



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

February 12, 2021

Information Reports

- 2021-INFO-15** Commissioner of Planning and Economic Development – re: 2019 Film and Television Production Activity and 2020 Overview
- 2021-INFO-16** Commissioner of Planning and Economic Development and Commissioner of Social Services – re: Durham Region Community Safety and Well-Being Plan (CSWP) - Project Update
- 2021-INFO-17** Commissioner and Medical Officer of Health – re: Updates to the Tobacco, Vapour and Smoke Guideline and Protocol of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability
- 2021-INFO-18** Commissioner and Medical Officer of Health – re: Ontario Cancer Screening Performance Report, 2020

Early Release Reports

There are no Early Release Reports

Staff Correspondence

There is no Staff Correspondence

Durham Municipalities Correspondence

There are no Durham Municipalities Correspondence

Other Municipalities Correspondence/Resolutions

1. **Municipality of Meaford** – re: Resolution passed at their Council meeting held on February 1, 2021, in support of the Township of Matachewan’s resolution regarding extension of grant application deadlines

2. **Township of Baldwin** – re: Resolution passed at their Council meeting held on February 1, 2021, regarding a request to the Province of Ontario to reconsider closing the Ontario Fire College located in Gravenhurst, Ontario
3. **Halton Region** – re: Resolution passed at their Council meeting held on January 20, 2021, regarding Digital Main Street program
4. **City of Vaughan** – re: Resolution passed at their Council meeting held on January 26, 2021, regarding Bill 197 – The COVID-19 Economic Recovery Act – Enhanced Ministerial Powers for Minister’s Zoning Orders
5. **Township of Guelph/Eramosa** – re: Resolution passed at their Council meeting held on February 1, 2021, regarding Advocacy for Reform - Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) Legislation
6. **Town of Halton Hills** – re: Resolution passed at their Council meeting held on February 1, 2021, requesting the Government of Ontario and the Government of Canada to provide longer, better funded sick leave to help address the ongoing spread of COVID-19

Miscellaneous Correspondence

1. **Keley Katona, Director, Conservation and Source Protection Branch, Ministry of the Environment, Conservation and Parks** – re: Proclamation of Provisions of the Conservation Authorities Act
2. **Save the OFC** - re: correspondence from Save the OFC regarding the impending closure of the Gravenhurst Campus of the Ontario Fire College
3. **Durham Regional Police Services Board** – re: [Agenda for Tuesday, February 16, 2021 meeting](#)

Advisory / Other Committee Minutes

1. Accessibility Advisory Committee (AAC) minutes – **January 26, 2021**

Members of Council – Please advise the Regional Clerk at clerks@durham.ca, if you wish to pull an item from this CIP and include on the next regular agenda of the appropriate Standing Committee. Items will be added to the agenda if the Regional Clerk is advised by Wednesday noon the week prior to the meeting, otherwise the item will be included on the agenda for the next regularly scheduled meeting of the applicable Committee.

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The Regional Municipality of Durham Information Report

From: Commissioner of Planning and Economic Development
Report: #2021-INFO-15
Date: February 12, 2021

Subject:

2019 Film and Television Production Activity and 2020 Overview

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 The purpose of this report is to provide an overview of film and television production activity in Durham Region for the 2019 calendar year and to outline the growth of this industry since 2012.
- 1.2 This report will also address the impact of COVID-19 on the film and television industry in 2020 and measures that have been taken to promote recovery.

2. Background

- 2.1 Ontario, and specifically the Greater Toronto and Hamilton Area (GTHA), is a centre of Canadian film and television production and has grown into a multi-billion-dollar industry. Film and television production is active throughout the province, creating jobs and economic impact for local suppliers, vendors and talent.
- 2.2 Most production companies that film in Durham Region have established headquarters in the City of Toronto, where the majority of Ontario's film production studios reside.

2.3 Durham Region plays an important role in all aspects of Ontario's film, television and digital media industry due to its proximity to: the City of Toronto; Durham's film industry workforce; supporting service providers; and, availability of film location sites. These attributes make Durham a welcome host for television, feature films, commercials, as well as pre-and post-preproduction activities.

3. Provincial Statistics 2019

3.1 Ontario's film and television industry contributed a record-breaking \$2.16 billion to Ontario's economy in 2019, creating 44,540 high-value full-time equivalent direct and spin-off jobs for Ontarians. In 2019, film and television production in Ontario increased by 14.5% over 2018 and the number of jobs increased by 20%, growing by 7,508 over the previous year.

4. Durham Region Statistics 2019

4.1 In 2019, the estimated value of film production in Durham Region grew by 19% to reach an all-time high of \$63 million, generated from 88 projects and 388 production-days of shooting on-location.

4.2 In 2019, feature films, television series and movies of the week accounted for 70% of the total number of productions in Durham Region. Additional types of production activity included commercials, documentaries and independent films. Please see Attachment 1 for production activity by municipality, type, and production value.

4.3 From 2012 to 2019 film and television production value in Durham Region increased by 220% with an estimated total of \$252 million in production activity generated from 531 projects over eight years. Please see Attachment 2 for charts showing the growth of this sector during this time.

4.4 Notable productions that were filmed in Durham in 2019 include:

- a. Feature films/Movies: After Her Smile, Quebetix and Awake, A Very Corgi Christmas, Christmas Chalet, Faking A Murderer, Let It Snow, Mistletoe Magic, and Sunny Jim.
- b. Television series: American Gods, Coroner, Titans, Anne with an E, Schitt's Creek, The Handmaid's Tale, Secret Society of Second Born Royals, Madam C.J. Walker, Spinning Out and Falling, Umbrella Academy, and Sister Rising.

5. Decrease in production due to impact of COVID-19

5.1 All domestic and foreign productions in Ontario were put on hold as of March 16 in compliance to provincial health orders. Durham Region had 12 ongoing projects pre-COVID and all were completed by the end of 2020. When the shutdown occurred, all productions ceased in Durham until July, at which point each municipality decided when to re-open for filming. At present, all eight municipalities in Durham are open for film and television production on a case by case basis.

6. Anticipated increase in production in Ontario

6.1 There are many positive signs showing that the film and television industry is bouncing back. Once production resumed in Ontario, 72 projects were scheduled for completion by the end of 2020 with only one pilot television show cancelling from those originally scheduled.

6.2 Many GTHA areas are now reporting an increase of film permits submitted. Toronto is working with over 150 applications, and Hamilton has indicated it cannot assist some productions due to the high volume of requests. Ontario Creates (the Provincial film agency) is offering to help distribute production to other municipalities that can accommodate the required locations. Regional staff are actively promoting Durham's sites through the Ontario Create's Digital Library and the Durham Region Location Portal. An additional 11 sites were added to both of these libraries since August 2020. Staff also respond to inquiries from the Ontario Film Commission for specific locations to be used in productions.

6.3 The GTHA film studios and sound stages are booked well into 2021 showing a steady volume of projects which will be looking for locations in areas like Durham Region. Productions that were on hold and new projects, are starting at generally the same time, thus creating the influx of permit applications in the GTHA with 34 permits issued in Durham Region since the re-opening of film production.

6.4 Since July 2020, Durham Region has had more than 35 production inquiries.

7. Activities that staff engaged in to help facilitate recovery from COVID-19

7.1 Staff from the Economic Development and Tourism Division have been facilitating the recovery of the Film Sector through the following activities:

- a. Providing information on local personal protective equipment (PPE) suppliers to production companies and the Ontario Film Commission.
- b. Updated content for the Invest Durham website specific to COVID-19 health protocols, professional training, learning resources and details related to Ontario Creates “Ready to Roll” campaign.
- c. Working with the Durham Hotel Association (DHA) to identify potential locations, space for film crews, backlots and other business opportunities to support the film industry.
- d. New location packages profiling potential filming locations in Durham Region for the Ontario Creates database.
- e. In response to a project at the Ontario Film Commission to identify warehouse and industrial space to be repurposed and leased for soundstage and production, staff identified potential locations: warehouses, industrial spaces (e.g. aircraft hangars), decommissioned schools, sporting venues (arenas, indoor soccer field facilities), etc. Tourism and sports venues were considered that may not be used for a number of months due to the COVID-19 crisis. Locations included Tribute Centre, Canlan Ice Sports, Pickering Soccer Centre, and the Ryan Terminals at the Oshawa Airport.

8. Working groups that staff have been involved in to help facilitate recovery

8.1 Staff have been actively engaged in numerous working groups to facilitate recovery of the film industry including:

- a. Internal working group to discuss protocols and processes to meet new COVID-19 guidelines for the film industry, such as contact tracing, film permit process, and sanitization. The group included Traffic, Risk Management, Legal Services, Police Services and Works.
- b. Ontario-wide group of municipal representatives to share information in relation to managing inquiries, location permits, insurance and best practices changes due to COVID-19. Film offices included Durham Region, Toronto, Brantford, Mississauga, North Bay and Hamilton.
- c. Canadian Film and Television Commission working group, which covers topics such as border closures, insurance, quarantines, and travelling between provinces.
- d. Ontario Creates weekly COVID-19 Regional/ Municipal Impacts meeting, which builds processes that will provide a safe return to work and location filming.

- e. Ontario government's Ministers' Film and Television Advisory Panel in 2020. Staff participated in the Section 21 - Film and Television Health and Safety Advisory Committee consisting of Ontario Creates, Ministry of Labour, Training Skills Development, unions, guilds, key regional film offices, Canadian Media Producer Association, and other industry stakeholders.

9. Relationship to Strategic Plan

- 9.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

Goal 3 – Economic prosperity

- a. Objective: To build a strong and resilient economy that maximizes opportunities for business and employment growth, innovation and partnership.
- b. Priority 3.1 - Position Durham Region as the location of choice for business
- c. Priority 3.2 - Leverage Durham's prime geography, social infrastructure, and strong partnerships to foster economic growth

10. Conclusion

- 10.1 As momentum builds for film production in Durham Region, it is expected that there will be a strong interest in the Region's unique locations, workforce, and services that support the film industry.
- 10.2 Major USA studios are looking to Ontario to complete many of their projects while following Canadian federal and provincial health and safety protocols which provides a great opportunity for the growth of the industry in the GTHA.
- 10.3 The Economic Development and Tourism Division will continue to be proactive to assist and enable the growth of the film industry in Durham.

11. Attachments

- Attachment 1: 2019 Durham Region Total Film and Television Production Activity
- Attachment 2: Sector Growth

Respectfully submitted,

Original signed by

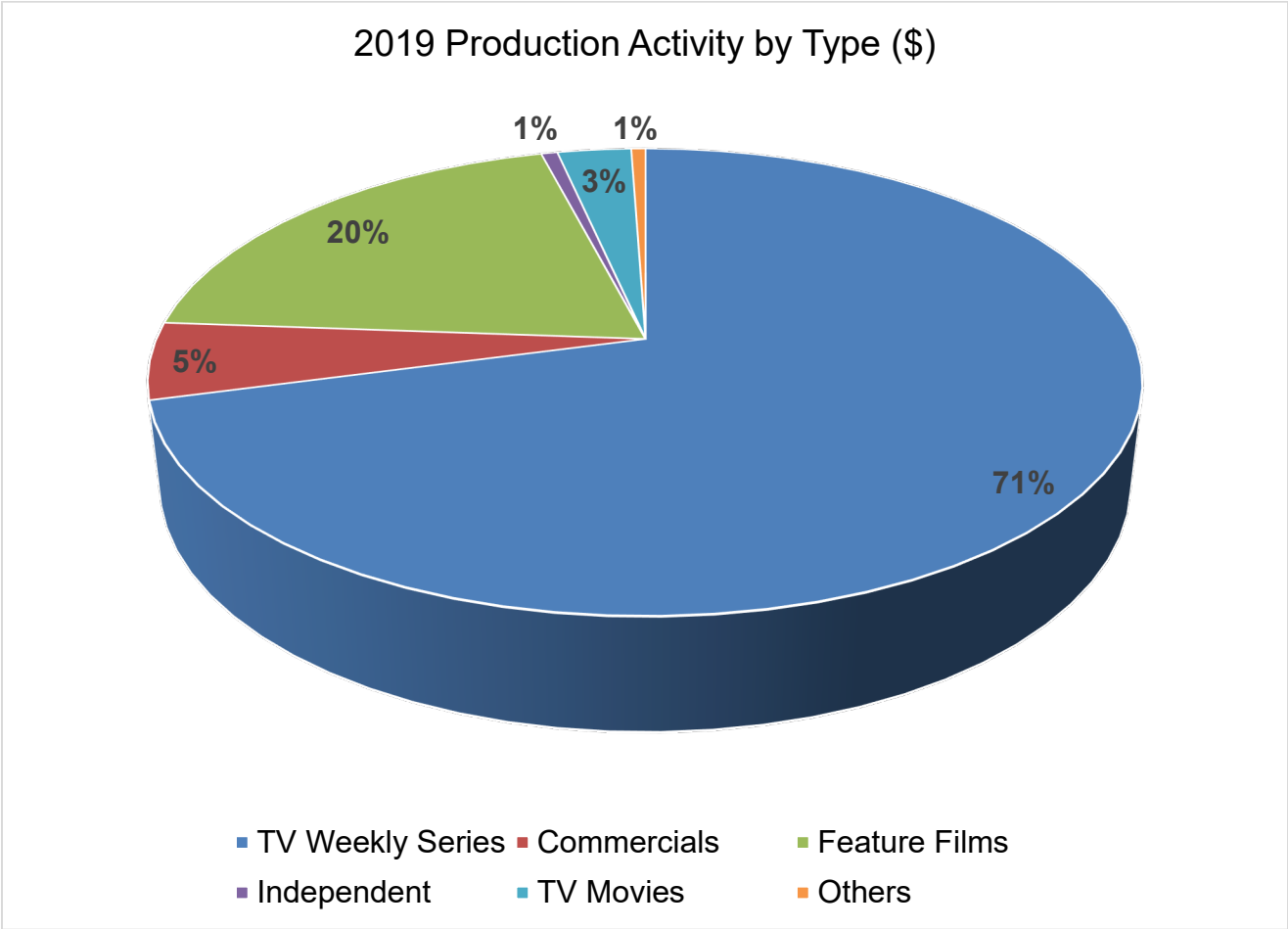
Brian Bridgeman, MCIP, RPP
Commissioner of Planning and
Economic Development

Attachment #1: 2019 Durham Region Total Film and Television Production Activity

By Permit	Production Value \$	Prep/Shoot/ Wrap Days	Number of Projects
Ajax	1,533,272	11	5
Brock	0	0	0
Clarington	2,620,000	23	8
Oshawa	15,580,000	106	21
Pickering	23,747,500	157	20
Scugog	7,911,663	48	14
Uxbridge	11,230,000	34	16
Whitby	446,500	9	4
Total	63,068,935	388	88

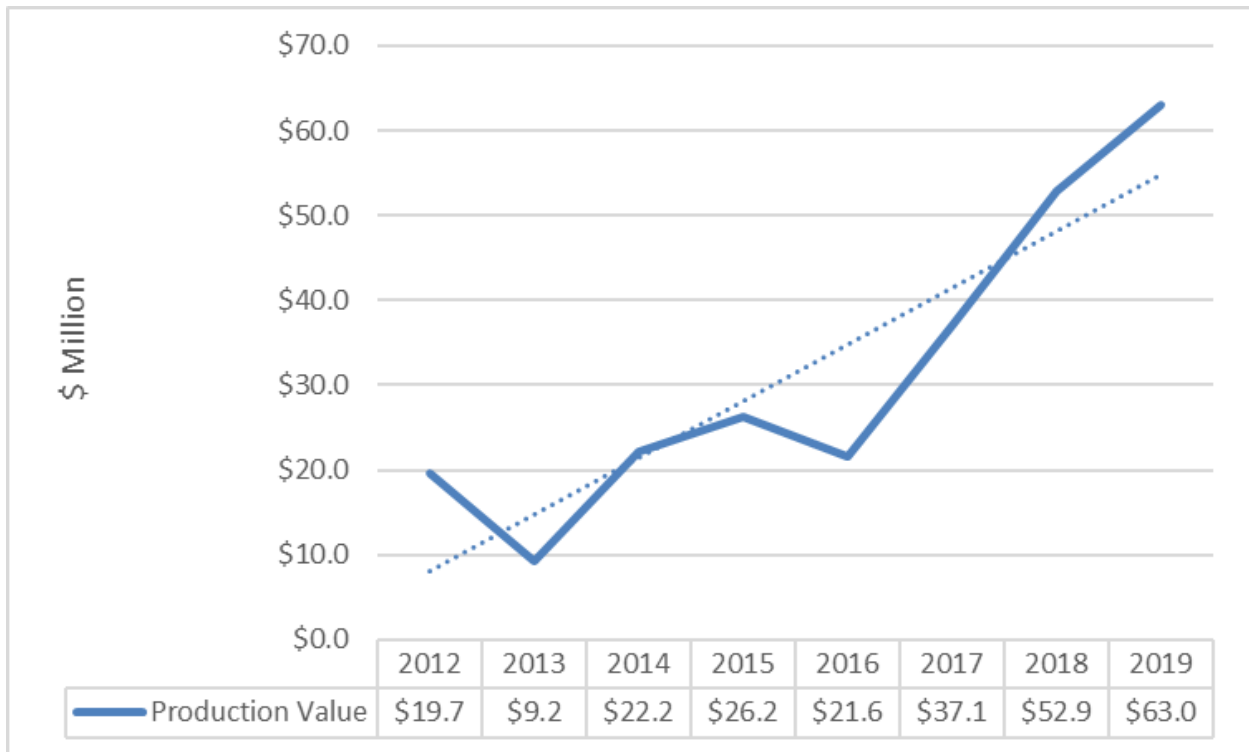
Source: Association of Film Commissions International (AFCI) Tracking Production Revenue: Direct Spending for On-location Production chart.

2019 Production Activity by Type (Value \$)

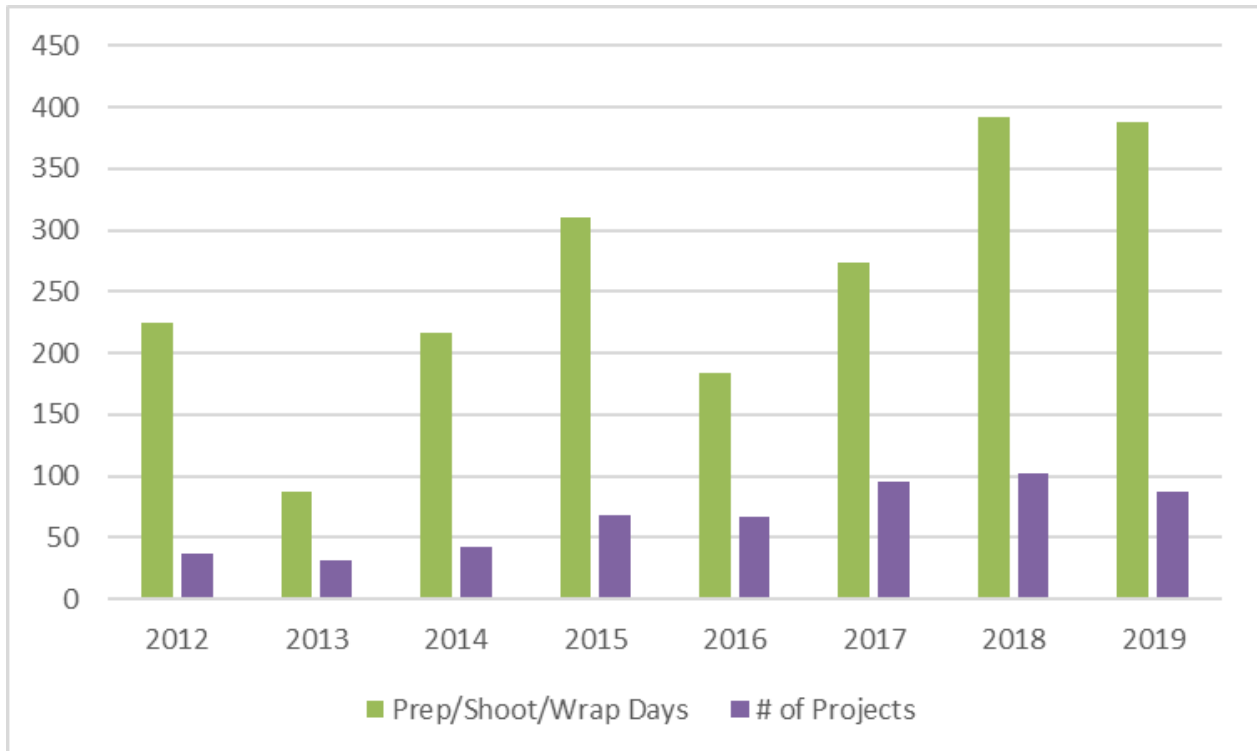


Attachment #2 – Sector Growth

Film Production Value by Year (Growth from 2012 to 2019)



Film Production-Days and Projects by Year



If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2564



The Regional Municipality of Durham Information Report

From: Commissioner of Planning and Economic Development and
Commissioner of Social Services
Report: #2021-INFO-16
Date: February 12, 2021

Subject:

Durham Region Community Safety and Well-Being Plan (CSWP) - Project Update

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 In January of 2019, legislative amendments to the Police Services Act mandated that communities across the province develop a Community Safety and Well-Being Plan (CSWP). Community safety and well-being describes a place where everyone feels safe, has a sense of belonging, where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.
- 1.2 In two-tier municipalities such as Durham Region, it is the responsibility of the upper-tier to develop the Plan. The legislated deadline for the completion of CSWPs was January 1, 2021.
- 1.3 Shortly after the COVID-19 provincial emergency was declared, the CSWP deadline was suspended by the Province and the Region's work on the project slowed considerably in order to deal with the demands of the pandemic. On December 24, 2020, the province announced a new CSWP deadline of July 1, 2021.

- 1.4 This new deadline was unexpected and is unrealistic given the demands facing the Region and its CSWP partners. The premise of a Community Safety and Well-Being Plan, as outlined in the provincial framework, relies on different service systems including health, education, justice, and social services, sharing in the collective responsibility of developing the Plan and its subsequent implementation.
- 1.5 Given the second wave of the pandemic, our CSWP partners continue to be under considerable strain as they focus on immediate matters such as COVID testing; vaccine distribution; managing outbreaks in schools, daycare centres and long-term care homes; caring for vulnerable populations; and managing fatigue/burnout in service providers. As such, meaningful engagement with our partners in the CSWP process is unrealistic at present.
- 1.6 Accordingly, the CAO will be writing to the Province (Solicitor General) to request an extension to early 2022.

2. Project Updates

- 2.1 Since the release of the provincial legislation, the Region has been committed to the development of the CSWP. Further to the information provided in [Report 2019-COW-15](#) and [Report 2019-SS-17](#), many project milestones have been achieved.
- 2.2 Working Group and Data Sub-Committee Meetings:
 - a. An internal working group and data sub-committee have met regularly to continue to develop the CSWP and share information. These groups have representation from the CAO's Office, DRPS, Planning and Economic Development, Social Services, Health, Paramedic Services and Corporate Communications. They receive oversight and approval from the project's executive sponsors (Regional CAO and DRPS Chief).
- 2.3 Identification of Preliminary Risk Factors (Before COVID-19):
 - a. The data sub-committee used the Provincial Risk Driven Tracking Database, existing reports, strategies, data and key indicators to identify areas of elevated risk. Based on this work, the following risk factors were identified:
 - Mental Health
 - Substance Use
 - Homelessness & Basic Needs
 - Criminal Involvement

- Victimization
- Social Isolation

2.4 Establishment of the Steering Committee:

a. In keeping with the statutory requirements, a multi-sector Steering Committee (SC) has been established to guide the development of the Plan. The SC has met twice (November 2019 and October 2020) and is comprised of the following system leaders:

- Steering Committee Chair: Elaine Baxter-Trahair, Durham Region CAO
- Mayor Dan Carter, Regional Council
- Regional Chair John Henry, Regional Council (alternate)
- Mark Morissette, DRPS (Chief's Delegate)
- Chief Kelly LaRocca, Mississaugas of Scugog Island First Nation
- Troy Cheseboro, Chief of Paramedic Services
- Bill Clancy, Police Services Board
- Paul McGary, Lakeridge Health
- Chris Bovie, Ontario Shores Centre for Mental Health Sciences
- Tracy Barill, Durham Catholic District School Board
- Steven Woodman, Durham Children's Aid Society
- Gary Crossdale, Durham District School Board
- Lisa Kitchen, Lakeridge Health Ontario Health Team
- Vivian Curl, Community Foundation of Durham (Not-for-profit representative - primary)
- Cindy Murray, United Way (Not-for-profit representative - alternate)
- Rhonda Schwartz, Seniors Care Network
- Dr. Robert Kyle, Region of Durham
- Brian Bridgeman, Region of Durham
- Stella Danos-Papaconstantinou, Region of Durham
- Regional staff in an ex-officio capacity responsible for: Human Trafficking, Local Immigration Partnership, Broadband

b. In addition, we are seeking representation for: a diversity equity and inclusion (DEI) expert, as well as persons with lived experience.

2.5 Area Municipal Involvement:

a. An area municipal working group has been established to ensure an integrated approach to identifying and addressing local priorities. This group

is comprised of area municipal CAO's (or delegates) and has met once to date (January 2020). CAO's and mayors were also invited to the Community Partner Roundtable and working group members were encouraged to complete the public survey (outlined below).

3. Major Engagement Milestones

3.1 In addition to the work outlined above, the following engagement has taken place:

a. Community Partner Roundtable (November 2019):

- The Region and DRPS convened a meeting of community partners, all dedicated to the delivery programs and services that focus directly on community safety and well-being. There were almost 100 people in attendance for the full-day workshop.
- Staff from the Provincial Government (Ministry of the Solicitor General) provided a summary of the legislative context for community safety and well-being. Attendees had an opportunity to receive information about the six areas of elevated risks and collectively develop action plans to address these areas.

b. Public Survey (February 2020 – March 2020):

- The purpose of the survey was to validate findings to date and to learn from the community about relevant challenges and opportunities.
- The survey received 403 responses and the majority of participants concurred with the previously identified priority risk factors.

c. Multi-Media Project Promotion

- Television interview - Seniors Talk with DRPS (Rogerstv)
- Project website (durham.ca/cswp)
- Social media campaign

4. Impact of COVID-19

4.1 The Region has been committed to developing a stakeholder-driven CSWP that will serve as a foundational human services planning document integrating and aligning the work of Durham's stakeholders.

4.2 COVID-19 has revealed new vulnerabilities in the community and has resulted in new partnerships and bodies of work. Intelligence gathered as a result of COVID-19 will inform the next steps of the CSWP, including:

- a. Increased risk for those suffering from mental health, addictions, or domestic violence and/or social isolation.
- b. Increased stress and anxiety.
- c. Increase in alcohol use, opioids, and substance use in general.
- d. Effects on children and youth are yet to be understood, with increase in social isolation, stress, increased use of technology and being sedentary.
- e. Decreased access to supports and services closed during COVID-19.
- f. Increased social isolation for those who do not have access to technology.
- g. Recognition of the permanent job loss that COVID-19 has and will bring.
- h. The impacts on family dynamics will become more and more evident.

4.3 Responding to changes in priority risk factors and incorporating that intelligence into the CSWP requires all service systems working together. The planning team is confident a slightly delayed Plan will result in a more current document that will better serve the community in the long term.

5. New Provincial Deadline

5.1 From a practical point of view, if the July 1 deadline is to be achieved, a draft of the document would need to have been drafted by now for internal and external review. In staff's view, it is more important to prepare a Plan that properly addresses the needs of the Durham community, than rushing to complete a substandard product by July 1.

5.2 The Ontario Municipal Social Services Association (OMSSA) and the Association of Municipalities of Ontario (AMO) have expressed concern over the new deadline and are planning to address their concerns with the province on behalf of their respective organizations.

5.3 At the time of writing this report, it is understood that other Regions and single-tier municipalities will also be formally requesting an extension.

6. Next Steps

6.1 While an extension to the deadline will be requested, work on the Plan will continue to the extent possible. Barring any other unforeseen circumstances, the following major milestones are anticipated by the end of the year or early 2022:

- Develop and distribute a new public survey to better understand the shifting priorities of the community, given the impacts of COVID-19.
- Meet with Steering Committee and area municipal working group to provide an update and gather information.
- Host an engagement session with service providers.
- Develop a draft CSWP and distribute to Steering Committee for review.
- Present final CSWP to Council for approval and adoption.
- Post the CSWP on durham.ca within 30 days of adoption.

7. Conclusion

- 7.1 The CSWP will be developed using a combination of qualitative and quantitative information collected through consultation with Council, area municipalities, Steering Committee members, service providers and members of the public.
- 7.2 To stay authentic to the stakeholder-driven, collaborative approach to developing a CSWP as outlined in the provincial planning framework, the Region will need more time than has been provided. This important work relies on the relationships that have been carefully cultivated over the last two years. The additional time being requested, ensures this Plan will offer meaningful guidance in getting the right services, to the right people, at the right time.

Respectfully submitted,

Original signed by

Brian Bridgeman, MCIP, RPP
Commissioner of Planning and
Economic Development

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2021-INFO-17
Date: February 12, 2021

Subject:

Updates to the Tobacco, Vapour and Smoke Guideline and Protocol of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on changes to the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#) (OPHS).
- 1.2 The Ministry of Health (MOH) released an updated Tobacco, Vapour and Smoke Guideline (Attachment #1) and Protocol (Attachment #2).

2. Background

- 2.1 The OPHS are published by the MOH to specify minimum expectations for public health programs and services. The protocols and guidelines that accompany the OPHS are program and topic specific documents that provide direction on how boards of health shall operationalize specific OPHS requirements.
- 2.2 The OPHS came into effect on January 1, 2018. Related protocols and guidelines were released in the following months as they were finalized.
- 2.3 On January 13, 2021, the MOH released a revised Tobacco, Vapour and Smoke Guideline, 2021 (the Guideline) and Tobacco, Vapour and Smoke Protocol, 2021 (the Protocol) to provide updated direction to boards of health on requirements for developing and implementing a comprehensive tobacco control program.

3. Updates to the Guideline and Protocol

- 3.1 Updates to the Guideline include minor edits to document dates and links provided in the reference section.
- 3.2 Updates to the Protocol address regulatory amendments made under the *Smoke-Free Ontario Act, 2017* (SFOA) and include the following:
- a. Boards of health are required to enforce compliance with restrictions on selling flavoured vapour products and those that contain nicotine concentration levels >20mg/ml.
 - b. Boards of health are required to implement additional administrative activities for inspections/enforcement of the SFOA including:
 - Collecting the Canada Revenue Agency (CRA) business number of entities being inspected;
 - Documenting details of enforcement activities (i.e., CRA business numbers, details about education visits, inspections, warnings issued, and charges laid);
 - Recording and synchronizing enforcement convictions within one business day; and
 - Issuing a Tobacco Sales Offence Notification to owners of retail establishments within 48 hours of laying charges.

4. Conclusion

- 4.1 The Durham Region Health Department works to ensure that its policies and procedures comply with the OPHS. This includes implementing necessary changes upon receiving new direction through updated protocols and guidelines.
- 4.2 The MOH acknowledges that SFOA inspections may be impacted due to provincial and local public health restrictions as well as COVID-19 response activities.

5. Attachments

Attachment #1: Tobacco, Vapour and Smoke Guideline, 2021

Attachment #2: Tobacco, Vapour and Smoke Protocol, 2021

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Tobacco, Vapour and Smoke Guideline, 2021

Ministry of Health
January 2021

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

Purpose

The purpose of this guideline is to provide direction to the board of health on required approaches and interventions in developing and implementing a program of public health interventions for comprehensive tobacco control in the health unit population.

In doing so, the *Tobacco, Vapour and Smoke Guideline, 2021* (or as current) aims to:

- Clarify the roles and responsibilities of the board of health in reducing the health and social costs of tobacco and smoke and the potential health effects of vapour products in its population;
- Establish a common understanding of tobacco, vapour and smoke control;
- Provide approaches for developing a comprehensive health promotion approach for tobacco control; and
- Identify existing resources to support implementation of this guideline.

In this guideline, tobacco control refers to tobacco use, which includes the smoking of cigarettes, pipes, and cigars and the use of smokeless tobacco products that are sniffed, sucked, or chewed. In certain scenarios, tobacco control may also include the smoking or vaping of cannabis (medical and recreational), and the use of vapour products, other inhaled substances and emerging products. Please refer to the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current)³ for additional direction on public health approaches for recreational cannabis.

This guideline is organized as follows:

- Reference to the Standards summarizes tobacco control and substance use requirements in the Standards;
- Context provides an overview of the population, public health, and social impacts of tobacco use, and the prevalence of vapour product, emerging product and medical cannabis use in Ontario;
- Roles and Responsibilities summarizes board of health roles and responsibilities in reducing the burdens associated with tobacco, smoke and vapour;
- Approach to Developing a Program of Public Health Interventions identifies key public health frameworks, approaches and concepts to support the development of a program of public health interventions for comprehensive tobacco control;

- Glossary highlights core definitions referenced throughout the document;
- References;
- Appendix A – Glossary of core definitions;
- Appendix B – Examples of additional resources; and
- Appendix C – Examples of additional frameworks.

Reference to the Standards

This section identifies the standards and requirements to which this guideline relates.

Chronic Disease Prevention and Well-Being

Requirement 2. The board of health shall 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.

- a) The program of public health interventions shall be informed by:
 - i. An assessment of the risk and protective factors for, and distribution of, chronic diseases;
 - ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;
 - iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
 - iv. Consideration of the following topics based on an assessment of local needs:
 - Built environment;
 - Healthy eating behaviours;
 - Healthy sexuality;
 - Mental health promotion;
 - Oral health;
 - Physical activity and sedentary behaviour;
 - Sleep;
 - Substance* use; and
 - UV exposure.
 - v. Evidence of effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including *the Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

*Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

School Health

Requirement 3. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.

- a) The program of public health interventions shall be informed by:
 - An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
 - Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
 - A review of other relevant programs and services delivered by the board of health; and
 - Evidence of the effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Substance Use and Injury Prevention

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

- a) The program of public health interventions shall be informed by:
 - i. An assessment of the risk and protective factors for, and distribution of, injuries and substance use;
 - ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;
 - iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
 - iv. Consideration of the following topics based on an assessment of local needs:
 - Comprehensive tobacco control;[†]
 - Concussions;
 - Falls;
 - Life promotion, suicide risk and prevention;
 - Mental health promotion;

[†] Comprehensive tobacco control includes: preventing the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

- Off-road safety;
 - Road safety;
 - Substance use; and
 - Violence.
- v. Evidence of the effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Context

Tobacco Use and Burden in Ontario

Tobacco can be used in various ways, but smoking remains the most common method. Cigarette smoke contains more than 7,000 chemicals. It impacts almost every organ of the body, contributing to chronic diseases such as cancers, heart and lung diseases and other diseases. Even people who do not smoke are affected by the health harms of tobacco through exposure to second-hand and/or third-hand smoke.

Tobacco use is the leading cause of preventable disease and premature death in the province. Smoking kills about 16,000 Ontarians each year.⁴ Every day tobacco kills more Ontarians than alcohol, illegal drugs, accidents, suicides and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer.⁵ They are also likely to die younger.⁶ Tobacco products contain nicotine, which is a substance that makes them highly addictive.

Tobacco use costs Ontario billions of dollars each year. The total direct health care costs of tobacco use in Ontario each year is around \$2.25 billion.⁴ Additional indirect costs of tobacco use include lost income and productivity, fire damage, environmental, tobacco control, law enforcement and research costs.⁴

Some groups continue to have higher smoking rate and burden compared to the provincial average. Risk factors that are associated with higher smoking rates include sociodemographic factors such as education, cultural background, occupation, income, gender, age, co-morbidities and sexual orientation.⁷ These disparities suggest that interventions focused on supporting these subpopulations are needed to reduce the prevalence and related burden of tobacco use.

Vapour Product Use

Vapour products, such as e-cigarettes, generate an aerosol that is inhaled by the user. There is conclusive evidence that in addition to nicotine, most e-cigarette products contain and emit numerous potentially toxic substances.⁸ Vaping can be responsible for health problems including:

- Coughing, shortness of breath and chest pain;
- Increasing the risk of heart disease and asthma attacks;
- Addiction and dependence; and
- Changes in brain development in teens.

The evidence is still emerging on the use of electronic cigarettes as an effective tobacco cessation aid.

Cannabis

Cannabis became legal for recreational use on October 17, 2018. Individuals may use cannabis for medical or recreational purposes.

Medical cannabis is regulated under a separate system than recreational cannabis. The federal government currently regulates access to a legal source of cannabis for medical purposes through the *Cannabis Regulations* under the *Cannabis Act* (Canada). Medical cannabis is used for therapeutic purposes. Medical cannabis can be smoked or vaped, however, oil extracts are available for use in products such as baked goods.

Exposure to cannabis smoke and vapour has potentially harmful effects. Cannabis smoke contains levels of chemicals and tar that are similar to tobacco smoke, which can raise the risk of adverse effects on lung health.⁹The effects of second-hand vapour exposure on health remain unknown but could potentially lead to adverse health effects especially in certain populations.

The *Smoke-Free Ontario Act, 2017*¹⁰ regulates the places of use for smoking and vaping cannabis (medical and recreational).

Roles and Responsibilities

The Standards accommodate local variability across the province and require the board of health to apply the Foundational Standards in assessing the needs of its local population and to implement programs of public health interventions that reduce burdens associated with tobacco. A flexible approach accommodates greater variability so that programs can be planned to decrease health inequities and address the needs of priority populations.

The board of health shall focus public health programs and services on those topics that address identified gaps (e.g., issues identified through Population Health Assessments, Health Equity analysis, etc.) and will have the greatest impact on improving the health of the local population.

The board of health shall collaborate with local partners in health and other sectors to develop programs and services that address tobacco use in order to reduce the burdens associated with tobacco, vapour and smoke, including:

- 1) Preventing the initiation and increased use of tobacco and vapour products;
- 2) Protect people from second-hand exposure to smoke and vapour;

- 3) Motivating and supporting people to successfully quit using tobacco and vapour products; and
- 4) Identifying and reducing disparities in tobacco use and related harms.

Approach to Developing a Program of Public Health Interventions

This section outlines required approaches that the board of health shall use when developing and implementing a program of public health interventions for comprehensive tobacco control in the health unit population.

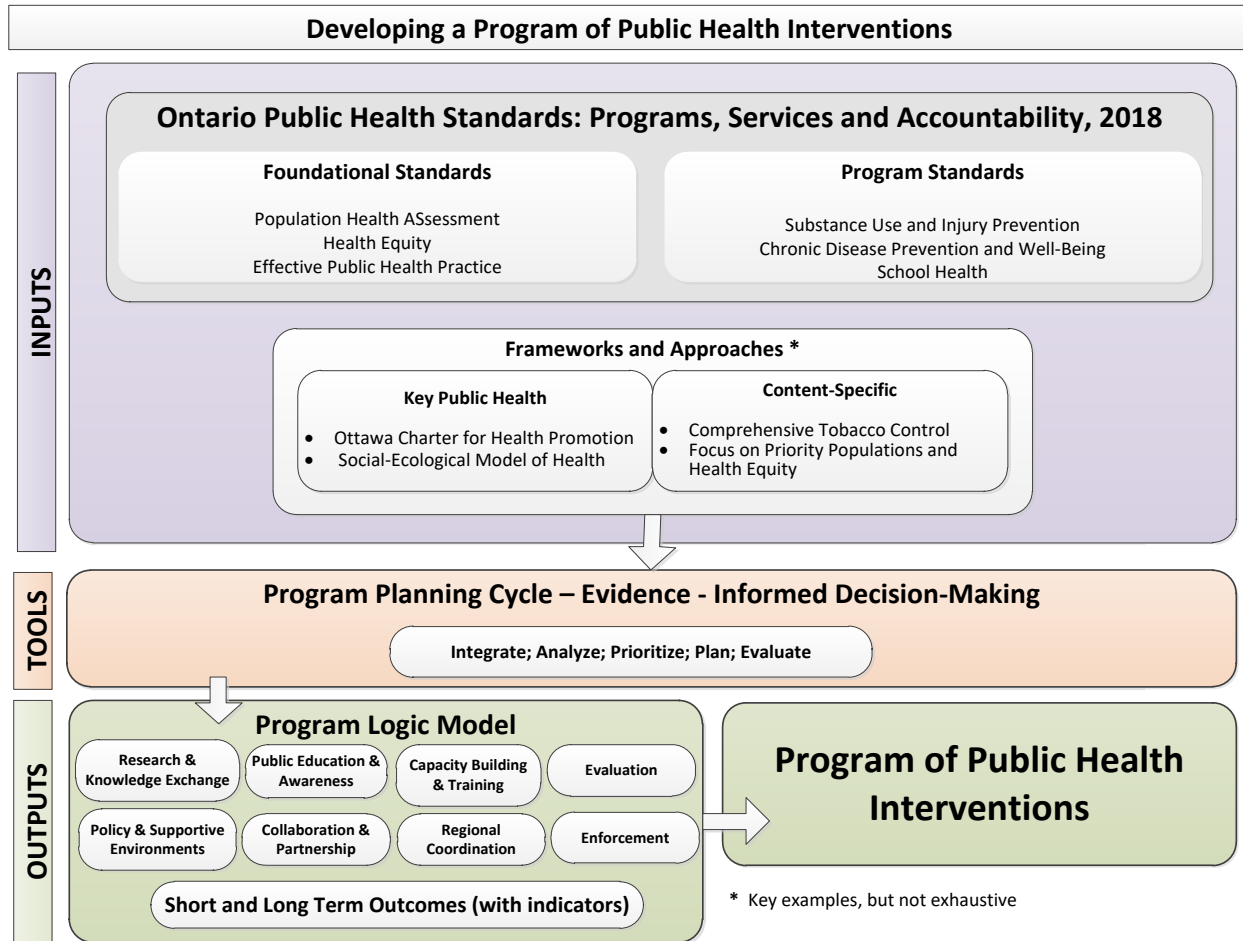
Public Health Program Planning Cycle

Boards of health shall use a public health program planning cycle to support evidence-informed decision-making related to the development and implementation of tobacco control programs and interventions for the health unit population.¹¹ This shall include consideration of:

- 1) Key public health and content-specific frameworks and concepts;
- 2) Other requirements outlined in the Chronic Disease Prevention and Well-Being Standard, Substance Use and Injury Prevention Standard, School Health Standard, and Foundational Standards;
- 3) Key settings, partners, and priority populations; and
- 4) Key topics to address tobacco control and vaping based on an assessment of local need.

An example of a public health program planning cycle for tobacco control is presented in Figure 1.

Figure 1 Public Health Program Planning Cycle



Evidence-Informed Practices

In accordance with the Standards, boards of health shall use evidence-informed decision-making for the planning and implementation of tobacco control interventions. Evidence to inform the decision-making process may come from a variety of sources including: key facts, findings, trends, and recommendations from published scientific research; data and analyses obtained from population health assessment and surveillance; legal and political environments; stakeholder perspectives; public engagement; and recommendations based on past experiences including program evaluation information.

Examples of evidence-based resources and other references that the board of health shall consider are outlined in Appendix B.

Key Public Health Frameworks, Approaches and Concepts

Boards of health shall use a comprehensive health promotion approach to inform the development and implementation of a program of public health interventions to support comprehensive tobacco control.

The Ottawa Charter for Health Promotion and Social-Ecological Framework are widely used models and are described below. Examples of other models and frameworks that the board of health shall consider are outlined in Appendix C.

Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion outlines five key health promotion strategies:

- Building healthy public policy;
- Creating supportive environments;
- Strengthening community action through education and awareness;
- Developing personal skills through programs that foster skill-building and;
- Reorienting health services.¹²

The subsequent Jakarta Declaration reiterated the importance of core strategies identified in the Ottawa Charter for Health Promotion and added further emphasis that comprehensive approaches are the most effective; settings offer practical opportunities for implementation of comprehensive strategies, and participation is essential to the empowerment of individuals and communities in order to sustain efforts.^{12,13}

Social-Ecological Model of Health

This framework considers the complex interplay between individual, relationship, community, and societal factors.¹⁴ It highlights the range of factors that put people at risk or protect them, as well as how factors at one level influence factors at another level.

Boards of health shall benefit from considering interventions across all levels of the model.

Content-Specific Frameworks and Approaches

This section provides a summary of key content-specific frameworks that boards of health shall consider informing the planning, implementation, and evaluation of public health programs and services to support comprehensive tobacco control.^{15,16}

Comprehensive Tobacco Control

Prevention

Prevention aims to prevent individuals from becoming daily (and nicotine dependent) users of tobacco and vapour products.[‡] Prevention can include primary and secondary interventions. Primary prevention refers to preventing the onset (or initiation) of use of tobacco and vapour products. Secondary prevention refers to preventing the progression (or escalation) use of tobacco and vapour products use.

Protection

Protection refers to protecting individuals from exposure to tobacco, vapour products, the smoking and vaping of cannabis (medical and recreational) and other emerging products.[§] Exposure can include physical and social exposure. Physical exposure to tobacco smoke is harmful to human health and is known to cause both short-term and long-term adverse health effects.¹⁷ Cannabis smoke contains levels of chemicals and tar that are similar to tobacco smoke, the health risks of physical exposure to second-hand aerosol from e-cigarettes is emerging, and exposure to second-hand cannabis vapour has potentially harmful effects. Therefore, a precautionary approach to second-hand smoke and vapour exposure is warranted. Social exposure includes visual and sensory cues associated with the use of tobacco, e-cigarettes or related products (e.g., waterpipe). There is evidence that social exposure influences smoking behaviour, including initiation and relapse.¹⁶

Cessation

Cessation refers to motivating, encouraging and supporting efforts to quit tobacco use. Evidence suggests that it may take individuals who smoke numerous attempts to quit, therefore, cessation support may be needed repeatedly and at different points in their quit journey. Cessation efforts need to be focused at both the population level (e.g., policies) and at the individual level (e.g., pharmacotherapy).

While evidence is still emerging, there is some evidence that demonstrates that e-cigarette use is linked to improved rates of success when quitting tobacco use. Therefore, electronic cigarettes may help some individuals quit smoking. The board of health shall focus on interventions to encourage youth and non-smokers to quit vaping and prevent those who use vapour products containing nicotine as a means of quitting cigarette smoking, from returning to smoking cigarettes.

[‡] Medical cannabis is used for therapeutic purposes and should not be considered under the prevention approach. Please refer to the Substance Use Prevention and Harm Reduction Guideline, 2018 (or as current) for information on public health programs and services related to preventing the harms associated with recreational cannabis use.

[§] Boards of health should align interventions with the approach the Ministry of Health is taking on protecting people from exposure to vapour products and the smoking and vaping of cannabis.

Focus on Priority Populations and Health Equity

In accordance with the Standards, boards of health shall focus their public health interventions on priority populations. This will include health unit populations that are of at higher risks for use of tobacco, vapour and emerging products. For example:

- Populations of higher than provincial smoking prevalence rate;
- Populations with other correlated risk factors (e.g., mental health, alcohol and substance use); and
- Other priority populations specific to the health unit area and region.

Effective public health practice aims to decrease health inequities to ensure that everyone has equal opportunities for health and can attain full health potential without being disadvantaged due to social position or other socially determined circumstances. Health equity can be achieved by addressing the social determinants of health.

The board of health shall embed a health equity approach throughout all aspects of public health planning and practice in accordance with the requirements in the Health Equity Standard. Refer to the *Health Equity Guideline, 2018* (or as current) for additional information on health equity approaches.¹⁸

Content-Specific Key Concepts

This section provides a summary of key content-specific concepts that boards of health shall consider informing the planning, implementation, and evaluation of public health programs and services to support comprehensive tobacco control.

Public Education and Awareness

The board of health shall implement public education and awareness initiatives through collaborative efforts with other boards of health and community partners to increase awareness and actionable knowledge to support comprehensive tobacco control through prevention, protection and cessation. Tobacco and vapour product awareness and education initiatives may be broad-based or focused. Public education and awareness initiatives may include, but are not limited to, providing information on the risks and harms of tobacco use and second-hand smoke, smoke and vapour-free policies, healthy behaviours and skills, and available cessation services and resources.

Policy and Supportive Environments

The board of health shall consult and collaborate with community and provincial partners to:

- 1) Inform, develop and/or implement healthy public policies that support comprehensive tobacco control through prevention, protection and cessation.
- 2) Help generate living, working, learning and playing conditions that prevent or reduce harms related to tobacco use or related products.

Enforcement

The board of health shall protect the public through enforcement and compliance activities related to the *Smoke-Free Ontario Act, 2017*.¹⁰ In doing so, the board of health shall refer to the *Tobacco, Vapour and Smoke Protocol, 2021* (or as current).¹⁹

Collaboration and Partnership

Community and Provincial Partners

In accordance with the Standards, boards of health shall consult and collaborate with local partners when developing programs and services for comprehensive tobacco control. Such partnerships shall vary based on community needs, priority populations, as well as local policy, program planning and engagement structures as part of strategic planning.

Boards of health are encouraged to collaborate with the following partners:

- 1) Health system partners including, but not limited to, Ontario Health, primary care settings, hospitals, and community-based services (e.g., community health centres);
- 2) Community partners including, but not limited to, schools and school boards, workplaces, housing, community and social services, and organizations or sectors working with priority populations;
- 3) Enforcement partners across levels of government; and
- 4) Indigenous partners.

Regional Coordination

Boards of health shall coordinate with regional and provincial partners when planning tobacco control programs and initiatives and in conducting research to enhance efficiency and increase reach. Coordination with regional and provincial partners will benefit boards of health by better leveraging resources, reducing duplication of efforts and ensuring alignment and consistency between boards of health related to such activities as research, communication campaigns, and data collection.

Capacity Building and Training

The board of health shall collaborate with community and provincial partners to:

- 1) Increase capacity of partners to implement tobacco and vapour product interventions including supporting healthy behaviours, developing healthy public policies, and creating supportive environments.
- 2) Provide leadership opportunities and develop the necessary skills to make healthy behaviour choices easier for priority populations.
- 3) Enhance organizational readiness for the health unit to deliver on planned tobacco and vapour product program initiatives to ensure effective implementation and evaluation.

Research and Knowledge Exchange

In accordance with the Standards, boards of health shall engage in research and knowledge exchange activities related to comprehensive tobacco control. Research may involve the primary collection of new data or the analysis or synthesis of existing data and findings.

Evaluation

In accordance with the Standards, boards of health shall conduct program evaluations for tobacco control interventions. Program evaluation is the systematic gathering, analysis, and reporting of data about a program to assist in decision-making. It includes quantitative, qualitative, and mixed-method approaches. Program evaluation produces the information needed to support the implementation of appropriate programs and services (needs assessment); assess whether evidence-informed programs and services are carried out with the necessary reach, intensity, and duration (process evaluation); or document the effectiveness and efficiency of programs and services (outcome evaluation).

Out-of-Scope Content-Specific Concepts

Advocacy

Advocacy by the board of health at the local level can play an important role in policy development efforts to support tobacco control. However, advocacy aimed at provincial and federal policies can undermine provincial efforts to align and collaborate across levels of government. As a result, advocacy efforts by the board of health targeting the provincial or federal government (e.g., lobbying for provincial policies on smoke-free movies, industry practices, tax and other pricing policies, etc.) are outside the scope of this guideline.

Topics for Consideration

Boards of health shall consider the following topics when developing and implementing a program of public health interventions to support comprehensive tobacco control based on an assessment of local need.

Tobacco Products

Tobacco products are any product made or derived from leaf tobacco that is intended for human consumption, including any component, part or accessory of a tobacco product, including, but not limited to:

- 1) Cigarettes;
- 2) Cigars and cigarillos;
- 3) Smokeless tobacco, such as chew, snuff, and snus;

- 4) Loose tobacco;
- 5) Tobacco sticks; and
- 6) Other tobacco products such as Heat-not-burn (HNB) products.

Tobacco products contain nicotine, which is a substance that makes them highly addictive. The use of tobacco products has been shown to have serious health effects.²⁰

Vapour Products

Vapour products heat a substance, without combustion, to create an aerosol or vapour. Examples of vapour products include electronic cigarettes and heat-not-burn products.

An electronic cigarette, also known as an e-cigarette, as defined in the *Smoke-Free Ontario Act, 2017*, is “a “vaporizer or inhalant-type device [...] that contains a power source and heating element designed to heat a substance and produce a vapour intended to be inhaled by the user of the device directly through the mouth, whether or not the vapour contains nicotine.” Emissions from e-cigarettes contain compounds that pose a risk to human health, however, the evidence on the use of e-cigarettes is still emerging.²¹ The risks of exposure to second-hand vapour are uncertain at this time.

Heat-not-burn (HNB) products (e.g., IQOS) are devices that heat tobacco at a lower temperature than conventional tobacco products such as cigarettes. These products produce vapour that contains nicotine and other compounds. HNB products have existed for decades but have evolved more rapidly in recent years. Heat-not-burn products pose a risk to human health, but the health risks compared to conventional tobacco products remains unclear at this time. Research about the emissions and health effects of new generation HNB products remains limited and inconclusive.¹⁶

Waterpipe and Shisha

A waterpipe, or hookah, are instruments used for the consumption of tobacco or herbal (non-tobacco) products known as shisha. Waterpipes were traditionally used to smoke tobacco products in South Asian and Middle Eastern countries, but their use has recently increased in North America, particularly among youth and young adults. Several studies indicate that people who use a waterpipe to smoke tobacco shisha are at risk for health effects similar to those from cigarette smoking.^{22,23}

Limited evidence exists on the air quality impacts, exposures and health risks from waterpipe smoking of non-tobacco/herbal shisha products. However, some evidence is available that suggests that herbal waterpipe smoking exposes the user to cancer-causing chemicals, heavy metals, carbon monoxide and tar.^{24,25} In addition, some evidence finds poor air quality is associated with waterpipe smoking with herbal shisha.²³

Cannabis

Cannabis is one of the most commonly used psychoactive substances in the province. Cannabis can be used in a variety of forms: dried, tinctures, edibles (eating and drinking), and topicals. These types of cannabis may be administered through smoking, oral ingestion, and vapourizing.

Cannabis smoke contains levels of chemicals and tar that are similar to tobacco smoke, which can negatively impact lung health.⁹ The effects of second-hand cannabis smoke and vapour exposure on health remain unknown but could potentially lead to adverse health effects especially in certain populations.

Ontario has taken a consistent policy approach to protect children and youth from second-hand smoke and vapour from cannabis by aligning restrictions on the smoking and vaping of cannabis with tobacco under the *Smoke-Free Ontario Act, 2017*. The board of health shall protect the public from exposure to second-hand smoke and vapour from cannabis through enforcement and compliance activities related to the *Smoke-Free Ontario Act, 2017* and refer to the *Tobacco, Vapour and Smoke Protocol, 2021* (or as current).¹⁹

Unless related to places of use, public health programs, services, and policy development for preventing the harms associated with recreational cannabis are outside the scope of this guideline. Please refer to the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current)³ for more information on this topic.

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Appendix A – Glossary of Core Definitions

Comprehensive Health Promotion: An approach that combines multiple strategies and addresses the full range of health determinants to enable people to increase control over, and to improve, their physical, mental and social well-being.

Comprehensive Tobacco Control: An approach using a range of measures implemented together to reduce tobacco-related health harms and the potential health effects of vapour products. Comprehensive tobacco control programs and policies focus on preventing the initiation of tobacco and vapour product use; supporting tobacco cessation efforts and encouraging youth and non-smokers to quit vaping; protecting people from social and physical exposure to second-hand smoke and vapour; and identifying and eliminating disparities related to tobacco use. A coordinated and integrated comprehensive strategy means that prevention, cessation and protection efforts are mutually reinforcing leading to effective and efficient outcomes.

Electronic Cigarette: A vaporizer or inhalant-type device, whether called an electronic cigarette or any other name, that contains a power source and heating element designed to heat a substance and produce a vapour intended to be inhaled by the user of the device directly through the mouth, whether or not the vapour contains nicotine.

Evidence-informed decision-making: The process of analyzing and using the best available evidence from research, context, and experience to inform decisions on development and delivery of public health programs and services.

Health equity: Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.

Knowledge exchange: Knowledge exchange is collaborative problem-solving among public health practitioners, researchers, and decision-makers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.

Priority populations: Priority populations are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified by using local, provincial, and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

Research: Research refers to the organized and purposeful collection, analysis, and interpretation of data.

Vaping: The act of using an electronic cigarette, by inhaling and/or exhaling, and includes the holding of an activated electronic cigarette.

Vapour Product: An electronic cigarette, an e-substance, or any component of an electronic cigarette and includes the package in which the electronic cigarette, e-substance or component is sold.

For additional definitions related to tobacco, vapour products, cannabis and other emerging products, please refer to the *Smoke-Free Ontario Act, 2017* and its regulation.¹⁰

Appendix B – Additional Resources

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Appendix C – Public Health Frameworks and Approaches

The Population Health Promotion Model

This model shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies. This model centres around three questions:

- “On **WHAT** should we take action?” – Acknowledges action is required across the determinants of health.
- “**HOW** should we take action?” - Focuses on the actions in the Ottawa Charter for Health Promotion (below)
- “**WITH WHOM** should we act?” - Affirms that comprehensive action must be taken at multiple levels (e.g. individual, family, community, sector/system; and society) to bring about change.²⁶

Life-course Approach

Based on local population health assessments and evidence-informed practices, some public health interventions will be targeted towards individuals and populations across multiple life stages while other interventions will be targeted towards individuals and populations in specific life stages.²⁷

Life experiences and episodes, such as the transitions from adolescence to adulthood, into post-secondary school and the workforces, can influence risks of tobacco use and health and well-being. It is important, therefore, to encourage interventions that address risk and protective factors to tobacco and related product use during transition periods across the life span.

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Tobacco, Vapour and Smoke Protocol, 2021

Ministry of Health
January 2021

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

The purpose of this protocol is to provide direction to each board of health. The board of health shall enforce the *Smoke-Free Ontario Act, 2017* (SFOA, 2017) including all the requirements with respect to the:

- Prohibition on selling and/or supplying tobacco and vapour products to persons under age 19;
- Prohibition on selling tobacco and vapour products in certain places;
- Prohibition on selling improperly packaged tobacco and vapour products;
- Posting of required signs;
- Restrictions on selling flavoured tobacco and vapour products;
- Restrictions on selling vapour products with nicotine concentration levels >20 mg/ml;
- Prohibition on selling tobacco and vapour products in vending machines; and
- Prohibitions on the smoking of tobacco, the use of electronic cigarettes to vape any substance, and the smoking of cannabis.³

Ontario Regulation 268/18 made under the SFOA, 2017 is relevant to this protocol.^{3,4}

The *Tobacco, Vapour and Smoke Protocol, 2021* (or as current) aligns with the Ministry of Health's (the "ministry") comprehensive approach to tobacco control. More information on comprehensive tobacco control to support chronic disease prevention can be found within the *Tobacco, Vapour and Smoke Guideline, 2021* (or as current), *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) and the *Chronic Disease Prevention Guideline, 2018* (or as current).⁵⁻⁷

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021* (or as current) *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Substance Use and Injury Prevention

Requirement 3. The board of health shall enforce the *Smoke-Free Ontario Act, 2017* in accordance with the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Operational Roles and Responsibilities

Inspection

The SFOA, 2017 regulates the smoking of tobacco products, the use of electronic cigarettes to vape any substance, and the smoking of cannabis to protect the people of Ontario, especially youth, from the harms of tobacco, the harms of vapour products, and the harms of second-hand cannabis smoke.³ The SFOA, 2017 also regulates the sale and supply of tobacco and vapour products (e.g., e-cigarettes, including heat-not-burn devices, e-cigarette components, and e-substances), and the display and promotion of tobacco products, tobacco product accessories, and vapour products.

All enclosed workplaces, enclosed public places and other specified places that are required to be smoke- and vapour-free under the SFOA, 2017 may be subject to an inspection.³ The board of health shall enforce the SFOA, 2017 at all places regulated under the SFOA, 2017 including tobacco and vapour product retailers, schools, residential care facilities, hospitals, bars and restaurants, places of entertainment, tobacconists, specialty vape stores, and other regulated places.³

Restricting youth access to tobacco and vapour products is an integral part of the SFOA, 2017 comprehensive tobacco control program aimed at preventing children and youth from starting to use tobacco and vapour products.³ With the exception of

Cannabis Retail Stores (within the meaning in the *Cannabis Licence Act, 2018*), the board of health shall inspect tobacco and vapour product retailers in its public health unit area to assess compliance with youth access restrictions under the SFOA, 2017.³ For the purpose of conducting inspections, the board of health shall hire youth test shoppers who are between 15 and 18 years of age to attempt a purchase of tobacco or vapour products. To inspect retailers which are not permitted to admit persons under 19 years of age (e.g., specifically stores or bars), the board of health may hire youth test shoppers between 19 and 24 years of age.

The board of health shall ensure that two test shops are conducted annually on each tobacco retailer for compliance with the ban on sale to persons under 19. With the exemption of Cannabis Retail Stores, the board of health shall ensure one test shop is conducted annually on each vapour product retailer for compliance with the ban on sale to persons under 19.

The board of health shall ensure that one inspection is conducted annually on each tobacco retailer for compliance with the rules for displaying and promoting tobacco products and tobacco product accessories under the SFOA, 2017.

With the exemption of Cannabis Retail Stores, the board of health shall ensure that one inspection is conducted annually on each vapour product retailer for compliance with the rules for displaying and promoting vapour products under the SFOA, 2017.

The board of health shall ensure that one inspection is conducted annually on each secondary school for compliance with the prohibitions under the SFOA, 2017.³

The board of health shall ensure that two inspections are conducted annually on all indoor Controlled Areas where smoking or vaping is permitted under the SFOA, 2017.³

The board of health shall respond to all complaints about non-compliance with the SFOA, 2017 and take compliance or enforcement action, as appropriate.³

Signs

The board of health shall inspect tobacco and vapour product retailers and smoke- and vapour-free places for compliance with the signage requirements in the SFOA, 2017.³

Enforcement Activity

The board of health shall use a compliance strategy that employs a balance of education, inspection and progressive enforcement. “Progressive enforcement” means the use of warnings and graduated charging options to reflect the frequency and severity of the level of non-compliance.

With respect to Cannabis Retail Stores, the board of health shall coordinate enforcement activity with Alcohol and Gaming Commission of Ontario (AGCO) inspectors. For example, if there is a complaint about underage sales, the board of

health should contact AGCO and request they inspect for compliance with the *Cannabis Licence Act, 2018*.

Specialty Store Registration and Inspections

The board of health shall ensure tobacconists and specialty vape stores in its catchment area meet inventory/sales requirements of the SFOA, 2017 through an annual registration process.³ The board of health shall maintain up-to-date records of all registered tobacconists and specialty vape stores in its catchment area and shall ensure registered tobacconists meet the conditions for the display, promotion and vapour product testing (i.e., activation) exemptions, and registered specialty vape stores meet the conditions for the display, promotion and the testing/sampling exemptions, through regular inspections.

Data Collection and Reporting

The board of health shall collect and maintain up-to-date inspection and enforcement data using the Tobacco Inspection System (TIS) or otherwise as directed by the ministry.⁸ A record of every enforcement activity conducted for the purpose of determining compliance with the SFOA, 2017, including the Canada Revenue Agency (CRA) business number of the retail establishment being inspected, details about education visits, inspections, warnings issued and charges laid, and convictions shall be recorded and synchronized within one business day in TIS.^{3,8} The board of health shall be responsible for ensuring the accuracy of the data.

Administration of the Notice of Prohibition Against the Sale, Storage and Delivery of Tobacco Products (Automatic Prohibition)

The board of health shall inform the ministry that a Notice of Prohibition is required when the requisite number of tobacco sales offence convictions is obtained. The board of health shall serve (i.e., deliver) and enforce the Notice of Prohibition issued by the Minister of Health (or his/her delegate). In addition, if a tobacco sales offence is observed and results in the laying of charges, a Tobacco Sales Offence Notification must be issued to the owner of the retail establishment where the offence took place within 48 hours of laying the charge.

Authority of an Inspector

The ministry administers the appointment of inspectors under the SFOA, 2017.³

The board of health shall recommend the appointment of inspectors under the SFOA, 2017 to the ministry.³

The board of health shall ensure that inspectors comply with any restrictions set out in the SFOA, 2017 or their appointment.³

Education and Training

The board of health shall ensure that all inspectors appointed under the SFOA, 2017 are trained appropriately with ministry sanctioned training within one year of appointment.³

Public Disclosure of Convictions

The board of health shall publicly disclose a summary report of all retailer/owner convictions related to tobacco sales offences and vapour product sales offences.

For the purposes of public disclosure, the following offences under the SFOA, 2017 shall be reported:

- Subsection 3 (1) or (2)
- Section 7
- Section 8
- Subsection 10 (1)
- Subsection 22 (4).³

For the purposes of public disclosure, the following offences under the *Tobacco Tax Act* shall be reported (when the board of health is aware of such convictions):

- Section 8
- Section 29.

The board of health shall ensure conviction reports are posted on the board of health's website in a location that is easily located by the public. Boards of health shall ensure that conviction reports are updated every 30 days to include any new retailer/owner convictions that boards of health have become aware of during that timeframe. Conviction reports must be posted on the board of health's website for five years.

TIS can generate the required convictions report and the format of reports can be adapted to match the visual style of the board of health's websites. Boards of health are encouraged to integrate the required content described below into existing public disclosure programs.

The convictions report shall contain at a minimum:

- 1) The legal name, the operating name and address of the premises where the offence was committed (including street number, street name, city, postal code);
- 2) The date of the conviction; and
- 3) The type of offence (e.g., SFOA, 2017 Section 3(1) Sell tobacco to a person who is less than 19 years old).³

The board of health shall ensure that the ministry supplied disclaimer for prospective buyers of tobacco retail premises is posted on the board of health's website in the same

location where the SFOA, 2017 convictions report is posted.³ This disclaimer is available through the TIS Convictions Report.

In cases where convictions are appealed, the board of health shall revise the posted report with additional information or post a subsequent report as soon as possible.

The board of health shall ensure that all posted reports are compliant with relevant legislation including the *Accessibility for Ontarians with Disabilities Act* (AODA), the *French Language Services Act* (FLSA) (if applicable), and *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA).⁹⁻¹¹

References

1. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3. Available from: <https://www.ontario.ca/laws/statute/17s26>
4. *GENERAL*, O Reg. 268/18. Available from: <https://www.ontario.ca/laws/regulation/r18268>
5. Ontario. Ministry of Health. *Tobacco, Vapour and Smoke Guideline, 2021*. Toronto, ON: Queen's Printer for Ontario, 2021. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
6. Ontario. Ministry of Health. *Substance Use Prevention and Harm Reduction Guideline, 2018*. Toronto, ON: Queen's Printer for Ontario. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
7. Ontario. Ministry of Health. *Chronic Disease Prevention Guideline, 2018*. Toronto, ON: Queen's Printer for Ontario, 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
8. Ontario. Ministry of Health. Tobacco Inspection System (TIS) [Internet]. Toronto, ON: Queen's Printer for Ontario; [2006] [cited 2017 Nov 7]. Available from: <https://tisuat.moh.gov.on.ca/WebClient/LoginPage.aspx>
9. *Accessibility for Ontarians with Disabilities Act, 2005*, SO 2005, c 11. Available from: <https://www.ontario.ca/laws/statute/05a11>
10. *French Language Services Act*, RSO 1990, c F.32. Available from: <https://www.ontario.ca/laws/statute/90f32>
11. *Municipal Freedom of Information and Protection of Privacy Act*, RSO 1990, c M.56. Available from: <https://www.ontario.ca/laws/statute/90m56>

ISBN 978-1-4868-0765-9 PDF Queen's Printer of Ontario

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2021-INFO-18
Date: February 12, 2021

Subject:

Ontario Cancer Screening Performance Report, 2020

Recommendation:

Receive for information.

Report:

1. Purpose

1.1 To provide an update on the report: [Ontario Cancer Screening Performance Report, 2020](#) (OCSPR), which was released on February 2, 2021.

2. Background

2.1 In 2016, Ontario Health (Cancer Care Ontario) released the first cancer screening performance report sharing information on all three of Ontario's screening programs. Prior to 2016, Cancer Care Ontario released one performance report per program.

2.2 Cancer screening in the general public and early diagnosis are essential to reduce the burden of disease.

2.3 Ontario Health (Cancer Care Ontario) plans, implements, operates and evaluates three population-level cancer screening programs:

- a. The Ontario Breast Screening Program
- b. The Ontario Cervical Screening Program
- c. The ColonCancerCheck

2.4 Ontario Health is also responsible for managing and evaluating new cancer screening programs.

3. Performance of Ontario's Cancer Screening Programs

3.1 The OCSPR presents information on the performance of Ontario Health's cancer screening programs. It includes new data collected between 2014 and 2018 and older data from 2000 to 2014.

3.2 Ontario Breast Screening Program (OBSP):

- a. From 2000 and 2018, participation in the OBSP among eligible women was between 61 per cent and 66 per cent.
- b. Between 2000 to 2018, most women with an abnormal mammogram (93 per cent) received follow-up within six months.
- c. From 2014 to 2018, performance for the breast cancer screening wait time indicator without tissue biopsy consistently exceeded the Canadian target; whereas when tissue biopsy was required, Ontario fell slightly below Canada's wait time performance target. Still, Ontario ranks among Canada's top three provinces for follow-ups after screening.
- d. From 2014 to 2018, the percentage of women who were screened within 90 days of confirmation of high-risk status ranged between 44 per cent and 59 per cent.
- e. Ontario Health plans to expand and improve the OBSP by identifying capacity gaps in services and adding new assessment sites.

3.3 Ontario Cervical Screening Program (OCSP):

- a. From 2010 to 2018, participation rates in cervical screening ranged from 60 per cent to 66 per cent.
- b. Between 2011 and 2015, retention rates in the OCSP ranged from 71 per cent to 60 per cent. Decreases in retention happened at the same time Ontario's cervical screening changed to one Pap test every 3 years.
- c. Follow-ups within six months for women with abnormal screening results increased from 49 per cent in 2000 to 80 per cent in 2018.
- d. Ontario plans to transition from the Pap test to human papillomavirus (HPV) testing to better identify those at risk for cervical cancer.

3.4 ColonCancerCheck:

- a. The percentage of people overdue for colorectal cancer screening improved in recent years with 50 per cent of people being overdue in 2000 down to 38 per cent in 2018. This performance result exceeds the indicator target.
- b. In 2018, the percentage of people with abnormal results that did not receive follow-up within six months was 20 per cent, an improvement from 37 per cent in 2008.
- c. From 2014 to 2018, Ontario's perforation rate (i.e., a colonoscopy-related adverse event) was less than one per 1,000 colonoscopies. Ontario is meeting the performance target.
- d. In 2017, 32 per cent of screen-detected colorectal cancers were diagnosed at an early stage, which is a four per cent improvement from 2013.
- e. On June 24, 2019, the ColonCancerCheck program transitioned to the Fecal Immunochemical Test (FIT) for people at average risk for colorectal cancer.
- f. Ontario Health is in the process of updating screening recommendations for people at increased risk for colorectal cancer.

3.5 New Cancer Screening Programs:

- a. The Lung Cancer Screening Pilot for People at High Risk seeks to improve lung cancer screening for those at high risk. Interim evaluation results show high rates of smoking cessation program acceptance and detection of early stage lung cancers. The pilot is scheduled to finish in March 2021.
- b. The Personalized Breast Cancer Risk Assessment Study looks at screening women for breast cancer based on individualized risk. Currently, eligibility for breast screening is primarily based on age.

4. Conclusion

- 4.1 Effective cancer screening through organized population-based programs is critical to reduce the burden of disease in Ontario.
- 4.2 Local cancer rates and screening data are available on the [Durham Health Stats](#) and [Health Neighbourhoods](#) webpages.
- 4.3 Provincial and local data inform Durham Region Health Department's chronic disease prevention programs.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



Corporate Services Department Legislative Services Division	
Date & Time Received:	February 04, 2021 2:48 pm
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

February 3, 2021

Via Email

Re: Letter of Support, Grant Extension for Ontario Municipalities

This letter is being sent in support of the Township of Matachewan's resolution regarding grant application deadlines.

Please be advised that at their meeting on February 1, 2021, Council of the Municipality of Meaford passed the following resolution of support pertaining to the Township of Matachewan's request regarding grant opportunity timelines for Ontario municipalities:

Moved by: Councillor Vickers
Seconded by: Councillor Greenfield

That Council of the Municipality of Meaford directs Staff to prepare and send a letter of support on the Township of Matachewan resolution regarding the extension of grant deadlines to all Ontario Municipalities and AMO.

Carried - Resolution #2020-02-08

As per the above resolution, please accept a copy of this correspondence for your information and consideration.



Yours sincerely,

A handwritten signature in grey ink, appearing to read "MWS", is placed over a light grey rectangular background.

Margaret Wilton-Siegel

Deputy Clerk / Manager of Community Services

Municipality of Meaford

21 Trowbridge Street West, Meaford

519-538-1060, ext. 1100 | mwiltonsiegel@meaford.ca

cc: Association of Municipalities Ontario
All Ontario Municipalities



The Corporation of the
TOWNSHIP OF BALDWIN

P.O. Box 7095, 11 Spooner Street
MCKERROW, ONTARIO POP 1M0
TEL: (705) 869-0225 FAX: (705) 869-5049
CLERK: Karin Bates – karin@baldwin.ca

MOVED BY: JOANNE BOUCHER DATE: February 1, 2021

SECONDED BY: DAVID FURBER MOTION NO.: 21- 013

WHEREAS the province wants to mandate training levels for Fire Fighters and now wishes to close the Ontario Fire College located in Gravenhurst, Ontario which has been used for many Government agencies such as Ministry of Transportation, Ontario Provincial Police, Fire Fighters, both full time and volunteer; and

WHEREAS only a small percentage of our department has any formal training and are responsible to train junior fire fighters with the minimal training we receive; and


WHEREAS as volunteers, we are on call 24/7/365 with day jobs and families that expect us to come home safely each and every time; and

WHEREAS the Fire College makes top tier training accessible to all Fire Departments in Ontario; and

WHEREAS municipalities are mandated to have fire departments, yet there is no provincial or federal funding for volunteer fire departments for much needed equipment and training; and

WHEREAS without a plan in place it is irresponsible to close down a vital training centre that serves Ontario and it would put Municipalities at risk which is shortsighted and not acceptable.

NOW THEREFORE BE IT RESOLVED THAT: The Corporation of the Township of Baldwin requests the Province of Ontario to reconsider closing this all-important facility for dollars over lives.

 Corporate Services Department Legislative Services Division	
Date & Time Received:	February 04, 2021 2:45 pm
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

Carried ✓

Defeated _____

Mayor 



Corporate Services Department Legislative Services Division			
Date & Time Received:	February 04, 2021 2:31 pm		
Original To:	CIP		
Copies To:			
Take Appropriate Action	<input type="checkbox"/>	File	<input type="checkbox"/>
Notes/Comments:			

The Regional Municipality of Halton

THE FOLLOWING RESOLUTION WAS APPROVED BY REGIONAL COUNCIL AT ITS MEETING HELD WEDNESDAY, JANUARY 20, 2021

WHEREAS the COVID-19 pandemic has had a negative impact on main street businesses and the survival of the small business sector is essential to the Province's recovery efforts;

WHEREAS on December 26, 2020 at 12:01 a.m. Ontario entered into a Province-wide Shutdown which limited many main street businesses to curbside pick-up and delivery options only;

WHEREAS on January 14, 2021 at 12:01 a.m., O.Reg. 11/21: STAY-AT-HOME ORDER became effective which requires that individuals stay home and only go out for essential trips, regulates the daily operating hours of general main street retail businesses and limits curbside pick-up to pre-ordered items only;

WHEREAS online and digital channels have emerged as an important method for main street businesses to interact with customers and generate revenues;

WHEREAS the Digital Main Street program has been implemented by each of the four Halton Local Municipalities, namely the City of Burlington, the Town of Halton Hills, the Town of Milton and the Town of Oakville through local Digital Service Squads which have supported over 550 main street businesses in Halton region to adopt new online and digital tools and skills, and opportunities for qualifying businesses to access \$2,500 Digital Transformation Grants to successfully implement these digital tools within their business;

WHEREAS as of December 31, 2020 applications are no longer being accepted for either the \$2,500 Digital Transformation Grant or Digital Service Squad grant programs pending a renewal of funding by the provincial and federal governments; and the specific funding for the Digital Service Squads administered by the four Halton Local Municipalities, namely the City of Burlington, Town of Halton Hills, Town of Milton and the Town of Oakville ends in February 2021;

NOW THEREFORE BE IT RESOLVED: THAT the provincial and federal governments be requested to renew and expand their funding to the Digital Main Street program to help Halton businesses survive the COVID-19 pandemic and to figure in the recovery of the Ontario economy in the future;

AND THAT the provincial and federal governments be requested to renew funding for the \$2,500 Digital Transformation Grant and Digital Service Squad grant

programs within the Digital Main Street portfolio;

AND THAT the provincial and federal governments be requested to expand the Digital Transformation Grant program to be available to main street businesses that are located outside of Business Improvement Areas (BIA) as the initial program restricted applicants to BIA member businesses only;

AND THAT the provincial and federal governments be requested to commit to a minimum two (2) year funding extension to the Digital Main Street program;

AND THAT a copy of this Resolution be forwarded to the Right Honourable Justin Trudeau, P.C., Prime Minister of Canada, the Honourable Mélanie Joly, Minister of Economic Development and Official Languages, the Honourable Mary Ng, Minister of Small Business, Export Promotion and International Trade, the Honourable Doug Ford, Premier of Ontario, the Honourable Victor Fedeli, Minister of Economic Development, Job Creation and Trade, the Honourable Prabmeet Sarkaria, Associate Minister of Small Business and Red Tape Reduction, the Honourable Steve Clark, Minister of Municipal Affairs and Housing, Halton's MPs, Halton's MPPs, the Federation of Canadian Municipalities (FCM), the Association of Municipalities of Ontario (AMO), Ontario Big City Mayor's Caucus (OBCM), Mayors and Regional Chairs of Ontario (MARCO), GTHA Mayors and Chairs, Ontario Business Improvement Area Association (OBIAA), Toronto Association of Business Improvement Areas (TABIA), Tourism Industry Association of Ontario (TIAO), Ontario Restaurant, Hotel and Motel Association (ORHMA), Ontario Chamber of Commerce (OCC), Burlington Chamber of Commerce, Halton Hills Chamber of Commerce, Milton Chamber of Commerce, Oakville Chamber of Commerce, Tourism Burlington, Burlington Downtown Business Association, Aldershot Village BIA, Downtown Acton BIA, Downtown Georgetown BIA, Downtown Milton BIA, Destination Campbellville Community Association, Bronte Village BIA, Kerr Village BIA, Downtown Oakville BIA and the City of Burlington, Town of Halton Hills, Town of Milton and the Town of Oakville.

* * * * *



Office of the Regional Chair
1151 Bronte Road
Oakville ON L6M 3L1
Fax: 905-825-8273

VIA EMAIL

February 3, 2021

The Right Honourable Justin Trudeau, PC, MP, Prime Minister
The Honourable Doug Ford, MPP, Premier of Ontario
The Honourable Mélanie Joly, MP, Minister of Economic Development and Official Languages
The Honourable Mary Ng, MP, Minister of Small Business, Export Promotion and International Trade
The Honourable Victor Fedeli, MPP, Minister of Economic Development, Job Creation and Trade
The Honourable Prabmeet Sarkaria, MPP, Associate Minister of Small Business and Red Tape Reduction
The Honourable Steve Clark, MPP, Minister of Municipal Affairs and Housing

Please be advised that at its meeting held Wednesday, January 20, 2021 the Council of the Regional Municipality of Halton adopted the following resolution:

RESOLUTION: Notice of Motion – Digital Main Street

WHEREAS the COVID-19 pandemic has had a negative impact on main street businesses and the survival of the small business sector is essential to the Province's recovery efforts;

WHEREAS on December 26, 2020 at 12:01 a.m. Ontario entered into a Province-wide Shutdown which limited many main street businesses to curbside pick-up and delivery options only;

WHEREAS on January 14, 2021 at 12:01 a.m., O.Reg. 11/21: STAY-AT-HOME ORDER became effective which requires that individuals stay home and only go out for essential trips, regulates the daily operating hours of general main street retail businesses and limits curbside pick-up to pre-ordered items only;

WHEREAS online and digital channels have emerged as an important method for main street businesses to interact with customers and generate revenues;

Regional Municipality of Halton

HEAD OFFICE: 1151 Bronte Rd, Oakville, ON L6M 3L1
905-825-6000 | Toll free: 1-866-442-5866

WHEREAS the Digital Main Street program has been implemented by each of the four Halton Local Municipalities, namely the City of Burlington, the Town of Halton Hills, the Town of Milton and the Town of Oakville through local Digital Service Squads which have supported over 550 main street businesses in Halton region to adopt new online and digital tools and skills, and opportunities for qualifying businesses to access \$2,500 Digital Transformation Grants to successfully implement these digital tools within their business;

WHEREAS as of December 31, 2020 applications are no longer being accepted for either the \$2,500 Digital Transformation Grant or Digital Service Squad grant programs pending a renewal of funding by the provincial and federal governments; and the specific funding for the Digital Service Squads administered by the four Halton Local Municipalities, namely the City of Burlington, Town of Halton Hills, Town of Milton and the Town of Oakville ends in February 2021;

NOW THEREFORE BE IT RESOLVED: THAT the provincial and federal governments be requested to renew and expand their funding to the Digital Main Street program to help Halton businesses survive the COVID-19 pandemic and to figure in the recovery of the Ontario economy in the future;

AND THAT the provincial and federal governments be requested to renew funding for the \$2,500 Digital Transformation Grant and Digital Service Squad grant programs within the Digital Main Street portfolio;

AND THAT the provincial and federal governments be requested to expand the Digital Transformation Grant program to be available to main street businesses that are located outside of Business Improvement Areas (BIA) as the initial program restricted applicants to BIA member businesses only;

AND THAT the provincial and federal governments be requested to commit to a minimum two (2) year funding extension to the Digital Main Street program;

AND THAT a copy of this Resolution be forwarded to the Right Honourable Justin Trudeau, P.C., Prime Minister of Canada, the Honourable Mélanie Joly, Minister of Economic Development and Official Languages, the Honourable Mary Ng, Minister of Small Business, Export Promotion and International Trade, the Honourable Doug Ford, Premier of Ontario, the Honourable Victor Fedeli, Minister of Economic Development, Job Creation and Trade, the Honourable Prabmeet Sarkaria, Associate Minister of Small Business and Red Tape Reduction, the Honourable Steve Clark, Minister of Municipal Affairs and Housing, Halton's MPs, Halton's MPPs, the Federation of Canadian Municipalities (FCM), the Association of Municipalities of Ontario (AMO), Ontario Big City Mayor's Caucus (OBCM), Mayors and Regional Chairs of Ontario (MARCO), GTHA Mayors and Chairs, Ontario Business Improvement Area Association (OBIAA), Toronto Association of Business Improvement Areas (TABIA), Tourism Industry Association of

Ontario (TIAO), Ontario Restaurant, Hotel and Motel Association (ORHMA), Ontario Chamber of Commerce (OCC), Burlington Chamber of Commerce, Halton Hills Chamber of Commerce, Milton Chamber of Commerce, Oakville Chamber of Commerce, Tourism Burlington, Burlington Downtown Business Association, Aldershot Village BIA, Downtown Acton BIA, Downtown Georgetown BIA, Downtown Milton BIA, Destination Campbellville Community Association, Bronte Village BIA, Kerr Village BIA, Downtown Oakville BIA and the City of Burlington, Town of Halton Hills, Town of Milton and the Town of Oakville.

Sincerely,



Gary Carr
Regional Chair

- c. The Honourable Anita Anand, MP, Oakville
The Honourable Karina Gould, MP, Burlington
The Honourable Michael Chong, MP, Wellington-Halton Hills
Pam Damoff, MP, Oakville North-Burlington
Adam van Koeeverden, MP, Milton
The Honourable Ted Arnott, MPP, Wellington-Halton Hills
Jane McKenna, MPP, Burlington
Parm Gill, MPP, Milton
Stephen Crawford, MPP, Oakville
Effie Triantafilopoulos, MPP, Oakville North – Burlington
Association of Municipalities of Ontario, Brian Rosborough,
Federation of Canadian Municipalities, Carole Saab
City of Burlington, Kevin Arjoon,
Town of Milton, Meaghen Reid
Town of Oakville, Vicki Tytaneck,
Town of Halton Hills, Valerie Petryniak
Ontario Big City Mayor's Caucus (OBCM), Mayor Jeff Lehman
Mayors and Regional Chairs of Ontario (MARCO), Chair Karen Redman
GTHA Mayors and Chairs
Ontario Business Improvement Area Association (OBIAA)
Toronto Association of Business Improvement Areas (TABIA)
Tourism Industry Association of Ontario (TIAO)
Ontario Restaurant, Hotel and Motel Association (ORHMA)
Ontario Chamber of Commerce (OCC)
Burlington Chamber of Commerce

- c. Halton Hills Chamber of Commerce
- Milton Chamber of Commerce
- Oakville Chamber of Commerce
- Tourism Burlington
- Burlington Downtown Business Association
- Aldershot Village BIA,
- Downtown Acton BIA
- Downtown Georgetown BIA
- Downtown Milton BIA
- Destination Campbellville Community Association
- Bronte Village BIA
- Kerr Village BIA
- Downtown Oakville BIA

CITY OF VAUGHAN

EXTRACT FROM COUNCIL MEETING MINUTES OF JANUARY 26, 2021

Item 3, Report No. 3, of the Committee of the Whole, which was adopted, as amended, by the Council of the City of Vaughan on January 26, 2021, as follows:

By approving that this report be circulated to all GTHA municipalities.

3. BILL 197 - THE COVID-19 ECONOMIC RECOVERY ACT - ENHANCED MINISTERIAL POWERS FOR MINISTER'S ZONING ORDERS - CITY OF VAUGHAN FEEDBACK TO THE MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING

The Committee of the Whole recommends:

- 1) That the recommendations contained in the following report of the Deputy City Manager, Infrastructure Development dated January 25, 2021, be approved; and
- 2) That Communication C5, from Mr. Roger Dickinson, Donhill Crescent, Kleinburg dated January 21, 2021, be received:

Recommendations

- 1 That Staff be authorized to provide feedback to the Ministry of Municipal Affairs and Housing that is consistent with the following:
 - a) That Vaughan Council supports the requirement for inclusionary zoning where the Minister has issued a Minister's Zoning Order;
 - b) That Vaughan Council recommends the Ministry of Municipal Affairs and Housing repeal the authority granted to the Minister, to supersede municipal site plan authority, where the Minister has issued a Minister's Zoning Order; and
 - c) That Vaughan Council does not support the enhanced powers for the Minister to make amendments to Minister's Zoning Orders that use any of these enhanced authorities without first giving public notice.

 Corporate Services Department Legislative Services Division	
Date & Time Received:	February 08, 2021 10:15 am
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

Committee of the Whole (2) Report

DATE: Monday, January 25, 2021

WARD(S): ALL

**TITLE: BILL 197 - THE COVID-19 ECONOMIC RECOVERY ACT -
ENHANCED MINISTERIAL POWERS FOR MINISTER'S ZONING
ORDERS - CITY OF VAUGHAN FEEDBACK TO THE MINISTRY
OF MUNICIPAL AFFAIRS AND HOUSING**

FROM:

Nick Spensieri, Deputy City Manager, Infrastructure Development

ACTION: DECISION

Purpose

To respond to the Province's invitation to provide feedback regarding amendments to the Planning Act introduced through Bill 197, the *COVID-19 Economic Recovery Act, 2020*, which enhanced the powers of the Minister of Municipal Affairs and Housing to issue Minister's Orders to address site plan matters and apply inclusionary zoning.

Report Highlights

- Amendments to section 47 of the *Planning Act* introduced through Bill 197 became effective on July 21, 2020.
- The amendments give the Minister enhanced powers to: require inclusionary zoning for affordable housing in zoning orders; remove municipal use of site plan control; and amend that zoning orders that use any of the enhanced powers without advance public notice.

Recommendations

1. That Staff be authorized to provide feedback to the Ministry of Municipal Affairs and Housing that is consistent with the following:

- a) That Vaughan Council supports the requirement for inclusionary zoning where the Minister has issued a Minister's Zoning Order;
- b) That Vaughan Council recommends the Ministry of Municipal Affairs and Housing repeal the authority granted to the Minister, to supersede municipal site plan authority, where the Minister has issued a Minister's Zoning Order; and
- c) That Vaughan Council does not support the enhanced powers for the Minister to make amendments to Minister's Zoning Orders that use any of these enhanced authorities without first giving public notice.

Background

The Ministry of Municipal Affairs and Housing ('MMAH') is inviting comments concerning changes to legislative provisions in section 47 of the *Planning Act* effective as of July 21, 2020 that were introduced through Bill 197, the *COVID-19 Economic Recovery Act, 2020* ("Bill 197"). The MMAH is interested in hearing feedback as to whether the amendments should be expanded, repealed or otherwise adjusted. Comments are to be provided to the MMAH by January 30, 2021.

Bill 197 provided enhanced powers to the Minister to address site plan matters and apply inclusionary zoning as part of a Minister's Zoning Order ('MZO')

The Bill 197 amendments to section 47 of the *Planning Act* give the Minister of the MMAH ('Minister') enhanced order-making powers relating to "specified land". "Specified land" is defined as land other than land in the Greenbelt Area within the meaning of the *Greenbelt Act, 2005* (which includes areas covered by the Oak Ridges Moraine Conservation Plan, areas covered by the Niagara Escarpment Plan and areas described in the regulations made under the *Greenbelt Act, 2005*). The enhanced order-making powers include powers in relation to site plan control and inclusionary zoning. The enhanced authority allows the Minister to:

- Exercise any of the powers conferred on council with respect to inclusionary zoning in respect of the specified land described in the order;
- Provide that site plan control does not apply in respect of the specified land described in the order;
- Require that a person who owns all or any part of the specified land described in the order enter into one or more agreements with the municipality regarding site plan matters.

The above powers were previously limited to municipalities and were beyond the scope of the pre-Bill 197 Minister's Zoning Order ('MZO') regime and the Minister's powers.

The enhanced authority also allows the Minister to make amendments to Minister's Zoning Orders that use any of these enhanced authorities without first giving public notice.

Among other things, the enhanced powers provide the Minister with the ability to:

- require the inclusion of affordable housing units in the development or redevelopment of specified lands, buildings or structures; and
- require that the owner of the specified land to enter into an agreement with a municipality related to development and conditions required for the approval of plans and drawings in a site plan control area and give direction to the parties concerning the agreement.

The enhanced powers provide that an agreement is of no effect to the extent that it does not comply with the Minister's direction, whether the Minister's direction is given before or after the agreement has been entered.

Previous Reports/Authority

N/A

Analysis and Options

Staff recommend Vaughan Council support the requirement for inclusionary zoning where the Minister has issued an MZO

Inclusionary Zoning ('IZ') is a land-use planning tool for municipalities to require new development or redevelopment to maintain a certain portion of residential units as affordable housing. Before City Council can consider an IZ policy, City staff must complete required background work, including preparing a demographic and housing needs analysis, financial impact assessment, undertaking public consultations, and drafting Official Plan policies.

The recently enacted changes to section 47 of the *Planning Act* provide the Minister with authority, as part of an order zoning land outside the Greenbelt Area, to use inclusionary zoning to require affordable housing units in proposed developments. These changes would also allow the Minister to require agreements between the landowner and the municipality or the landowner and the Minister to address inclusionary zoning matters and to ensure continued compliance with affordable housing requirements.

Staff recommends Council support the requirement for IZ, where an MZO has been issued. The enhanced authority supports the provision of affordable housing where an

MZO has been issued for the purpose of achieving Provincial, Regional and municipal objectives related to affordable housing. An IZ provision in an MZO would clearly establish the Minister's intent to provide affordable housing as it relates to a particular development to be implemented through the development process.

Staff recommend Council not support the authority for the Minister to supersede municipal site plan authority, where the Minister so provides in an MZO and recommend this authority be repealed

Site plan is an optional tool under the *Planning Act* that allows the council of a local municipality to control certain matters on and around a site proposed for development. Vaughan Council has enacted Site Plan Control By-law 123-2013 to implement site plan control for most classes of development (excluding employment buildings on internal lots and detached residential units). This control over detailed site-specific matters, such as access (for pedestrians and vehicles), walkways, lighting, waste facilities, landscaping, drainage, and exterior design, ensures that a development proposal is properly planned and designed, fits in with the surrounding uses and minimizes any negative impacts.

The recent amendments to section 47 of the *Planning Act* allow the Minister to address site plan matters in areas covered by an MZO, where needed. The new authority to address site plan matters could be used in conjunction with a new MZO or an amendment to an existing MZO.

This authority, if utilized by the Minister, would supersede municipal site plan authority, where the Minister so provides in an MZO. Through the MZO the Minister could require a municipality and a development proponent (or landowner) to enter into an agreement dealing with matters related to site plan control (i.e., the same types of matters that may be addressed through typical site plan control). However, the Minister will be able to give binding direction outside the zoning order concerning the agreement to scope the matters that need to be addressed or to specify how the matters are to be addressed.

Staff recommend Council advise the MMAH that it does not support the power granted to the Minister to supersede the municipal site plan authority. The community planning process should involve a broad-based citizenry, including public and private sector leaders, community interest groups and multi-disciplinary professionals. A positive relationship between development and the making of community should be established through a citizen-based participatory planning and design process.

The municipal Council, informed through a site plan process with participation from local citizens, stakeholders, municipal planning professionals and other disciplines (e.g. urban design, engineering, etc.). is best positioned to understand the local context,

vision and aspirations for the community and make decisions regarding site plan approval.

The matters considered through the site plan process are shaped through municipal Official Plan policy, zoning by-laws, urban and architectural design guidelines each guiding the vision for the development of the local community and responsive to the local planning content. The enhanced Minister's power would further limit, where a MZO has been issued, public and municipal planning participation and local municipal decision making in the site plan process. For the same reasons, staff does not support the enhanced powers for the Minister to make amendments to an MZO that use any of these enhanced authorities without first giving public notice.

Financial Impact

The use of the enhanced Minister's powers, if utilized by the Minister, to supersede municipal site plan authority, where the Minister so provides in an MZO would result in the loss of Site Development Application fees received by the City charged to recover the cost related to processing these applications. The dollar amount would depend on how often the enhanced MZO power related to site plan approval is utilized and for the type of development (e.g. employment, commercial, residential) as applications fees vary for different classes of development.

Broader Regional Impacts/Considerations

N/A

Conclusion

Staff have reviewed the enhanced powers and recommend the MMAH be advised that Vaughan Council supports the requirement for inclusionary zoning in an MZO, where an MZO is issued, as it will clearly identify the Minister's intent to provide affordable housing in the development. However, Staff recommend Vaughan Council also advise the MMAH that the authority to supersede municipal site plan authority is not supported and should be repealed, as municipal Councils are best positioned to make decisions regarding site plan approval.

For more information, please contact: Mauro Peverini, Acting Chief Planning Official, ext. 8407.

Prepared by

Mauro Peverini, Acting Chief Planning Official, ext. 8407.

Caterina Facciolo, Deputy City Solicitor, Planning and Real Estate, ext. 8662

Approved by



Mauro Peverini, Acting Chief Planning
Official



Nick Spensieri, Deputy City Manager,
Infrastructure Development

Reviewed by



Jim Harnum, City Manager

February 8, 2021

Ministry of Municipal Affairs and Housing
17th Floor, 777 Bay Street
Toronto, ON
M7A 2J3

Attention: The Hon. Steve Clark

Re: Advocacy for Reform – MFIPPA Legislation

 Corporate Services Department Legislative Services Division	
Date & Time Received:	February 09, 2021 10:16 am
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

At the Township of Guelph/Eramosa’s Regular Meeting of Council held on Monday February 1, 2021, the following resolution was put forward and passed:

Be it resolved that the Council of the Township of Guelph/Eramosa has received Clerk’s Department Report 21/03 regarding Advocacy for Reform – MFIPPA Legislation; and

That that the following motions be passed in support of a request to review and reform of the Municipal Freedom of Information and Protection of Privacy Act:

WHEREAS the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 (MFIPPA) dates back 30 years;

AND WHEREAS municipalities, including the Township of Guelph/Eramosa, practice and continue to promote open and transparent government operations, actively disseminate information and routinely disclose public documents upon request outside of the MFIPPA process;

AND WHEREAS government operations, public expectations, technologies, and legislation surrounding accountability and transparency have dramatically changed and MFIPPA has not advanced in line with these changes;

AND WHEREAS the creation, storage and utilization of records has changed significantly, and the Municipal Clerk of the Municipality is responsible for records and information management programs as prescribed by the Municipal Act, 2001;

AND WHEREAS regulation 823 under MFIPPA continues to reference antiquated technology and does not adequately provide for cost recovery, and these financial shortfalls are borne by the municipal taxpayer;

AND WHEREAS the threshold to establish frivolous and/or vexatious requests is unreasonably high and allows for harassment of staff and members of municipal councils, and unreasonably affects the operations of the municipality;

AND WHEREAS the Act fails to recognize how multiple requests from an individual, shortage of staff resources or the expense of producing a record due to its size, number or physical location does not allow for time extensions to deliver requests and unreasonably affects the operations of the municipality;

AND WHEREAS the name of the requestor is not permitted to be disclosed to anyone other than the person processing the access request, and this anonymity is used by requesters to abuse the MFIPPA process and does not align with the spirit of openness and transparency embraced by municipalities;

AND WHEREAS legal professionals use MFIPPA to gain access to information launch litigation against institutions, where other remedies exist;

AND WHEREAS there are limited resources to assist administrators or requestors to navigate the legislative process;

AND WHEREAS reform is needed to address societal and technological changes in addition to global privacy concerns and consistency across provincial legislation;

BE IT RESOLVED THAT the Ministry of Government and Consumer Services be requested to review the MFIPPA, and consider recommendations as follows:

1. That MFIPPA assign the Municipal Clerk, or designate to be the Head under the Act;
2. That MFIPPA be updated to address current and emerging technologies;
3. That MFIPPA regulate the need for consistent routine disclosure practices across institutions;
4. That the threshold for frivolous and/or vexatious actions be reviewed, and take into consideration the community and available resources in which it is applied;
5. That the threshold for frivolous and/or vexatious also consider the anonymity of requesters, their abusive nature and language in

requests to ensure protection from harassment as provided for in Occupational Health and Safety Act;

6. That the application and scalability of fees be designed to ensure taxpayers are protected from persons abusing the access to information process;
7. That administrative practices implied or required under the Act, including those of the IPC, be reviewed and modernized;
8. That the integrity of the Act be maintained to protect personal privacy and transparent governments.

Please accept this for your information and any necessary action.

Sincerely,



Jenni Spies
Deputy Clerk

Cc. Ted Arnott, MPP Wellington-Halton Hills
Michael Chong, MP Wellington-Halton Hills
Minister of Consumer Services
Information and Privacy Commissioner of Ontario
Association of Municipalities of Ontario
Association of Clerks and Treasurers of Ontario
Ontario Clerks



February 8, 2021

The Right Honourable Justin Trudeau, Prime Minister of Canada
Via Email

Dear Prime Minister Trudeau;

Re: Resolution regarding Sick Pay

Please be advised that Council for the Town of Halton Hills at its meeting of Monday, February 1, 2021, adopted the following Resolution:

Resolution No. 2021-0023

WHEREAS on January 20, 2021 Council for the Regional Municipality of Halton adopted a resolution with respect to Sick Pay (Attached as Appendix A to this Motion);

AND WHEREAS Council for the Town of Halton Hills agrees with the statements contained in the Halton Region Resolution, and recognizes that the COVID-19 pandemic and rise in workplace transmission has highlighted the crucial need for paid sick time so workers, particularly precarious and or essential services, do not choose to go to work sick due to economic hardship;

AND WHEREAS Council for the Town of Halton Hills also recognizes that the lack of paid sick days, financial/income supports, and sick leave protection are known barriers to COVID-19 control measures, including testing and isolation, due to fear of income loss and financial hardship.

THEREFORE BE IT RESOLVED that Council for the Town of Halton Hills calls on the Government of Ontario and the Government of Canada to provide longer, better funded sick leave to help address the ongoing spread of COVID-19;

AND FURTHER THAT the Town Clerk circulate this motion to the Right Honourable Justin Trudeau, Prime Minister; the Honourable Doug Ford, Premier; the Honourable Patty Hadju, Federal Minister of Health; the Honourable Christine Elliott, Provincial Minister of Health; Large Urban Mayors Caucus of Ontario (LUMCO), Mayors and Regional Chairs of Ontario (MARCO), Small Urban GTHA Mayors, Halton Region MPs, MPPs, FCM, AMO, Halton Region, City of Burlington, Town of Milton and Town of Oakville.

CARRIED

 Corporate Services Department Legislative Services Division	
Date & Time Received:	February 11, 2021 11:22 am
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

Attached for your information is a copy of Resolution No. 2021-0023.

If you have any questions, please contact Valerie Petryniak, Town Clerk for the Town of Halton Hills at 905-873-2601 ext. 2331 or valeriep@haltonhills.ca.

Yours truly,



Renée Brown
Deputy Clerk – Administration

- c. The Honourable Doug Ford, Premier of Ontario
- The Honourable Patty Hadju, Federal Minister of Health
- The Honourable Christine Elliott, Provincial Minister of Health
- Ontario's Big City Mayors (OBCM) formerly known as LUMCO
- Mayors and Regional Chairs of Ontario (MARCO)
- Small Urban GTHA Mayors
- Halton Region MPs & MPPs
- Association of Municipalities of Ontario (AMO)
- Federation of Canadian Municipalities (FCM)
- Halton Region
- Town of Milton
- Town of Oakville
- City of Burlington



THE CORPORATION
OF
THE TOWN OF HALTON HILLS

Resolution No.: 2021-0023

Title: Sick Pay

Date: February 1, 2021

Moved by: Mayor R. Bonnette
Mayor R. Bonnette

Seconded by: Councillor M. Johnson
Councillor M. Johnson

Item No. 12.3

WHEREAS on January 20, 2021 Council for the Regional Municipality of Halton adopted a resolution with respect to Sick Pay (Attached as Appendix A to this Motion);

AND WHEREAS Council for the Town of Halton Hills agrees with the statements contained in the Halton Region Resolution, and recognizes that the COVID-19 pandemic and rise in workplace transmission has highlighted the crucial need for paid sick time so workers, particularly precarious and or essential services, do not choose to go to work sick due to economic hardship;

AND WHEREAS Council for the Town of Halton Hills also recognizes that the lack of paid sick days, financial/income supports, and sick leave protection are known barriers to COVID-19 control measures, including testing and isolation, due to fear of income loss and financial hardship.

THEREFORE BE IT RESOLVED that Council for the Town of Halton Hills calls on the Government of Ontario and the Government of Canada to provide longer, better funded sick leave to help address the ongoing spread of COVID-19;

AND FURTHER THAT the Town Clerk circulate this motion to the Right Honourable Justin Trudeau, Prime Minister; the Honourable Doug Ford, Premier; the Honourable Patty Hadju, Federal Minister of Health; the Honourable Christine Elliott, Provincial Minister of Health; Large Urban Mayors Caucus of Ontario (LUMCO), Mayors and Regional Chairs of Ontario (MARCO), Small Urban GTHA Mayors, Halton Region MPs, MPPs, FCM, AMO, Halton Region, City of Burlington, Town of Milton and Town of Oakville.



Mayor Rick Bonnette



HALTON REGION

NOTICE OF MOTION

DATE: January 20, 2021

ITEM: Sick Pay

DATE OF MEETING
NOTICE OF MOTION
TO BE CONSIDERED: Council Meeting – January 20, 2021

MOVED BY: Mayor Marianne Meed Ward
SECONDED BY: Councillor Rory Nisan

WHEREAS the COVID-19 pandemic and rise in workplace transmission has highlighted the crucial need for paid sick time so workers, particularly in precarious and/or essential services, do not choose to go to work sick due to economic hardship;

WHEREAS the Government of Canada has introduced the Canada Recovery Sickness Benefit for workers who are sick or need to self-isolate due to COVID-19, however this benefit is time limited and maximum payment is \$450 per one-week period (after taxes) which does not cover most workers' full wages;

WHEREAS the Government of Ontario has extended the Infectious Disease Emergency Leave to July 2021, a welcome step to protect jobs, but which is unpaid leave;

WHEREAS the lack of paid sick days, financial/income supports, and sick leave protection are known barriers to COVID-19 control measures, including testing and isolation, due to the fear of income loss and financial hardship;

NOW THEREFORE BE IT RESOLVED:

THAT Halton Region calls on the Government of Ontario and the Government of Canada to provide longer, better funded sick leave to help address the ongoing spread of COVID-19;

AND THAT the Regional Clerk of Halton Region circulate this motion to the Right Honourable Justin Trudeau, Prime Minister; the Honourable Doug Ford, Premier; the

Honourable Patty Hajdu, Federal Minister of Health; the Honourable Christine Elliott, Provincial Minister of Health; Halton Region MPs, MPPs, FCM, AMO, the City of Burlington and Towns of Halton Hills, Milton and Oakville.

From: ca.office (MECP) <ca.office@ontario.ca>

Sent: Friday, February 5, 2021 10:49:15 AM

Subject: Proclamation of Provisions of the Conservation Authorities Act

Good morning,

With the amendments to the *Conservation Authorities Act* (“CAA”) in Bill 229, the *Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020*, now passed by the Legislature, the government has made a series of substantive amendments to the CAA in 2017, 2019 and in 2020, resulting in a number of un-proclaimed provisions in the CAA.

On February 2, 2021, some specific provisions in the CAA were proclaimed to initiate changes to conservation authority governance, for consistency in administration, transparency and financial accountability, as well as increased municipal and provincial oversight of conservation authority operations. These provisions are not tied to any specific regulations, and relate only to provisions from the 2019 and 2020 CAA amendments. Specifically, these include:

- Government requirements (e.g. Non-derogation provision clarifying that nothing in the CAA is intended to affect constitutionally protected Aboriginal and treaty rights);
- Provisions related to conservation authority governance (e.g. changes to the conservation authority municipal membership);
- Minister’s powers (e.g., enabling the Minister to issue a binding directive to a conservation authority following an investigation); and
- Housekeeping amendments.

Please refer to the [CAA](#) on e-Laws for a complete list of the provisions that are now in force.

We are proposing that the remaining un-proclaimed provisions be proclaimed in two further stages over the coming months to align with the roll out of proposed regulations and policy. These include:

- i) Provisions related to natural hazard management, mandatory programs and services, community advisory boards, the agreements and transition period, and fees.
- ii) Provisions related to municipal levies, and standards and requirements for non-mandatory programs and services.

We have received a number of questions about the implications of certain provisions coming into force, and particularly those related to the composition of conservation authority membership. I can assure you that we are moving forward with a smooth transition to the new framework. Please refer to the attached FAQ for critical information on the implementation of these new measures.

My team in the Conservation Authority Office are available to answer any questions that you may have about the provisions that are now in effect as a result of the stage 1 proclamation. Please do not hesitate to contact us at ca.office@ontario.ca.

The Ministry of the Environment, Conservation and Parks will be in touch at a future date to notify you of the proclamation of the remaining provisions.

I look forward to continuing to work with you through our upcoming consultations on the new regulatory proposals under the CAA to ensure we put conservation authorities in the best position possible to be able to deliver on their core mandate.

Sincerely,

Keley Katona
Director, Conservation and Source Protection Branch
Ministry of the Environment, Conservation and Parks

Implications of Proclamation of Various Provisions: Frequently Asked Questions

1. Do participating municipalities have to appoint new members to conservation authorities now in order to meet the 70% requirement?

Immediate action is not required on the part of conservation authorities or by municipalities related to the provision requiring 70% of municipally appointed members be elected officials.

Current members should complete the remaining duration of their appointments. As new members are appointed, conservation authorities should be appointing members in a way that complies with this new requirement.

A participating municipality may also apply to the Minister of the Environment, Conservation and Parks requesting an exception to this 70% requirement. The request should include the rationale for the request, and what proportion of members the municipality is proposing to be elected officials. Requests should be sent to minister.mecp@ontario.ca.

2. Does a conservation authority need to immediately initiate the term limits of chair/vice-chairs and rotate amongst participating municipalities?

Immediate action is not necessarily required. Implementation of this provision could begin at the first meeting held this year (following the proclamation date of February 2, 2021), or at such other meeting as may be specified by the authority's by-laws.

A participating municipality or conservation authority may also apply to the Minister of the Environment, Conservation and Parks requesting an exception to the term limit or rotation. The request should include the alternative approach being proposed, and the rationale for the request. Requests should be sent to minister.mecp@ontario.ca.

3. When should conservation authorities transition to the use of generally accepted accounting principles?

If not already the practice, conservation authorities will transition to the use of generally accepted accounting principles for local government and ensure that key conservation authority documents are made available to the public (i.e., minutes of authority or executive committee meetings, auditor reports) following proclamation of these provisions on February 2, 2021.

Implications of Proclamation of Various Provisions: Frequently Asked Questions

4. When do copies of municipal member agreements need to be sent to the Minister and made public?

Please submit any existing agreements (on the number of total conservation authority members and number of members per participating municipality in a conservation authority) to the Minister within 60 days of February 2, 2021 (i.e., by April 3, 2021).

If no such agreement is in place as of February 2, 2021, but such an agreement is entered into at a future date, please provide it to the Minister within 60 days of executing the agreement. These agreements should also be made available to the public through the conservation authority's website or other appropriate means within these same timelines.

5. Which provisions of the Conservation Authorities Act (CAA) are you proclaiming in this first phase?

Provisions in the CAA that come into effect February 2, 2021, as part of this first phase include:

Housekeeping Amendments

- Clarifying “Minister” means the Minister of the of the Environment, Conservation and Parks (rather than the Minister of the Natural Resources and Forestry) (Bill 108, 2019).
- Administrative change by striking out “of the Environment” from “Minister of the Environment” (in the section on CA dissolutions – clause 13.1(6)(c)) (Bill 108, 2019).
- Remove a legislative date (now stale) for a past transition period for conservation authorities (CAs) to up-date administrative by-laws (Bill 229, 2020).

Government Requirements

- Non-derogation provision to recognize existing Aboriginal or treaty rights (Bill 229, 2020).
- Enable the Minister to delegate his or her powers to an employee of the Ministry of the Environment, Conservation and Parks (Bill 229, 2020).

Governance

- Changes to the CA municipal membership provisions including requiring 70 per cent of municipally appointed members to be elected officials with provision for the Minister to permit less than 70 per cent on application by a participating municipality (Bill 229, 2020).
- Requiring copies of municipal member agreements on number of total CA members agreed upon and numbers per participating municipality in a CA agreed upon, to be made public and provided to the Minister (Bill 229, 2020).

Implications of Proclamation of Various Provisions: Frequently Asked Questions

- Removal of the regulation making authority regarding the composition of the CA (Bill 229, 2020).
- Minister’s power to appoint a member from the agricultural sector with limitations added to the member’s voting rights (Bill 229, 2020).
- Limiting the term of the chair/vice-chair and rotating of the chair/vice-chair among a CA’s participating municipalities with provision for the Minister to permit an exception to these requirements upon application of the CA or participating municipality. If an exception is granted, this would allow a chair/vice-chair to hold office for more than one year or two terms, or a member to succeed an outgoing chair, vice-chair, appointed from the same participating municipality (Bill 229, 2020).
- Minor amendments to the ‘powers of authorities’: integrating the CA power to “cause research to be done” with the CA power to “study and investigate the watershed” in order to support the programs and services the CA delivers; to require consent of the occupant or owner of the land before a CA staff can enter the land for the purpose of a CA project (such as land surveying); and to remove the power of a CA to expropriate land (Bill 229, 2020).
- Require CAs to follow generally accepted accounting principles for local governments, make key documents (annual audit, meeting agendas and minutes and member agreements) available to the public (Bill 229, 2020).

Minister’s Power

- Enable the Minister to issue a binding directive to a CA following an investigation (Bill 229, 2020).
- Enable the province, upon recommendation by the Minister, to appoint a temporary administrator to assume control of a CA’s operations following an investigation or the issuance of a binding directive, if the directive is not followed. Immunity is provided for the administrator (Bill 229, 2020).

Lydia Gerritsen

From: Clerks
Sent: February 8, 2021 1:31 PM
To: Lydia Gerritsen
Cc: Ralph Walton; Cheryl Bandel; Leigh Fleury
Subject: FW: Save the Ontario Fire College
Attachments: Municipal Email v1.pdf

For CIP.

From: info <info@durham.ca>
Sent: February 8, 2021 9:13 AM
To: Clerks <Clerks@durham.ca>
Subject: FW: Save the Ontario Fire College

From: Save OFC <savetheofc@gmail.com>
Sent: February-05-21 3:38 PM
To: Township of Cramahe <clerk@cramahetownship.ca>; Township of Dawn-Euphemia <clerk@dawneuphemia.on.ca>; Township of Dawson <dawsontwp@tbaytel.net>; Town of Deep River <jmellon@deeriver.ca>; Town of Deseronto <nnclark@sympatico.ca>; Township of Dorion <office@doriontownship.ca>; Township of Douro-Dummer <info@dourodummer.on.ca>; Township of Drummond-North Elmsley <admin@dnetownship.ca>; City of Dryden <generalinquiries@dryden.ca>; Township of Dubreuilville <township@dubreuilville.ca>; County of Dufferin <info@dufferincounty.ca>; info <info@durham.ca>; Municipality of Dutton Dunwich <cao@duttondunwich.on.ca>; Municipality of Dysart et al <info@dysartet.al.ca>; Township of Ear Falls <eftownship@ear-falls.com>; Municipality of East Ferris <municipality@eastferris.ca>
Subject: Save the Ontario Fire College

See attachment

Dear Municipal Leaders:

We are writing to you regarding the Provinces' announcement on January 13th, 2021, of the impending closure of the Gravenhurst campus of the Ontario Fire College.

It is our understanding that two of the three associations who were quoted in the Governments press release as being in support of the closure were not consulted before the announcement other than to be asked if they were in support of the "modernization and regionalization" of training for the fire service in Ontario. The Government did NOT inform these associations that this meant closing down the Gravenhurst campus of the Fire College!

The Provincial Government has publicly stated that this modernization and regionalization will be more cost-effective and accessible to municipalities. This is simply not true. The Government has not shared a plan to show how their proposed modernization and regionalization of the fire service training will be more cost-effective and accessible to all municipalities in Ontario.

The Province's regionalization model currently has Memorandums of Understanding (MOU's) with a mixed bag of twenty "Regional Training Centers" (RTC's) located in various areas around the Province. The municipalities' cost to send one firefighter to an RTC range between \$300 - \$1200 for the course alone. This cost does not include accommodations or meals.

The Gravenhurst campus of the Ontario Fire College has modern facilities with modern equipment where subject matter experts provide training in all fire service disciplines. Students intermingle with each other on campus, and most have made lifelong friends while staying at the College. This social interaction will not exist at any RTC. The cost is \$65.00 for a municipality to send one firefighter to the College. That cost includes accommodations and three meals a day. This cost has not changed in well over a decade.

The fact of the matter is that each municipality's cost to train their fire service personnel to a recognized standard, which could soon become mandatory if the Government revives O. Reg 379/18, could dramatically increase by closing the Gravenhurst campus.

The Fire Protection and Prevention Act 1997, as amended, requires the Fire Marshal to "develop training programs and evaluation systems for persons involved in the provision of fire protection services." It also stipulates the fire marshal must "provide programs to improve practices relating to fire protection services" and "maintain and operate a central fire college."

As municipal leaders, would you prefer an affordable, cost effective training model that keeps students in one location with up to date, technically accurate training facilities led by subject matter expert? Or a more expensive training model in facilities that cannot match what the Gravenhurst campus can offer?

If you prefer the former, please stand with us against this ill advised closure. Let's keep your firefighters and your community safe by keeping the ONLY provincial fire training facility in Ontario open!

 Corporate Services Department Legislative Services Division	
Date & Time Received:	February 08, 2021 1:33 pm
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

From: [Clerks](#)
To: [Lydia Gerritsen](#)
Subject: FW: Public Board Reports are now Uploaded on the Board's Website for Tuesday February 16th, 2021 Meeting
Date: February 10, 2021 1:38:30 PM

Hi!

For CIP.

From: Anita LONGO <ALONGO@drps.ca>
Sent: February 10, 2021 1:08 PM
To: Holly BRITTON <hbritton@drps.ca>; Teresa HUTCHINSON <THUTCHINSON@drps.ca>; Dave Selby <dyselby@drps.ca>; Vidal CHAVANNES <VChavannes@drps.ca>; Brad CARTER <BCARTER@drps.ca>; Giles LERICHE <gleriche@drps.ca>; George Tudos <GTudos@drps.ca>; Tracy LILLIE <tlillie@drps.ca>; Clerks <Clerks@durham.ca>; 'COLIN GOODWIN' (CGOODWIN@drpa.ca) <CGOODWIN@drpa.ca>; VP Brad DURST <bdurst@drpa.ca>; 'Wendy O'Kane' <wokane@drpa.ca>; kaubrey@drpa.ca; Tina Lee <Tina.Lee@Durham.ca>
Subject: Public Board Reports are now Uploaded on the Board's Website for Tuesday February 16th, 2021 Meeting

Good Afternoon,

Public Board Reports for Tuesday February 16th, 2021 Meeting can now be found on the Board's website.

Please access copies on “**DRPS.ca**” / “**Police Services Board**” / “**Tues 16-Feb-2021** ” or by clicking the below link.

https://members.drps.ca/upload_files/16_Feb_2021_AGENDA_Public_externalFeb21_2021210111948.pdf

If you have any comments, please let me know.

Thank you.

Anita Longo | Executive Assistant | Durham Regional Police Services Board
Police Headquarters, 605 Rossland Road East, Box 911 Whitby, ON L1N 0B8
T/905-579-1520 ext. 4307 | C/905-926-2689 | F/905-721-4249| E/ 2430@drps.ca

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2097.

The Regional Municipality of Durham

MINUTES

ACCESSIBILITY ADVISORY COMMITTEE

Tuesday, January 26, 2021

A meeting of the Accessibility Advisory Committee was held on Tuesday, January 26, 2021 at Regional Headquarters, Council Chambers, 605 Rossland Road East, Whitby at 1:01 PM. In accordance with Provincial legislation, electronic participation was permitted at this meeting.

1. Roll Call

Present: C. Boose, Ajax, Chair
D. Campbell, Whitby, Vice-Chair
A. Beach, Oshawa
H. Hall, Participation House
D. Hume-McKenna, DMHS
Councillor R. Mulcahy attended the meeting at 1:15 PM
M. Peters, Clarington
R. Purnwasie, Ajax
M. Roche, Oshawa
L. Schisler, Whitby
S. Sones, Whitby

***all members of the committee participated electronically**

Staff

Present: S. Austin, Director of Corporate Policy and Strategic Initiatives
J. Christianson, Program Coordinator, Office of the Chief Administrative Officer
R. Inacio, Systems Support Specialist, Corporate Services – IT
J. Traer, Accessibility Coordinator, Office of the Chief Administrative Officer
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

2. Election of Chair and Vice-Chair

N. Prasad called for nominations for the position of Chair of the Accessibility Advisory Committee.

Moved by D. Campbell, Seconded by R. Purnwasie,
That C. Boose be nominated for the position of Chair of the
Accessibility Advisory Committee.

Moved by M. Roche, Seconded by D. Hume-McKenna,
That nominations be closed.

CARRIED

N. Prasad asked if C. Boose wished to stand. C. Boose indicated she would stand.

C. Boose was acclaimed as the Chair of the Accessibility Advisory Committee.

N. Prasad called for nominations for the position of Vice-Chair of the Accessibility Advisory Committee.

Moved by C. Boose, Seconded by L. Schisler,
That D. Campbell be nominated for the position of Vice-Chair of the Accessibility Advisory Committee.

Moved by R. Purnwasie, Seconded by M. Peters,
That nominations be closed.

CARRIED

N. Prasad asked if D. Campbell wished to stand. D. Campbell indicated she would stand.

D. Campbell was acclaimed as the Vice-Chair of the Accessibility Advisory Committee.

C. Boose, Chair, assumed the Chair for the remainder of the meeting.

3. Declarations of Interest

There were no declarations of interest.

4. Adoption of Minutes

Moved by D. Campbell, Seconded by R. Purnwasie,
That the minutes of the Accessibility Advisory Committee meeting held on November 24, 2020, be adopted.

CARRIED

5. Presentations

A) Aly Beach, Durham Deaf Services (DDS) re: Community Services

Aly Beach, Durham Deaf Services (DDS) provided a PowerPoint Presentation with regards to the programs and supports offered at DDS.

Highlights of the presentation included:

- About Durham Deaf Services (DDS)
- Statement of Values
- Programs and Services
 - Deaf Adult Upgrading Program
 - ASL Classes
 - Children's Events, Community Clubs and Workshops
- How has COVID-19 Impacted the Deaf and Hard of Hearing Community?

- How has DDS Been Impacted by COVID-19
- How has DDS Adapted to “The New Normal”?
- Community Networking and Our Impact Throughout the Pandemic
- An Overview of the Needs of the Community – Things to Think about
- Literacy and English as a Second Language
- Implementation of ASL
- Public Service and Important Information Announcements
- Other Things to Keep in Mind
- Interpreter Etiquette
- Resources

A. Beach advised that DDS is a non-profit organization that offers services and programs that promote self-reliance within the Deaf, Deafened, and Hard of hearing Community and is committed to increasing Deaf cultural awareness. She stated that the organization’s values lie in advocacy, accessibility, self reliance and professionalism.

A. Beach provided an overview of the programs and services. She stated that the Deaf Adult Upgrading Program is the largest program and is a literacy program for adults who are deaf who wish to improve reading, writing skills and more. She advised that American Sign Language (ASL) classes are offered to the public and are unaccredited but a great starting point to learning ASL. She also stated that DDS hosts children’s events for deaf and hard of hearing children and their siblings and in the past, has hosted a variety of community clubs and workshops with topics such as financial literacy, fraud and scam prevention, elder abuse prevention and more.

With regards to the COVID-19 pandemic, she advised that it has been especially difficult for the deaf community with the biggest impact being social isolation. She advised that the deaf community is very social and often relies on face-to-face communication. Some other challenges include:

- lack of access to devices (technology);
- missing and inaccessible information;
- vulnerable aging population; and
- challenges with masks

A. Beach also stated that DDS has had to close their physical location and move all services online due to the COVID-19 pandemic. The virtual services have been a challenge to staff and community members as many clients did not have the technology or the knowledge required to access some services. There were also issues with poor internet connection, lack of accessible sites and software, and they were forced to cancel social gatherings, fund raising events and community events.

With regards to reopening, A. Beach advised that they have implemented social distancing, mask wearing and sanitizing protocols for when the physical location reopens and have adapted all services in a virtual format. In the meantime, she advised that staff has been checking in on community members, focusing on more vulnerable, older adults; boosting online communications; and implementing more video and ASL content on online platforms.

A. Beach responded to questions of the committee.

B) Mark Murray, Manager of Client Engagement, Greater Toronto Area, and Melanie Baine, Coordinator of Client Engagement, Canadian Hearing Services (CHS) re: Community Services

Mark Murray, Manager of Client Engagement, Greater Toronto Area, and Melanie Baine, Coordinator of Client Engagement, Canadian Hearing Services (CHS), provided a PowerPoint Presentation with regards to the Community Services of Canadian Hearing Services. Also in attendance were ASL interpreters, Glenda Messier and Karen Panchaud.

Highlights of the presentation included:

- Vision and Mission
- About Canadian Hearing Services
- Our Focus
- Services
- 2020 Accomplishments During COVID 19 Pandemic
- American Sign Language
- Communication Tips
- Why Should Ontario be Accessible?
- A Human Rights
- Mental Health in Deaf Community
- Hard of Hearing: Psycho-social Effects of Hearing Loss
- Interpreting Services
- Video Remote Interpreting
- Captioning Services
- Communication Devices Program

M. Murray advised that the Vision of CHS is to provide a barrier-free society for deaf and hard of hearing Canadians. The Mission is to be the leading organization delivering services and products that empower the deaf and hard of hearing community to overcome the barriers. He advised that CHS is an independent, registered non-profit that offers a continuum of support and solutions including mental health and hearing care counselling; audiology; employment and training; interpreting services; captioning; communication devices and hearing aids.

M. Murray provided an overview of the following services provided at CHS: general support services; employment services; CONNECT Counselling & Community Liaisons; educational programs; Hearing Care Counselling Program; Communication Devices Program; Interpretation & Translation Services; and Audiology & Hearing Aid Program.

M. Murray stated that ASL is a visual language with its own grammar and syntax, distinct from English, and used by Deaf people primarily in Canada and the United States. The meaning is conveyed through signs comprised of specific movements and shapes of the hand and arms, eyes, face, head and body postures. He provided a list of communication tips that should be used when communicating with a deaf or hard of hearing person.

M. Murray stated that the services offered by CHS can be conducted in person or via video; that there are high standards of service to ensure the highest quality of service is provided; and advised that the CHS team consists of over 220 interpreters across the country. He provided an overview of Video Remote Interpreting (VRI) and how it works as well as differences with VRI and On-Site Interpreting. He also provided an overview of the Captioning Services – Communication Access Realtime Translation (CART) and stated that CHS has a 98% accuracy rate or higher with regards to the captioning.

M. Baine provided review of the Communication Devices Program. She advised that some of the devices include alerting systems, tv listening systems, amplified telephones and more. She advised that the devices improve communication; safety and independence; and accessibility for deaf and hard of hearing individuals.

M. Baine provided an overview of the following devices: Video Remote Interpreting (VRI); UbiDuo (Face to Face Communication Device); Automated Speech-to-Text Transcribing; Teletypewriter (TTY) for Telecommunications; Counter Loop System (Fixed or Portable); Personal Amplifiers; and FM Systems. She also advised that large-area induction loop systems and large area FM systems can be used in larger meeting spaces.

6. Discussion Items

A) 2021 Accessibility Advisory Committee Workplan – for Review and Approval

A copy of the 2021 Accessibility Advisory Committee Workplan was provided as Attachment #2 to the Agenda.

Moved by R. Purnwasie, Seconded by D. Campbell,
That the 2021 Accessibility Advisory Committee Workplan as
provided be adopted.

CARRIED

7. Correspondence

There were no items of correspondence to consider.

8. Information Items

A) Education Sub-Committee Update

J. Traer provided the following update with regards to future presentations:

- Works Facilities staff will attend the March meeting to provide an update on some of the accessibility improvements that have been implemented at the Region since 2020 as well as future plans;
- Judy Christianson will attend the March meeting to provide an overview of the CityStudio Project survey results;
- Janet will be providing an information report at the March meeting to provide more information on MyDurham311;
- Representatives from myDurham311 will attend the May meeting;
- L. Schisler will be providing a presentation with regards to Community Care Durham and what they provide to the community at the June meeting; and
- The Provincial Offences Courts will provide an update on the reopening of the court at the June meeting.

B) Update on the Transit Advisory Committee (TAC)

M. Roche provided an update on the Transit Advisory Committee via email on January 26, 2021.

He advised that the Transit Advisory Committee meeting was held on January 19, 2021 and advised of the following:

- There has been a severe drop in the number of riders using specialized services due to the pandemic; and
- The eligibility for using specialized services has to be renewed at the end of the year. 300 applications were sent out but only 30% have been received. A number of people have indicated that they have been unable to get to their Doctor to get the application signed.

C) Accessibility Coordinator Update

J. Traer provided the following update:

- As of January 1, 2021, the Region must ensure that the regional website is compliant with Web Content Accessibility Guidelines (WCAG) 2.0, Level AA through the Accessibility for Ontarians with Disabilities Act. The Region has hired an external consultant to test the website and staff will be reviewing the results to address any concerns. It was suggested that a presentation be provided to the committee with regards to what is involved with the accessible website and creating accessible documents;
- Regional headquarters will not be open to the public before June 30, 2021 due to the COVID-19 pandemic; and
- Thursday, January 28, 2021 is Bell Let's Talk Day, an important day to highlight and address mental health issues.

9. Reports for Information

There were no reports to consider.

10. Other Business

There were no items of other business.

11. Date of Next Meeting

The next regularly scheduled meeting of the Accessibility Advisory Committee will be held on Tuesday, March 23, 2021 at 1 PM.

11. Adjournment

Moved by H. Hall, Seconded by M. Peters,
That the meeting be adjourned.
CARRIED

The meeting adjourned at 2:59 PM

C. Boose, Chair
Accessibility Advisory Committee

N. Prasad, Committee Clerk