The collaborative work—both ongoing and completed—by Active Sudbury has shown positive strides towards building a more physically literate community for us, and future generations.

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PHYSICAL LITERACY FOR COMMUNITIES: A PUBLIC HEALTH APPROACH

MOTION:

WHEREAS according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every day[i]; and

WHEREAS higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood[ii]; and

WHEREAS the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children (motion #29-22) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorses the *Physical Literacy for Communities: A Public Health Approach* as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.

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[i] ParticipACTION (2022), Pandemic-Related Challenges & Opportunities for Physical Activity. Retrieved from: https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf

[ii] Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. Adapted physical activity quarterly, 31(1), 67-78. https://doi.org/10.1123/apaq.2013-0048

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: May 9, 2024

Re: Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action

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☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
Food insecurity is a potent social determinant of health. Infants and young children are particularly susceptible to adverse effects of household food insecurity, including associated parental stress, lower breastfeeding rates, and financial barriers to accessing adequate infant formula when needed.

Recommended Action:
1) The Board of Health call on the Provincial government to assess the adequacy of the Pregnancy and Breastfeeding Nutritional Allowance and the Special Diet Allowance to ensure families reliant on Ontario Works or the Ontario Disability Support Program can afford the products they need to adequately nourish their infants.
2) The Board of Health call on the Provincial government to expand the Ontario Drug Benefit to include specialized infant formulas for families whose children (0-24 months) have a medical diagnosis* requiring strict avoidance of standard soy and milk proteins.
3) The Board of Health continues to advocate for income-related policies to reduce household food insecurity, especially for households with children where prevalence of food insecurity is highest.

Alternative Actions:
None

Background:
We acknowledge that this document refers to breastfeeding. Breastfeeding is traditionally understood to involve an individual of the female sex and gender identity who also identifies as a woman and mother. However, it is important to recognize that there are individuals in a parenting and human milk feeding relationship with a child who may not self-identify as such and who may prefer to use the term "ch[i]estfeeding" rather than breastfeeding.

2024–2028 Strategic Priorities
1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

Nutrition is fundamental for growth and development in the early years of life[i]. Early childhood malnutrition presents a considerable burden to the health care system in Ontario. The long-term effects of malnutrition during early childhood include increased risk of hypertension, dyslipidemia, insulin resistance in adulthood, poor school achievement due to impaired cognitive development and increased risk of mental illness[ii]. These conditions cost millions of dollars in health care expenditures.

Exclusive breastfeeding is recommended for up to two years and beyond to support healthy growth and development[iii], yet many families choose to offer infant formula instead of breastfeeding for a variety of reasons. Women who experience food insecurity tend to stop exclusive breastfeeding sooner than those who are food secure and they tend to struggle more often to maintain an adequate supply of breastmilk[iv,v]. Medical conditions such as food allergies are another reason one may choose to offer infant formula. For those with a medical diagnosis[*] requiring the strict avoidance of standard soy and milk proteins, there is no substitute for breastmilk other than specialized infant formula. It is estimated that 5,125 infants and children 0-24 months of age in Ontario have a medical diagnosis requiring strict avoidance of standard soy and milk proteins and must have specialized infant formula to meet their nutrient needs[vi]. When household food insecurity results in unreliable access to breast milk or formula, both infant health and parental mental health are threatened which can have significant implications for our healthcare system.

Food insecurity, inadequate or insecure access to food due to household financial constraints, continues to be a serious and pervasive public health problem for individuals of all ages. In their most recent release, PROOF highlights that the percentage of individuals living in food insecure households continues to increase[vii]. While the prevalence of infant-specific food insecurity has not been formally

[i] Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., Perez-Escamilla, R., Rao, N., Ip, P., Fernald, L. C. H., MacMillan, H., Hanson, M., Wachs, T. D., Yao, H., Yoshikawa, H., Cerezo, A., Leckman, J. F., & Bhutta, Z. A. (2017). *Nurturing care: promoting early childhood development.* The Lancet, 389(10064), 91–102. https://doi.org/10.1016/s0140-6736(16)31390-3

[ii] Martins, V. J. B., Toledo Florêncio, T. M. M., Grillo, L. P., Do Carmo P. Franco, M., Martins, P. A., Clemente, A. P. G., Santos, C. D. L., Vieira, M. de F. A., & Sawaya, A. L. (2011). *Long-Lasting Effects of Undernutrition.* International Journal of Environmental Research and Public Health, 8(6), 1817–1846. https://doi.org/10.3390/ijerph8061817

[iii] Health Canada, Canadian Paediatric Society, Dietitians of Canada, & Breastfeeding Committee for Canada. (2014). Nutrition for healthy term infants: Recommendations from six to 24 months. Canadian Journal of Dietetic Practice and Research, 75(2), 107.

[iv] Orr, S. K., Dachner, N., Frank, L., & Tarasuk, V. (2018). *Relation between household food insecurity and breastfeeding in Canada*. Canadian Medical Association Journal, 190(11), E312–E319. https://doi.org/10.1503/cmaj.170880

[v] Frank, L. (2018). *Finding formula: Community-based organizational responses to infant formula needs due to household food insecurity*. Canadian Food Studies, 5(1), 90. https://doi.org/10.15353/cfs-rcea.v5i1.230

[vi] Ontario Dietitians in Public Health and Food Allergy Canada. (2023). *Call to Action: ODB Program Amendments to Support Infants and Children with a Medical Diagnosis**Error! Bookmark not defined.** Requiring Strict Avoidance of Standard Soy and Milk Proteins.* Retrieved from https://www.odph.ca/upload/membership/document/2023-10/odph-and-food-allergy-canada-call-to-action-2023.pdf

[vii] Food Insecurity Policy Research (PROOF). *New Data on Household Food Insecurity in 2023* [webpage online]. Accessed May 2, 2024, from: https://proof.utoronto.ca/2024/new-data-on-household-food-insecurity-in-2023/

investigated, as no provincial surveillance system exists, it is likely significant considering that nearly 1 in 4 children under the age of six live in a household experiencing food insecurity[viii].

Annual monitoring food affordability data consistently and repeatedly illustrates that households with incomes from minimum wage employment and social assistance cannot afford the basic costs of living including nutritious food[ix]. In the last year, Statistics Canada data demonstrated that the price of food has increased by 10.6%, rising at a rate not seen since the early 1980s[x]. During the same time, the price of infant formula increased 35.5% in Ontario[xi]. Rates for Ontario Works (OW) recipients have been frozen since 2018, and despite the recent 6.5% increase to the Ontario Disability Support Program (ODSP) rates in 2023, these rates are still inadequate to support the cost of living [xii]. Thus, multiple Association of Local Public Health Agencies (alPHa) advocacy efforts have long underscored the need for income-based solutions to address food insecurity and have previously resolved on the following areas: A05-18 (Adequate Nutrition for Ontario Works and Ontario Disability Support Program Participants and Low Wage Earners), A15-04 (Basic Income Guarantee), A18-02 (Minimum Wage that is a Living Wage), A23-05 (Monitoring Food Affordability), and A-18-4 (Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 months), as policy interventions that improve financial circumstances are an effective way to reduce household food insecurity.

Financial Implications:
None.

Ontario Public Health Standard:
Healthy Growth and Development

Strategic Priority:
Equal Opportunities for Health

Contact:
Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division and Chief Nursing Officer

[viii] Li T, Fafard St-Germain AA, Tarasuk V. (2023). *Household food insecurity in Canada, 2022*. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from https://proof.utoronto.ca/
[ix] Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Retrieved from https://www.odph.ca/upload/membership/document/2021-04/ps-eng-corrected-07april21_2.pdf
[x] Statistics Canada. Consumer Price Index, February 2023. Retrieved 13 April 2023 from https://www150.statcan.gc.ca/n1/daily-quotidien/230321/dq230321a-eng.pdf
[xi] Statistics Canada. *Monthly Average Retail Prices for Selected Products.* Retrieved March 19 2024 from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810024501&pickMembers%5B0%5D=1.6&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2023&referencePeriods=20220101%2C20231201
[xii] Government of Ontario. (2024). Ontario Disability Support Program [webpage online]. Accessed May 7, 2024 from: Ontario Disability Support Program | ontario.ca

[*]Medical diagnosis can include an IgE mediated food allergy and/or a non-IgE mediated food allergy, such as food protein-induced enterocolitis syndrome (FPIES), food protein-induced enteropathy (FPE), allergic proctocolitis (AP), eosinophilic esophagitis (EoE) and several others. Due to the variability in clinical presentation and lack of validated diagnostic tests, a diagnosis relies on a detailed medical history, physical examination, and a trial elimination of the suspected food allergen.

EARLY CHILDHOOD FOOD INSECURITY: AN EMERGING PUBLIC HEALTH PROBLEM REQUIRING URGENT ACTION

MOTION:

WHEREAS the severity of food insecurity across Ontario is worsening[1]; and

WHEREAS Provincial action is urgently needed to protect young children 0-24 months of age from the harmful effects of household food insecurity; and

WHEREAS Public Health Sudbury & Districts advocacy efforts have long underscored the need for income-based solutions to food insecurity and has recently resolved on 06-24 Household Food Insecurity; and

WHEREAS when food insecurity results in early childhood malnutrition, infants and young children may experience growth faltering, and compromised health[2]; and

WHEREAS food prices including the price of infant formula have increased over the past year[3,4]; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts amplify the efforts of the Ontario Dietitians in Public Health and Food Allergy Canada by asking the Provincial government to safeguard healthy growth and development among families most impacted by food insecurity and health inequities, by:

i) Assessing the adequacy of the Pregnancy and Breastfeeding Nutritional Allowance and the Special Diet Allowance to ensure families reliant on Ontario Works or the Ontario Disability Support Program can afford the products they need to adequately nourish their infants.

ii) Expanding the Ontario Drug Benefit to include specialized infant formulas for families whose children (0-24 months) have a medical diagnosis* requiring strict avoidance of standard soy and milk proteins.

*** Medical diagnosis can include an IgE mediated food allergy and/or a non-IgE mediated food allergy, such as food protein-induced enterocolitis syndrome (FPIES), food protein-induced enteropathy**

(FPE), allergic proctocolitis (AP), eosinophilic esophagitis (EoE) and several others. Due to the variability in clinical presentation and lack of validated diagnostic tests, a diagnosis relies on a detailed medical history, physical examination, and a trial elimination of the suspected food allergen.

AND FURTHER THAT the Board of Health for Public Health Sudbury & Districts continues to advocate for income-related policies to reduce household food insecurity, especially for households with children where prevalence of food insecurity is highest.

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[1] Food Insecurity Policy Research (PROOF). *New Data on Household Food Insecurity in 2023* [webpage online]. Accessed May 2, 2024, from: https://proof.utoronto.ca/2024/new-data-on-household-food-insecurity-in-2023/

[2] Martins, V. J. B., Toledo Florêncio, T. M. M., Grillo, L. P., Do Carmo P. Franco, M., Martins, P. A., Clemente, A. P. G., Santos, C. D. L., Vieira, M. de F. A., & Sawaya, A. L. (2011). *Long-Lasting Effects of Undernutrition*. International Journal of Environmental Research and Public Health, 8(6), 1817–1846. https://doi.org/10.3390/ijerph8061817

[3] Statistics Canada. Consumer Price Index, February 2023. Retrieved 13 April 2023 from https://www150.statcan.gc.ca/n1/daily-quotidien/230321/dq230321a-eng.pdf

[4] Statistics Canada. Monthly Average Retail Prices for Selected Products. Retrieved March 19 2024 from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810024501&pickMembers%5B0%5D=1.6&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2023&referencePeriods=20220101%2C20231201

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: May 9, 2024

Re: Support for Bill C-322: National Framework for a School Food Program Act

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☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
Member of Parliament Serge Cormier's Private Member's Bill C-322, National Framework for a School Food Program Act calls for the development of a universal program model that ensures no child will be left out of the school food program in Canada. If established, a universal program offers the opportunity for all children and youth to access healthy food at schools without stigma and would assure families that their children receive the nourishment they need for academic success. The National Framework would also ensure sustainability, effectiveness, and accountability.

In the 2024 Budget, the Government of Canada announced a plan to allocate $1 billion over the course of five years towards the establishment of a new National School Food Program. This initiative aims to collaborate with provinces, territories, and Indigenous partners to enhance and broaden existing school food programs. An additional $62.9 million spread across three years was also proposed to bolster the Local Food Infrastructure Fund, aiming to support community organizations, such as school food programs, with investments in local infrastructure. While this proposal shows potential, more support is required to ensure a united effort and collective commitment towards a universally funded school food program, where every student in Canada receives sufficient nourishment in schools.

Recommended Action:
THAT the Board of Health for Public Health Sudbury & Districts commend the Government of Canada for prioritizing healthy school food in the 2024 Budget and for working in partnership with provinces, territories and Indigenous communities throughout Canada; and

THAT the Board of Health urges Members of Parliament and Senators to support Bill C-322, National Framework for a School Food Program Act and to uphold the commitment to the health and well-being of children and youth in Canada.

2024–2028 Strategic Priorities

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

Background:
In 2019, it was estimated that 35% of Canadian schools offered a school food program (SFP), serving approximately 20% of Kindergarten to Grade12 students[i]. In that same year, the Ontario Student Nutrition Program reached roughly 40% of students and 71% of publicly funded schools, while 67% of band-operated and federally funded schools were covered by the First Nations Student Nutrition Program. Increasing evidence has shown that some schools are not able to implement a healthy SFP due to its inconsistent patchwork of funding from public and private contributions and charitable donations[i,ii,iii]. At the same time, these programs often rely on volunteers to administer the program as the funds are prioritized for covering rising costs of food and maintaining program infrastructure to deliver school meals or snacks[i,ii,iv].

The Board of Health for Public Health Sudbury & Districts has shown support for a SFP to be implemented universally and sustainably. In 2020, the Board passed motion 02-20 supporting a universal publicly funded healthy school food program, and in 2023, motion 61-23 supporting a funded healthy school food program in Budget 2024 (Federal) in 2023. A fully-funded universal national school food program is recognized as a population health approach for fostering student nourishment, healthy growth and development, positive learning outcomes, and academic achievement[ii,iii,iv,v,vi]. The universality aspect of a SFP ensures that all students are given equal opportunities to benefit from healthy meals and snacks in schools, thereby reducing social stigma associated with their participation in the program. With a universal program, no child will be left out of the program, regardless of their families' ability to pay, fundraise or volunteer with the program[iii,iv,v]. Program staff, families, and children also voiced the importance of "working towards universality and reducing stigma" during a nation-wide public engagement on the Canadian National School Food Policy[iv].

Recently, the Government of Canada announced their investment of $1 billion over five years for a national SFP in the 2024 Budget, with the goal of working with provinces, territories, and Indigenous partners to expand the reach to more students in schools across Canada[vii]. While this is a significant federal contribution to establish the SFP, more support is vital to ensure that the national program is implemented in a comprehensive and universal way. Member of Parliament Serge Cormier's Private Member's Bill C-322, National Framework for a School Food Program Act strives to establish a SFP that commits to universality, stigma reduction, sufficient program infrastructure, representation of cultural diversity of Canadian children and youth, and the priorities of First Nations, Inuit, and Métis[viii]. The goal of Bill C-322 is to have a national SFP in which all children in Canada have access to healthy school food. This goal aligns with the priorities of many school food advocates, health organizations, municipalities, and school boards from across the country[ix]. The Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit endorsed Bill C-322 with a letter of support on March 21, 2024.

Financial Implications:
None.

Ontario Public Health Standard:
Chronic Disease Prevention & Well-being
School Health
Foundational Standards: Health Equity and Effective Public Health Practice

Strategic Priority:
Equal opportunities for health

Contact:
Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division and Chief Nursing Officer

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[i] Ruetz, A. T., & McKenna, M. L. (2021). *Characteristics of Canadian school food programs funded by provinces and territories.* Canadian Food Studies, 8(3), 70-106. https://doi.org/10.15353/cfs-rcea.v8i3.483

[ii] Haines, J., & Ruetz, A. (2020, March 01). *School Food and Nutrition. Comprehensive, Integrated Food and Nutrition Programs in Canadian Schools: A Healthy and Sustainable Approach.* Arrell Food Institute. https://arrellfoodinstitute.ca/wp-content/uploads/2020/03/SchoolFoodNutrition_Final_RS.pdf

[iii] Bond, N. (2015, February 01). *Evaluating Universal Student Nutrition Programs: Methods, Indicators, and Outcomes.* Regions. Community Engaged Scholarship Institute. https://atrium.lib.uoguelph.ca/bitstreams/840f461a-78ab-4733-81a3-0c1c0d2ceb12/download

[iv] Economic and Social Development Canada. (2023). *National School Food Policy Engagements – What We Heard Report*. Government of Canada. https://www.canada.ca/en/employment-social-development/programs/school-food/consultation-school-food/what-we-heard-report-2023.html

[v] Zhong A, Yin L, O'Sullivan B, Ruetz AT. (2023). *Historical lessons for Canada's emerging national school food policy: an opportunity to improve child health.* Health Promotion Chronic Disease Prevention Canada. 43(9):421-5. https://doi.org/10.24095/hpcdp.43.9.04

[vi] Ruetz, A.T., Edwards, G., Zhang, F. (2023). *The Economic Rationale for Investing in School Meal Programs for Canada: multi-sectoral impacts from comparable high-income countries.* The Arrell Family Foundation. https://amberleyruetz.ca/assets/uploads/ruetz-consulting_the-economic-rationale-for-investing-in-school-mealprograms-for-canada.pdf

[vii] Prime Minister of Canada. (2024, April 1). *A National School Food Program to set kids up for success* [Press release]. https://www.pm.gc.ca/en/news/news-releases/2024/04/01/national-school-food-program-set-kids-success

[viii] Bill C-322: An Act to develop a national framework to establish a school food program. (2023). 1st Reading March 9, 2023, 44th Parliament, 1st session. https://www.parl.ca/DocumentViewer/en/44-1/bill/C-322/first-reading

[ix] Coalition for Healthy School Food. (2022, October 25). *Proposals for a National School Nutritious Meal Program*. https://www.healthyschoolfood.ca/_files/ugd/e7a651_2a56826b9d834c3aaa392384e778741e.pdf

SUPPORT FOR BILL C-322 NATIONAL FRAMEWORK FOR A SCHOOL FOOD PROGRAM ACT

MOTION:

WHEREAS the current Ontario student nutrition program only reaches 40% of students and 71% of publicly funded Kindergarten to Grade12 schools due to insufficient funding, rising food costs, inadequate infrastructure and human resources, and an increase in student need for proper nourishment[1]; and

WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion 02-20 supporting a universal fully funded healthy school food program, and motion 61-23 supporting a funded national school food program in the 2024 Federal Budget; and

WHEREAS although the Government of Canada recently announced an investment of $1 billion over 5 years for the national school food program in the 2024 Budget to help enhance and broaden existing programs throughout Canada, more support is required to ensure a universal fully-funded school food program for all students; and

WHEREAS Private Member's Bill C-322 calls for a national framework to establish a school food program that is universal, sustainable and effective, where no child is left out or stigmatized in the program due to their families' ability to pay, fundraise, and volunteer with the program; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & District commend the Government of Canada for prioritizing healthy school food in Budget 2024 and for working in partnership with provinces, territories and Indigenous communities throughout Canada; and

FURTHER THAT the Board of Health urges local Members of Parliament and other key partners to endorse Bill C-322, National Framework for a School Food Program Act and continue to uphold the commitment to the health and wellbeing of children and youth in Canada.

[1] Ruetz, A. T., & McKenna, M. L. (2021). *Characteristics of Canadian school food programs funded by provinces and territories.* Canadian Food Studies, 8(3), 70-106. https://doi.org/10.15353/cfs-rcea.v8i3.483

ADDENDUM

MOTION: THAT this Board of Health deals with the items on the Addendum.

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time:____

RISE AND REPORT

MOTION: THAT this Board of Health rises and reports. Time: _____

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____