



April 26, 2023

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

[www.algomapublichealth.com](http://www.algomapublichealth.com)

# Meeting Book - April 26, 2023, Board of Health Meeting

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## Board of Health Meeting

### AGENDA

April 26, 2023 at 5:00 pm

SSM Algoma Community Room | Video/Teleconference

#### **BOARD MEMBERS**

Sally Hagman - Chair  
Luc Morrisette - 1st Vice-Chair  
Deborah Graystone - 2nd Vice-Chair  
Julila Hemphill  
Loretta O'Neill  
Sonia Tassone  
Suzanne Trivers  
Matthew Shoemaker  
Jody Wildman

#### **APH MEMBERS**

Dr. Jennifer Loo - Medical Officer of Health & CEO  
Dr. John Tuinema - Associate Medical Officer of Health  
Antoniette Tomie - Director of Corporate Services  
Laurie Zeppa - Acting Director of Health Protection  
Kristy Harper - Acting Director of Health Promotion & Chief Nursing Officer  
Leo Vecchio - Manager of Communications  
Leslie Dunseath - Manager of Accounting Services  
Tania Caputo - Board Secretary

#### **GUESTS**

Hilary Cutler - Manager of Community Wellness

- 
- |   |                                  |
|---|----------------------------------|
| <b>1.0 Meeting Called to Order</b>  | <i>S. Hagman</i>                 |
| <ul style="list-style-type: none"><li>a. Land Acknowledgment</li><li>b. Declaration of Conflict of Interest</li><li>c. Roll Call</li></ul>  |                                  |
| <br>  |                                  |
| <b>2.0 Adoption of Agenda</b>   | <i>S. Hagman</i>                 |
| <div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div>   |                                  |
| THAT the Board of Health agenda dated April 26, 2023 be approved as presented.  |                                  |
| <br>  |                                  |
| <b>3.0 Delegations / Presentations</b>  | <i>J. Tuinema,<br/>H. Cutler</i> |
| <ul style="list-style-type: none"><li>a. Alcohol-Related Harms, Risks, and the Public Health Approach</li></ul>   |                                  |
| <div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div>   |                                  |
| <br>  |                                  |
| <b>4.0 Adoption of Minutes of Previous Meeting</b>  | <i>S. Hagman</i>                 |
| <div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div>   |                                  |
| THAT the Board of Health minutes dated March 22, 2023, be approved as presented.  |                                  |
| <br>  |                                  |
| <b>5.0 Business Arising from Minutes</b>  | <i>S. Hagman</i>                 |
| <br>  |                                  |
| <b>6.0 Reports to the Board</b>   | <i>J. Loo</i>                    |
| <ul style="list-style-type: none"><li>a. <b>Medical Officer of Health and Chief Executive Officer Reports</b><ul style="list-style-type: none"><li>i. MOH Report - April 2023<ul style="list-style-type: none"><li>• Program Highlight - Foundations and Strategic Support Team (FASST)</li></ul></li></ul></li></ul> |                                  |
| <div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div>   |                                  |
| THAT the report of the Medical Officer of Health and CEO for April 2023 be accepted as presented.   |                                  |

<b>6.0</b>	<b>b. Finance and Audit</b>	<i>L. Morrisette</i>
	<b>i. Draft Audited Financial Statements for the period ending December 31, 2022.</b>	<i>L. Morrisette</i>
	<b>RESOLUTION</b>	
	THAT the Board of Health approves the Draft Audited Financial Statements for the period ending December 31, 2022, as presented.	
	<b>ii. Unaudited Financial Statements ending February 28, 2023</b>	<i>L. Morrisette</i>
	<b>RESOLUTION</b>	
	THAT the Board of Health approves the Unaudited Financial Statements for the period ending February 28, 2023, as presented.	
<b>7.0</b>	<b>New Business/General Business</b>	<i>S. Hagman</i>
<b>8.0</b>	<b>Correspondence</b>	<i>S. Hagman</i>
	<b>a. Letter to the Premier of Ontario from Public Health Sudbury &amp; Districts regarding the increase of minimum wage dated April 11, 2023.</b>	
<b>9.0</b>	<b>Items for Information</b>	<i>S. Hagman</i>
	<b>a. alPHa Information Break - April 2023</b>	
	<b>b. alPHa Annual General Meeting</b>	
<b>10.0</b>	<b>Addendum</b>	<i>S. Hagman</i>
<b>11.0</b>	<b>In-Camera</b>	<i>S. Hagman</i>
	For discussion of labour relations and employee negotiations, matters about identifiable individuals, <b>adoption of in camera minutes, security of the property of the board,</b> litigation or potential litigation.	
	<b>RESOLUTION</b>	
	THAT the Board of Health go in-camera.	
<b>12.0</b>	<b>Open Meeting</b>	<i>S. Hagman</i>
	Resolutions resulting from in-camera meeting.	
<b>13.0</b>	<b>Announcements / Next Committee Meetings:</b>	<i>S. Hagman</i>
	<b>Board of Health Orientation &amp; Governance PD</b>	
	Saturday, April 29, 2023 @ 9:00 am	
	SSM Algoma Community Room   Video Conference	

**Governance Committee Meeting**

Wednesday, May 10, 2023 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Board of Health**

Wednesday, May 24, 2023 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Finance and Audit Committee Meeting**

Wednesday June 21, 2023 @ 5:30 pm  
SSM Algoma Community Room | Video Conference

14.0 Evaluation

S. Hagman

15.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.

# Alcohol-related harms, risks, and the public health approach

Dr. John Tuinema, Associate Medical Officer of Health

Hilary Cutler, Manager of Community Wellness

April 26, 2023

# Overview

- Strategy and accountability documents
- New Guidance on Alcohol and Health
- Connection between alcohol and cancer
- Alcohol-related harms in Ontario and Algoma
- Ottawa Charter: The Public health approach
- First steps: Alcohol labeling resolution
  
- Finding a balance





# APH Strategic Directions



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

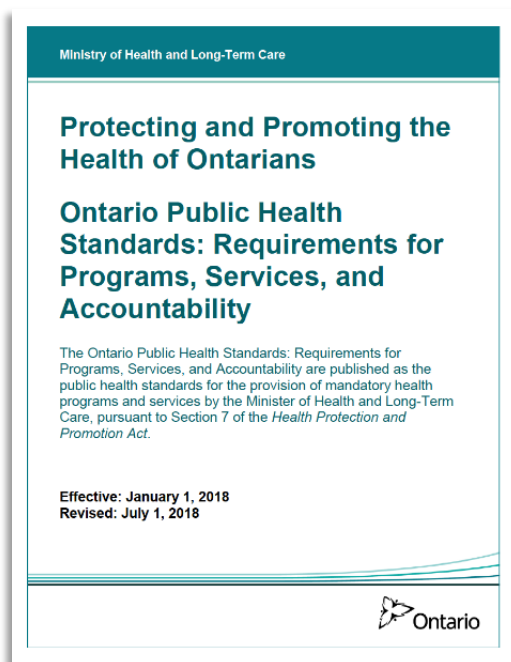


Improve the impact and effectiveness of APH programs.



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

# Ontario Public Health Standards



## Substance Use and Injury Prevention

### Goal

To reduce the burden of preventable injuries and substance<sup>19</sup> use.

- There is increased public awareness of the impact of risk and protective factors associated with injuries and substance use.

## Chronic Disease Prevention and Well-Being

### Goal

To reduce the burden of chronic diseases of public health importance<sup>6</sup> and improve well-being.

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for the prevention of chronic diseases.



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# Alcohol-Related Harms in Ontario

Some alcohol related harms are very familiar.

	Total alcohol attributable health conditions	Cancer	Cardiovascular diseases	Communicable diseases	Digestive conditions	Endocrine conditions	Neuro-psychiatric conditions	Intentional injuries	Motor vehicle collisions	Unintentional injuries
Deaths	<b>4,330</b>	1,204	934	126	865	-67	329	306	87	545
Hospitalizations	<b>22,009</b>	2,071	-2,263	1,282	4,709	-285	8,379	1,250	672	6,194
Emergency department visits	<b>194,692</b>	613	2,528	5,559	5,435	-927	57,536	9,112	9,391	105,446

Estimates of average annual deaths, hospitalizations, and emergency department visits from health conditions attributable to alcohol in people aged 15 and older, Ontario (2023)



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# Alcohol-Related Harms in Ontario

Others are less familiar.

	Total alcohol attributable health conditions	Cancer	Cardiovascular diseases	Communicable diseases	Digestive conditions	Endocrine conditions	Neuro-psychiatric conditions	Intentional injuries	Motor vehicle collisions	Unintentional injuries
Deaths	4,330	1,204	934	126	865	-67	329	306	87	545
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Emergency department visits	194,692	613	2,528	5,559	5,435	-927	57,536	9,112	9,391	105,446

Estimates of average annual deaths, hospitalizations, and emergency department visits from health conditions attributable to alcohol in people aged 15 and older, Ontario (2023)

# The Link Between Cancer and Alcohol

- Alcoholic beverages cause cancers of the oral cavity, pharynx, larynx, esophagus, colon and rectum, female breast, pancreas, and liver.
- How?
- It has to do with the quantity that is consumed.

# Alcohol-Related Harms in Ontario

Let's compare two outcomes...

	Total alcohol attributable health conditions	Cancer	Cardiovascular diseases	Communicable diseases	Digestive conditions	Endocrine conditions	Neuro-psychiatric conditions	Intentional injuries	Motor vehicle collisions	Unintentional injuries
Deaths	4,330	1,204	934	126	865	-67	329	306	87	545
Hospitalizations	22,009	2,071	-2,263	1,282	4,709	-285	8,379	1,250	672	6,194
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Estimates of average annual deaths, hospitalizations, and emergency department visits from health conditions attributable to alcohol in people aged 15 and older, Ontario (2023)



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# Alcohol-Related Harms in Algoma



In an average year, an estimated:

- **57 deaths**
- **310 hospitalizations**
- **2,306 emergency department visits**

were attributable to alcohol in people age 15 and older

These alcohol attributable outcomes made up:

- **4.1% of deaths**
- **2.4% of hospitalizations**
- **2.7% of emergency department visits**

from all causes in people age 15 and older in Algoma



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# Alcohol Consumption Might Be Higher Than You Think

- 23% of Canadians who consume alcohol exceed the past guidelines (representing 18% of the population aged 15 and over)
  - No more than 2 drinks per day to a max of 10 per week for women
  - No more than 3 drinks per day to a max of 15 per week for men
- 14.7% of Ontarians aged 12 and over reported heavy drinking in the past year
  - refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year
- Alcohol consumption statistics are generally understood to be underestimates

## Sources:

Government of Canada. Canadian Alcohol and Drugs Survey (CADS): summary of results for 2019. 2021.  
<https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html>

Statistics Canada. Heavy drinking, by age group. 2022.  
<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009611&pickMembers%5B0%5D=1.7&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2021&referencePeriods=20200101%2C20210101>



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# New Guidance on Alcohol and Health

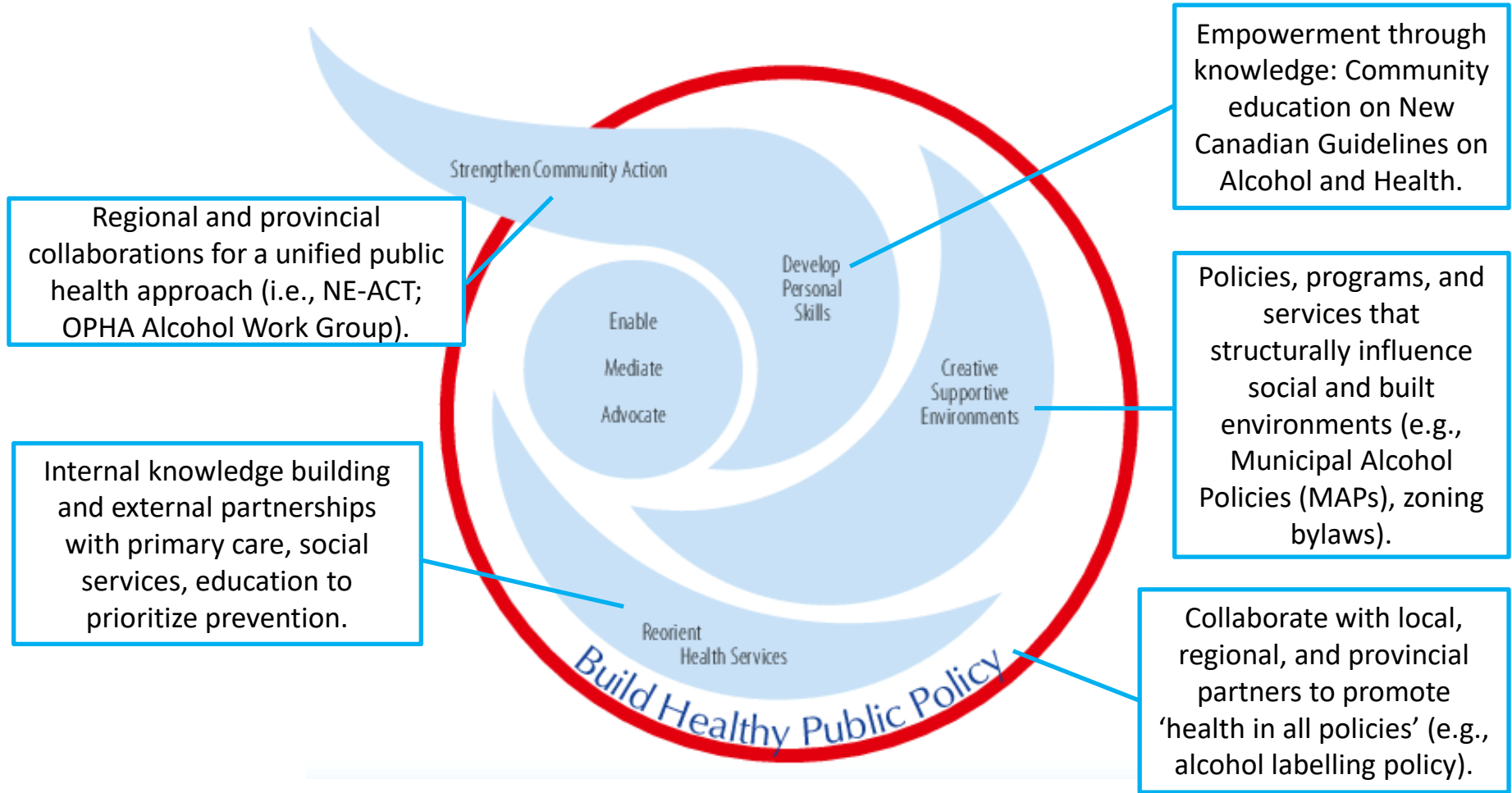
## Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.



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# Ottawa Charter: The Public Health Approach



## Comprehensive Health Promotion Approach Rooted in Health Equity

# Opportunities for Action on Alcohol Policy

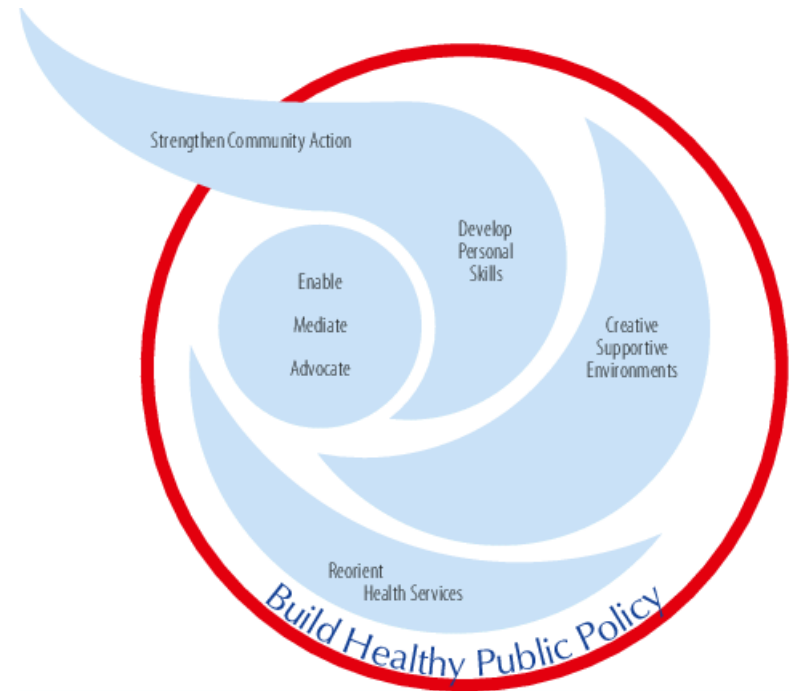
## Theoretical Assumptions Underlying Seven Broad Approaches of Alcohol Policy

Policy Approach	Theoretical Assumption
1. Regulating physical availability of alcohol	Reducing supply by restricting physical availability will increase effort to obtain alcohol and thereby reduce total volume consumed and alcohol-related problems
2. Controlling affordability (alcohol taxes and other price controls)	Increasing the economic cost of alcohol (i.e., the price to the consumer) relative to alternative commodities will reduce demand
3. Placing restrictions on marketing	Reducing exposure to marketing, which normalizes drinking and links it with social aspirations, will slow recruitment of drinkers and reduce heavier drinking by young persons
4. Developing drinking and driving prevention and countermeasures	Deterrence, punishment and social pressure will reduce drinking and driving
5. Modifying the drinking context	Creating environmental and social constraints will limit alcohol consumption and reduce alcohol-related violence
6. Developing education and persuasion strategies	Health information that increases knowledge and changes attitudes will prevent drinking problems
7. Providing treatment and early intervention services	Alcohol dependence will be prevented by motivating heavy drinkers to drink moderately; various therapeutic interventions will increase abstinence among persons who have developed a dependence on alcohol



# First Steps: Alcohol Labelling

- Alcohol labeling and the “right to know”
  - Develop personal skills
  - Create supportive environments
  - Build healthy public policy
- Resolution





Questions?

**Chi-Miigwech. Merci. Thank you.**

<b>Date: April 26, 2023</b>	<b>Resolution No: 2023-36</b>
<b>Moved:</b>	<b>Seconded:</b>
<b>Subject:</b> Support for Bill S-254 to amend the Food and Drugs Act (warning label on alcoholic beverages)	
<p><b>Whereas</b>, Canada’s <i>Guidance on Alcohol and Health</i> (January 2023) outlines the current evidence linking alcohol to many health conditions and aims to help people make well-informed decisions about their alcohol consumption <sup>(1)</sup>; and</p> <p><b>Whereas</b>, the World Health Organization has classified alcohol as a Class 1 Carcinogen and a direct causal link exists between alcohol consumption and cancers of the mouth, pharynx, larynx, esophagus, liver, colorectum, and female breast<sup>(2)</sup>; and</p> <p><b>Whereas</b>, over 1 in 4 Algoma residents drink heavily and breast and colorectal cancers are more frequently diagnosed in Algoma compared to Ontario<sup>(3)</sup>; and</p> <p><b>Whereas</b>, Public Health Ontario found that 1204 cancer deaths annually could be attributed to alcohol consumption in Ontario<sup>(4)</sup>; and</p> <p><b>Whereas</b>, the <i>Ontario Public Health Standards</i> Substance Use and Injury Prevention Program Standard requires that the Board of Health is aware of and uses data to influence and inform the development of local healthy public policy and Health Unit programs and services for preventing injuries, preventing substance use, and reducing harms associated with substance use<sup>(5)</sup>; and</p> <p><b>Whereas</b>, the Canadian Alcohol Policy Evaluation states that it is critical that consumers understand the risks they are assuming, given the well-established risks of consuming ethanol and the significant burden of disease associated with its use<sup>(6)</sup>; and</p> <p><b>Whereas</b>, more than 75% of Canadians report consuming alcohol<sup>(7)</sup>, and only 28% of Canadians are aware of the linkage between alcohol and cancer, but two-thirds of those surveyed said they would decrease their consumption with this knowledge<sup>(8)</sup>; and</p> <p><b>Whereas</b>, in Canada, tobacco and cannabis products, two other legally regulated substances<sup>(9, 10)</sup>, are already subject to mandatory warning labels, which have been found to be among the “most direct and prominent means of communicating with smokers”<sup>(11)</sup>; and an “accessible format may ... better inform drinkers about their consumption and increase awareness of alcohol-related health risks.”<sup>(12)</sup>; and</p> <p><b>Whereas</b>, alcohol consumption cost Canada \$16.6 billion in healthcare, lost productivity, criminal justice, and other direct costs and was responsible for more than 18,000 deaths in 2017<sup>(13)</sup>; and</p> <p><b>Whereas</b>, Bill S-254 aligns with the recent call for warning labels that forms part of the Canadian Centre on Substance Use and Addictions’ new Canadian <i>Guidance on Alcohol and Health</i>, to “require, through regulation, the mandatory labelling of all alcoholic beverages to list the number of standard drinks in a container, the <i>Guidance on Alcohol and Health</i>, health warnings and nutrition information<sup>(1)</sup>.”; and</p> <p><b>Whereas</b>, the Association of Local Public Health Agencies (aLPHA), Northwestern Health Unit, Timiskaming Health Unit, and Simcoe Muskoka District Health Unit have expressed support for Bill S-254;</p>	

**Therefore be it resolved,** that the Board of Health of Algoma Public Health write to local Members of Parliament and the Honorable Senator Patrick Brazeau who sponsored Bill S-254 at the 44<sup>th</sup> Parliament, 1<sup>st</sup> Session, to express support for Bill S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)<sup>(14)</sup> and call on the federal government of Canada to implement alcohol warning labels that:

1. Indicate the volume that constitutes a standard drink; and
2. Detail the number of standard drinks in the beverage container; and
3. Display health messages regarding the relationship between the number of standard drinks consumed and health outcomes, including the risk of cancer.

**References:**

1. Update of Canada’s Low-Risk Alcohol Drinking Guidelines: Final Report for Public Consultation. Canadian Centre on Substance Use and Addiction, 2022. <https://ccsa.ca/update-canadas-low-risk-alcohol-drinking-guidelines-final-report-public-consultation-report>
2. Wild CP, Stewart BW, Wild C. World cancer report 2014: World Health Organization Geneva, Switzerland; 2014.
3. Ontario Cancer Profiles Ontario Health (Cancer Care Ontario),2021. <https://cancercareontario.ca/ontariocancerprofiles>
4. Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Public Health Ontario, 2023. <https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol>
5. Ontario Ministry of Health and Long-term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. 2018.
6. Naimi T, Giesbrecht N, Stockwell T, Asbridge M, Gagnon M, Hynes G, et al. Evidence-based recommendations for labelling of alcohol products in Canada. Canadian Alcohol Policy Evaluation (3.0) Team, 2022. <https://www.uvic.ca/research/centres/cisur/assets/docs/cape/cape-evidenced-based-recommendations-for-labelling-of-alcohol-products-in-canada.pdf>
7. Beitsch LM, Yeager VA, Moran J. Deciphering the imperative: translating public health quality improvement into organizational performance management gains. Annual review of public health. 2015;36:273-87. doi: 10.1146/annurev-publhealth-031914-122810. PubMed PMID: 25494050.
8. Yau MTK, Chandok N, Yoshida EM. Alcohol product warning labels to deter alcohol misuse and prevent alcohol-related diseases: a call to action in Canada. University of Toronto Press; 2021. p. 75-8.
9. The Cannabis Act, S.C. 2018 C.16.
10. Tobacco Act. Tobacco and vaping products act: Tobacco products information regulations. , (2000).
11. Hammond D. Health warning messages on tobacco products: a review. Tobacco control. 2011;20(5):327-37.
12. Vallance K, Romanovska I, Stockwell T, Hammond D, Rosella L, Hobin E. “We have a right to know”: exploring consumer opinions on content, design and acceptability of enhanced alcohol labels. Alcohol and Alcoholism. 2018;53(1):20-5.
13. Canadian Centre on Substance Use and Addiction, 2020. <https://www.drugsandalcohol.ie/32359/1/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020.pdf>
14. An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), (2023).

**CARRIED: Chair's Signature** \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Deborah Graystone | <input type="checkbox"/> Luc Morrissette | <input type="checkbox"/> Matthew Shoemaker | <input type="checkbox"/> Suzanne Trivers |
| <input type="checkbox"/> Sally Hagman      | <input type="checkbox"/> Loretta O'Neill | <input type="checkbox"/> Sonia Tassone     | <input type="checkbox"/> Jody Wildman    |
| <input type="checkbox"/> Julila Hemphill   |  |  |  |



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April 26, 2023

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health



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## APH AT-A-GLANCE

As we observe the fits and starts of spring weather this past month, APH has noted another sign of positive improvement in Algoma's COVID-19 related indicators. Our rate of high-risk cases are at their lowest since the start of the omicron wave, and there are no COVID-19 outbreaks in any high-risk settings at the time of writing. Our wastewater signal is also significantly lower than it was earlier in the respiratory illness season. Overall, the current risks of COVID-19 to the community are significantly lower than before, which is in keeping with seasonal respiratory illness patterns.

Externally, APH continues to encourage community members to take general preventive actions against COVID-19 and other communicable diseases, such as getting a booster COVID-19 vaccine if they are eligible, and staying home when sick. Internally, teams are actively reviewing processes in preparation for a further wind down of APH's IMS emergency response structure. In alignment with APH's strategic objectives, and mindful of the crucial process of recovery for our workforce, we are also exploring ways to remember, share, and honour the stories of our people and our partners during this historic and unprecedented time.

In this month's written report, we describe the evolution of APH'S Foundations and Strategic Support Team (FASST), and highlight the breadth of work they do to strengthen APH'S programs and services, and build capacity across the agency. Indeed, the journey of FASST reflects APH's broader development in recent years. FASST's conceptualization and formation in 2018 was the direct result of not only the introduction of provincial foundational standards for public health practice at the time, but the team's creation was part of a broader organizational vision – shared by myself and then MOH, Dr. Marlene Spruyt – of strengthening APH's workforce through capacity building and diversification. Fast forward to the present time (pardon the pun), we see workforce development formalized into APH's strategic plan and an expanded second generation of FASST members. Most notably, we see a significantly diversified workforce at APH, with traditional public health professionals having broadened capacity and scope and new positions embedded across teams that provide skilled specialist support. It is this APH team that pivoted in so many ways during the pandemic and took on the broad roles and requirements of the public health response, and it is this same team that is now advancing APH's strategic plan and prioritizing the public health needs of Algoma communities.

## PROGRAM HIGHLIGHT - The Foundations and Strategic Support Team (FASST)

**Topic:** Supporting a Strong Foundation for Public Health Practice: The Foundations and Strategic Support Team (FASST)

**From:** Liliana Bressan, Manager of Effective Public Health Practice

**Ontario Public Health Standards (OPHS)<sup>1</sup> addressed in this report include the four foundational standards:**

- **Population Health Assessment:** Public health practice responds effectively to current and evolving conditions and contributes to the public's health and well-being with programs and services that are informed by the population's health status, including social determinants of health and health inequities.
- **Health Equity:** Public health practice decreases health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or socially determined circumstances.
- **Effective Public Health Practice:** Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement. This standard includes program planning, evaluation, evidence-informed decision-making, research, knowledge exchange, quality and transparency, and effective communication for promotion and protection of the public's health.
- **Emergency Management:** Public health practice enables consistent and effective management of emergency situations.

**2021-2025 Strategic Priorities addressed in this report<sup>2</sup>:**

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

### **Key Messages:**

- Four foundational standards (population health assessment, health equity, effective public health practice, and emergency management) within the OPHS outline requirements for public health programs and services to be informed by evidence, to ensure public health practice is responsive to the needs and emerging issue of the population in Algoma, and that the best available evidence is used to address priority issues.
- Focusing on foundational standards for evidence-informed practice and putting resources where they are likely to have the greatest impact can maximize the impact of public health and opportunities for action.
- The foundations and strategic support team (FASST) was developed in 2018 and redesigned in 2021 to provide strategic support and build capacity for foundational standards across all public health programs.
- The routine work of FASST directly aligns to APH's strategic plan, by strengthening population health assessment, supporting use of evidence and data to plan and evaluate for program effectiveness and impact, engaging with priority populations and partners to develop a shared understanding of needs, and developing organizational capacity to use evidence and data.
- Priorities for FASST in 2023 focus on capacity building and projects to inform and support the restoration of public health programs and services and rebuild of local public health throughout COVID-19 recovery (e.g., community health profile, systematic planning support, Indigenous engagement strategy, health equity advocacy and awareness, and emergency management orientation and planning).

<sup>1</sup> Ministry of Health and Long-Term Care. Ontario public health standards. 2021.  
[https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/)

<sup>2</sup> Algoma Public Health. Strategic plan. 2021. <https://www.algomapublichealth.com/about-us/strategic-plan/>

## Overview & Value of Foundational Standards

Using high quality evidence that is applicable to a Northern Ontario context is critical to driving effective public health practice that results in positive population health outcomes. Evidence includes local context to understand community health issues, community and political preferences and actions, research and evidence review, and public health resources, which form the public health expertise that guides planning, implementation, and continuous improvement of programs and services that respond to the needs and emerging issues impacting Algoma.<sup>1,3</sup>

Within the OPHS, four foundational standards include population-based goals and requirements that underpin all public health program standards:<sup>1</sup> These foundational standards include: population health assessment, health equity, emergency management, and effective public health practice, which is divided into three components: (a) program planning, evaluation, and evidence-informed decision-making, (b) research, knowledge exchange and communication, and (c) quality and transparency.<sup>1</sup> Within Algoma Public Health's (APH) Foundation and Strategic Support Team (FASST), there are staff dedicated to each foundational standard.

Consistent foundational standard implementation across programs and services has the potential to benefit program and population health outcomes. Evidence-based practice increases access to quality information on public health approaches with demonstrated effectiveness, supports informed decision-making and systematic planning, and increases the likelihood of successful programs and policies being implemented by public health.<sup>4</sup>

Using an evidence-informed approach and putting public health resources where they are most likely to have the greatest impact can result in more efficient use of public health resources, improving the wellbeing of our communities at reasonable cost to Algoma residents.<sup>5,6</sup>

## Our People: About the Foundations and Strategic Support Team

In 2018, FASST was established by the then Associate Medical Officer of Health (AMOH), Dr. Jennifer Loo, and included an Epidemiologist, Planning and Evaluation Specialist, and Research and Policy Advisor, to provide strategic support and build capacity for foundational standards within programs and services at APH.

In 2021, FASST responded to changing needs which resulted in reorganization of the team's structure. Therefore, the team is in a re-development phase in addition to their core work. This includes building core competencies, updating resources, and designing processes for working with programs. FASST includes an Epidemiologist, Data Analyst, Research and Policy Advisor, Planning and Evaluation Specialist, Program Planner and Evaluator, Indigenous Engagement Facilitator, and two Public Health Nurses, alongside learners (i.e., master students, BScN students, medical residents). FASST also has Field Epidemiologist from the Public Health Agency of Canada for a 2-year term, until 2024. The team is currently led by the AMOH, Manager of Effective Public Health Practice, and Manager of Emergency Preparedness and Response.

## Our Strategic Support for Local Public Health: Routine Work of the Foundations and Strategic Support Team

The pandemic resulted in the pausing of routine strategic support for public health; however, FASST continued to provide robust support for pandemic response coordination, epidemiologic surveillance and reporting, evidence reviews, knowledge translation and communication, planning and evaluation with health equity at the forefront for both COVID-19 response and immunization, and Indigenous and priority population engagement (e.g., First

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<sup>3</sup> National Collaborating Centre for Methods and Tools. Evidence-informed decision making in public health. 2023. <https://www.nccmt.ca/tools/eiph>

<sup>4</sup> Brownson RC, Fielding JE, Maylahn CM. Evidence-based decision making to improve public health practice. *Frontiers in Public Health Services and Systems Research*. 2013;2(2):2.

<sup>5</sup> Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, Services UDHaH; 2010. <https://health.gov/sites/default/files/2021-11/Committee%27s%20Report%20on%20Evidence-Based%20Clinical%20and%20Public%20Health-%20Generating%20and%20Applying%20the%20Evidence.pdf>

<sup>6</sup> Fink A. Public health practice and the best available evidence. Evidence-Based Public Health Practice Thousand Oaks, California: SAGE Publications. 2013.

Nation, Metis and Urban Indigenous partners, Anabaptist communities, high-risk populations).

Now in the initial stages of pandemic recovery, FASST is back to functioning as an internal consulting team, providing public health programs and services support through consults, capacity building, and products for evidence-informed practice. As a snapshot of routine work, sub-teams within FASST:

- **Population Health Assessment:** Conduct surveillance (e.g., opioid response, diseases of public health significance, etc.), communicate population health data internally, with partners, and the public (e.g., news releases, website updates and disclosures), assess community health status (e.g., community health profile), and use data to assess needs and inform programs (e.g., population and program indicator reporting). Aligning to APH's strategic plan, this work helps to advance the priority public health needs of Algoma's diverse communities by improving our understanding of local health disparities, priority populations, and community health needs, and communicating data with partners to inform collaborative efforts to improve population health. <sup>2</sup>
- **Health Equity:** Support identification of inequities and upstream strategies to decrease inequities (e.g., evidence reviews, healthy public policy advocacy), consult with programs to support orientation of interventions to decrease inequities (e.g., strategies to communicate with or reach target populations, priority population supports in emergencies), engage with priority populations to understand their unique needs and preferences and identify opportunities for partnership (e.g., Indigenous engagement initiatives, Mennonite community clinics), and provide capacity building support (e.g., Bridges out of Poverty training). Aligning to APH's strategic plan, this work helps to advance the priority public health needs of Algoma's diverse communities and improve the impact and effectiveness of programs, by engaging priority populations to develop a shared understanding of needs and support integrated strategies for health. <sup>2</sup>
- **Effective Public Health Practice:** Develop and support a systematic process to plan public health programs and services that meet the needs of the community (e.g., Standard Implementation Planning, situational assessments), synthesize and disseminate evidence to inform planning and decision-making (e.g., evidence briefs, rapid reviews), monitor and evaluate programs and services (e.g., aligning indicators to program plans, evaluation support, surveys), support knowledge translation (e.g., website content, presentations, board of health materials) and support capacity building for effective public health practice (e.g., monthly evidence and training opportunities shared cross-agency, planning and evaluation workshops, how to use research). Aligning to APH's strategic plan, this work helps to improve public health programs by aligning programs to priorities and the unique role of public health and using evidence and data to plan and evaluate for program effectiveness and impact. <sup>2</sup>
- **Emergency Management:** Build and maintain a network of emergency management partners, maintain APH's emergency response plan and associated documents for APH's incident management system, conduct hazard identification and risk assessments, develop and maintain hazard and non-hazard specific plans, support continuity of operations planning, conduct planning with partners for emergencies (e.g., flood evaluations), and support capacity building (e.g., orientation). Aligning to APH's strategic plan, this work helps to engage partners and communities with shared goals and accountabilities in emergencies, and in the evolution of our public health role in emergency preparedness and response in Algoma. <sup>2</sup>

As part of APH's strategic direction to grow and celebrate an organizational culture of learning, innovation, and continuous improvement<sup>2</sup>, FASST also fosters relationships with community researchers and external partners (e.g., Innovation Centre, Sault College, Municipal Emergency Control Group). The team also engages with health units across Ontario and provincial partners to exchange knowledge and resources (e.g., CCM Expansion Working Group, Ontario Public Health Association, Continuous Quality Improvement Community of Practice, Public Health Indigenous Engagement Network, Social Determinant of Health Public Health Nursing Network).

### **FASST Forward: Priorities for 2023**

With consideration of APH's strategic plan<sup>2</sup> and pandemic recovery, the priorities for each of the sub-teams within FASST for 2023 include:

- **Population Health Assessment:**
  - Updating the Algoma Community Health Profile<sup>7</sup>, in collaboration with other sub-teams of FASST and through consultation with public health programs, to provide a snapshot of health across the Algoma district and identify public health successes and priority health concerns that our communities need to focus on collaboratively. This data will inform priority populations for public health and health equity action, and program and service planning with partners.
  - Updating our current health surveillance systems using new statistical methods and software.
- **Effective Public Health Practice:**
  - Creating and implementing an enhanced Standard Implementation Planning (SIP) process to move from legislation and standards to program and individual level planning in public health.
  - Increasing capacity building opportunities for use of evidence to inform practice (i.e., internal workshops on areas of program-identified need).
  - Updating policies, procedures, and agreements for working with external agencies involved in research to support evidence-informed and ethical practice.
- **Health Equity:**
  - Developing an engagement strategy with Indigenous communities and partners for action towards the shared goal of Reconciliation at various levels (e.g., community, program, organizational levels).
  - Providing agency support for cultural safety and humility and Indigenous engagement.
  - Conducting assessment of the needs of Anabaptist communities in Algoma to prioritize support.
  - Delivering Bridges out of Poverty training internally and externally to help employees and organizations understand, address, and reduce poverty, a key determinant of health, while raising awareness of health equity issues (e.g., housing crisis) and policy solutions across Algoma.
- **Emergency Management:**
  - Rebuilding and maintaining a network of emergency management partners in Algoma.
  - Completing in-action and after-action reviews and summaries for COVID-19, to assess the public health response to COVID-19 and improve processes for emergency response.
  - Re-building capacity through orientation and training that embeds lessons learned from the local pandemic response to prepare for and respond to future emergencies.

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<sup>7</sup> Algoma Public Health. Community health profile. 2018. <https://www.algomapublichealth.com/stats-reports/community-health-profile-2018/>

As a team, an internal priority for 2023-Q1 was to enhance workflow from public health programs and services to/from FASST. A digital FASST Assignment Dashboard was created and piloted in April 2023, and is now in early phases of implementation, to facilitate programs in accessing supports and receiving updates on work status. Focusing on the priorities identified for 2023 will enable FASST to advance strategic support for public health programs and strengthen the foundation needed for effective public health practice that will push us to achieve our vision of *health for all, together*.

**Algoma Public Health  
(Unaudited) Financial Statements      February 28, 2023**

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	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ 0	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	1,465,868	1,465,867	1	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	356,582	364,667	(8,085)	3,266,089	-2%	98%
Provincial Grants - Mitigation Funding	0	172,967	(172,967)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	60,728	54,564	6,164	452,384	11%	111%
<b>Total Public Health Revenue</b>	<b>\$ 2,930,482</b>	<b>\$ 3,105,368</b>	<b>\$ (174,886)</b>	<b>\$ 17,740,689</b>	<b>-6%</b>	<b>94%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 2,573,451	\$ 2,552,281	\$ (21,170)	\$ 15,542,525	1%	101%
Public Health 100% Prov. Funded Programs	361,507	364,666	3,160	2,198,164	-1%	99%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 2,934,958</b>	<b>\$ 2,916,948</b>	<b>\$ (18,010)</b>	<b>\$ 17,740,689</b>	<b>1%</b>	<b>101%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ (4,476)</b>	<b>\$ 188,420</b>	<b>\$ (192,896)</b>	<b>\$ 1</b>		

### Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 979,011	979,010	(1)	1,068,011	0%	100%
Expenditures	978,722	979,193	(471)	1,068,011	0%	100%
<b>Excess of Rev. over Exp.</b>	<b>289</b>	<b>(183)</b>	<b>472</b>	<b>0</b>		

### Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 2,087,273	2,080,533	(6,740)	2,176,700	0%	100%
Expenditures	1,099,975	2,014,951	(914,977)	2,176,700	-45%	55%
<b>Excess of Rev. over Fiscal Funded</b>	<b>987,299</b>	<b>65,582</b>	<b>921,717</b>	<b>-</b>		

### Community Health Programs (Non Public Health)

<b>Calendar Programs</b>						
<b>Revenue</b>						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	0	0	-	0	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>Expenditures</b>						
Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Calendar Community Health Programs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>Total Rev. over Exp. Calendar Community Health</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

### Fiscal Programs

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 285,901	\$ 311,795	\$ (25,895)	\$ 325,308	-8%	92%
Municipal, Federal, and Other Funding	120,903	120,903	-	120,903	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ 406,804</b>	<b>\$ 432,698</b>	<b>\$ (25,895)</b>	<b>\$ 446,211</b>	<b>-6%</b>	<b>94%</b>
<b>Expenditures</b>						
Brighter Futures for Children	92,009	104,910	12,901	120,903	-12%	88%
Infant Development	23,481	0	(23,481)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	7,411	58,155	50,744	58,155	-87%	13%
Nurse Practitioner	151,157	153,807	2,650	167,153	-2%	98%
Stay on Your Feet	72,995	91,667	18,672	100,000	-20%	80%
Rent Supplements CMH	32,258	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	0	0	-	0	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
<b>Total Fiscal Community Health Programs</b>	<b>\$ 379,310</b>	<b>\$ 408,538</b>	<b>\$ 29,228</b>	<b>\$ 446,211</b>	<b>-7%</b>	<b>93%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 27,493</b>	<b>\$ 24,160</b>	<b>\$ 3,334</b>	<b>\$ (0)</b>		

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months  
and variances of 10% and \$10,000 occurring in the final 6 months

**Algoma Public Health**
**Revenue Statement**

For Two Months Ending February 28, 2023

(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Bgt. to Act. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Annual Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Levies Sault Ste Marie	728,414	728,414	0	2,913,655	0%	25%	737,931	737,931	(0)
Levies District	318,891	318,891	(1)	1,275,561	0%	25%	309,373	309,373	0
<b>Total Levies</b>	<b>1,047,304</b>	<b>1,047,305</b>	<b>(1)</b>	<b>4,189,216</b>	<b>0%</b>	<b>25%</b>	<b>1,047,304</b>	<b>1,047,304</b>	<b>(0)</b>
MOH Public Health Funding	1,465,868	1,465,867	1	8,795,200	0%	17%	1,451,352	1,451,352	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
<b>Total Public Health Cost Shared Funding</b>	<b>1,465,868</b>	<b>1,465,867</b>	<b>1</b>	<b>8,795,200</b>	<b>0%</b>	<b>17%</b>	<b>1,451,352</b>	<b>1,451,352</b>	<b>0</b>
MOH Funding - MOH / AMOH Top Up	30,420	31,550	(1,130)	189,300	-4%	16%	30,552	31,550	(998)
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	19,568	19,567	1
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Senior Dental	208,816	208,817	(1)	1,252,900	0%	17%	116,316	162,983	(46,667)
MOH Funding Indigenous Communities	16,332	16,333	(1)	98,000	0%	17%	16,332	16,333	(1)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 Extraordinary Costs	(6,954)	0	(6,954)	1,078,089	#DIV/0!	-1%	(6,954)	0	(6,954)
<b>Total Public Health 100% Prov. Funded</b>	<b>356,582</b>	<b>364,667</b>	<b>(8,085)</b>	<b>3,266,089</b>	<b>-2%</b>	<b>11%</b>	<b>264,214</b>	<b>318,833</b>	<b>(54,619)</b>
<b>Total Public Health Mitigation Funding</b>	<b>0</b>	<b>172,967</b>	<b>(172,967)</b>	<b>1,037,800</b>	<b>-100%</b>	<b>0%</b>	<b>172,968</b>	<b>172,968</b>	<b>0</b>
Recoveries from Programs	1,796	1,667	129	10,000	8%	18%	1,760	1,667	93
Program Fees	9,364	9,933	(3,569)	79,600	-36%	8%	14,806	8,605	6,201
Land Control Fees	7,475	20,000	(12,525)	225,000	-63%	3%	5,950	10,000	(4,050)
Program Fees Immunization	8,223	15,000	(6,777)	50,000	-45%	16%	1,695	8,332	(6,637)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	36,870	5,464	31,406	32,784	575%	112%	3,608	3,334	274
Other Revenues	0	2,500	(2,500)	15,000	-100%	0%	2,000	1,167	833
<b>Total Fees and Recoveries</b>	<b>60,728</b>	<b>54,564</b>	<b>6,164</b>	<b>452,384</b>	<b>11%</b>	<b>13%</b>	<b>29,819</b>	<b>33,104</b>	<b>(3,285)</b>
<b>Total Public Health Revenue Annual</b>	<b>2,930,482</b>	<b>3,105,369</b>	<b>(174,887)</b>	<b>17,740,689</b>	<b>-6%</b>	<b>17%</b>	<b>2,965,657</b>	<b>3,023,562</b>	<b>(57,905)</b>
<b>Public Health Fiscal April 2022 - March 2023</b>									
Needle Exchange Supplies	28,883	28,875	8	31,500	0%	92%			
Infection Prevention and Control Hub	1,176,140	1,178,333	(2,193)	1,240,000	0%	95%			
Practicum	27,500	27,500	0	30,000	0%	92%			
School Nurses Initiative	560,975	522,700	38,275	522,700	7%	107%			
Fire System Upgrade	80,576	80,575	1	87,900	0%	92%			
Smoke Free Ontario Tablets	10,822	10,817	5	11,800	0%	92%			
Temporary Retention Incentive for Nurses	146,382	175,725	(29,343)	191,700	-17%	76%			
Upgrade Network Switches	55,995	56,008	(13)	61,100	0%	92%			
<b>Total Provincial Grants Fiscal</b>	<b>2,087,273</b>	<b>2,080,533</b>	<b>6,740</b>	<b>2,176,700</b>	<b>0%</b>	<b>96%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**
**Expense Statement- Public Health**

For Two Months Ending February 28, 2023

(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Salaries & Wages	1,633,580	1,783,182	149,602	10,699,084	-8%	15%	\$ 1,732,611	\$ 1,992,847	\$ 260,236
Benefits	458,365	418,667	(39,698)	2,512,002	9%	18%	421,420	461,584	40,164
Travel	13,947	26,467	12,520	158,800	-47%	9%	13,130	34,133	21,003
Program	257,823	206,194	(51,629)	1,237,163	25%	21%	126,431	212,952	86,521
Office	12,978	13,733	755	82,400	-5%	16%	3,973	11,233	7,261
Computer Services	189,073	149,315	(39,758)	895,895	27%	21%	122,557	144,432	21,876
Telecommunications	50,063	44,166	(5,897)	265,000	13%	19%	53,116	56,666	3,550
Program Promotion	4,518	7,500	2,982	45,000	-40%	10%	14,062	16,233	2,172
Professional Development	8,542	13,404	4,862	80,424	-36%	11%	1,975	14,357	12,381
Facilities Expenses	208,620	152,500	(56,120)	924,000	37%	23%	234,261	199,640	(34,621)
Fees & Insurance	21,212	25,583	4,371	383,500	-17%	6%	13,543	24,050	10,507
Debt Management	76,237	76,237	0	457,421	0%	17%	76,237	76,237	0
Recoveries	0	0	0	0	#DIV/0!	0%	(4,500)	(4,500)	0
	\$ 2,934,958	\$ 2,916,948	\$ ( 18,010 )	\$ 17,740,689	1%	17%	\$ 2,808,815	\$ 3,239,864	\$ 431,049

## **Notes to Financial Statements – February 2023**

### **Reporting Period**

The February 2023 financial reports include two months of financial results for Public Health. All other non-funded public health programs are reporting eleven months of results from the operating year ending March 31, 2023.

### **Statement of Operations (see page 1)**

#### **Summary – Public Health and Non Public Health Programs**

APH has not yet received the 2023 Amending Agreement from the province identifying the approved funding allocations from the province for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the October 2022 Board of Health meeting.

As of February 28, 2023, Public Health calendar programs are reporting a \$193K negative variance driven by a \$18K negative variance in expenditures and a \$175K negative variance in revenues.

### **Public Health Revenue (see page 2)**

Our Public Health calendar revenues are within 6% of budget for 2023. The variance is driven by nil payments received year to date related to our annual allocation of mitigation funding. The Ministry has provided formal approval that mitigation funding will continue for the 2023-2024 calendar year, and it is typical for the payments related to some one-time initiatives to be delayed in the early months of the year while the Ministry updates their payment schedule to reflect payment installments representative of the current year's allocations. We would expect a catch-up payment related to this in March/April 2023.

The province has confirmed that one-time extraordinary cost reimbursement for the COVID 19 programs will continue through 2023, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. Our Annual Service Plan was submitted to the Ministry on April 3, 2023.

Fiscal funding has been approved totaling \$2.2M for one-time projects and initiatives. This includes \$191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding is to support the second installment of two bonus payments which was due and paid to eligible nurses in September 2022. IPAC Hub funding of \$1.2M including \$500K carryover from the previous fiscal year continues to drive a surplus related to our Public Health fiscal programs – any potential for additional carryover of these funds into the 2023-2024 fiscal year is not yet known.

No funding has been approved to date for COVID Recovery initiatives (\$650K was requested in 2022).

The COVID-19: School-Focused Nurses Initiative has been extended for the remainder of the 2022-2023 school year (i.e. through June 2023).

Notes Continued...

Please note that similar to previous years, the Balance Sheet as of February 28, 2023 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2022 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

### **Public Health Expenses (see page 3)**

#### ***Travel***

There is a \$13K positive variance associated with travel expenses. This is a result of staff continuing to take advantage of virtual platforms and generally lower levels of travel associated with a large portion of our work currently being tied to program recovery.

#### ***Programs***

There is a \$52K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs) as well as increasing program demand for our Ontario Senior Dental program. We note that APH has requested an increase to base funding for the 100% funded Ontario Senior Dental program with the 2023 Annual Service Plan to fund these identified pressures.

#### ***Computer Services***

There is a \$40K negative variance associated with computer services. This is driven by identified needs associated with our staff returning to the workplace – including conference room upgrades and miscellaneous computer equipment.

#### ***Facilities Expense***

There is a \$56K negative variance associated with facilities expenses driven by one-time repair/maintenance & janitorial costs completed in January, as well as increasing utility costs noted particularly for the colder months. We expect to see this variance level out in the coming months.

### **COVID-19 Expenses**

#### ***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. February year to date expenses were \$52K (versus \$842K this time last year). The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

#### ***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. February year to date expenses were \$40K (versus \$450K this time last year).

### **Financial Position - Balance Sheet (see page 7)**

APH's liquidity position continues to be stable and the bank has been reconciled as of February 28, 2023. Cash includes \$2.0M in short-term investments.

Long-term debt of \$4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$239k of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

April 11, 2023

VIA EMAIL

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1

Dear Premier Ford:

### **Re: Minimum Wage Increase**

Public Health Sudbury & Districts (Public Health) would like to extend its sincere congratulations to the Ontario government for the increase of the minimum to \$16.55 an hour in the fall. Public Health supports the government's efforts to help individuals and families combat the cost of living. The announced 6.8 per cent pay raise is a positive step to assist workers who are still struggling post-pandemic with rising costs of housing, food, and transportation.

Our support for an increase in minimum wage comes from overwhelming evidence confirming the link between income and health, whereby health improves every step of the income ladder. Adequate income not only removes the barriers, stressors, and challenges to achieving health but also decreases the risk of premature morbidity and mortality and increases physical and mental health across the life course. In relation to health and income, the Board of Health passed a Motion (#53-19), Opportunities for All – Poverty Reduction on November 21, 2019:

WHEREAS income is one of the strongest predictors of health and local data show that low income is associated with an increased risk of poor physical and mental health in Sudbury and districts; and

WHEREAS Public Health Sudbury & Districts annual Nutritious Food Basket reports demonstrate that individuals and families reliant on the current provincial social assistance rates or that earn a minimum wage will experience challenges in supporting their health including meeting their nutrition requirements; and

#### **Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

#### **Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

#### **Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

#### **Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

#### **Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

#### **Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

#### **toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

WHEREAS the Sudbury Workers Education and Advocacy Centre calculated a living wage for Sudbury of \$16.98 (current provincial minimum is \$14.00), and the City of Greater Sudbury proclaimed November 3 – 9, 2019 as Living Wage Week; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts formally endorse the principle of living wage employment and direct the Medical Officer of Health to pursue certification; and

FURTHER that the Board encourages all employers across our service area to recognize the serious health and societal costs of inadequate income.

While we welcome this increase, we think it is important to underscore that minimum wage is the lowest wage rate an employer can pay an employee, which is different from a living wage. A living wage is an income sufficient for families to pay for the basic necessities of life so they can live with dignity and participate as active citizens in our society. The current living wage calculation for Sudbury and districts is \$19.70 per hour compared to the newly announced minimum wage for the province in the fall of \$16.55.

Our agency is dedicated to building a resilient and healthy workplace and to encouraging this approach across employers in the communities that we serve. In support of this, Public Health is certified as a Living Wage Employer. All staff members qualify for a living wage, which reflects the income workers must bring home to meet their basic living needs and participate more fully in life, work, and community.

Public Health Sudbury & Districts is a progressive public health agency committed to improving health and reducing social inequities in health. The minimum wage, even with the upcoming increase, will fall short of the income needed for individuals to pay for basic needs. As your government considers future adjustments to the minimum wage, we urge you to consider the living wage rate calculations for Ontarians, with the understanding that an adequate income aligned with a living wage can contribute to increased physical and mental health outcomes of Ontarians and reduce costs associated with premature morbidity and mortality.

Sincerely,



René Lapierre  
Chair, Board of Health



Letter to the Premier of Ontario  
Re: Minimum Wage Increase  
April 11, 2023  
Page 3 of 3

cc: All Ontario Boards of Health  
Association of Local Public Health Agencies  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
Honourable Monte McNaughton, Minister of Labour, Immigration, Training and Skills Development  
Jamie West, Member of Provincial Parliament, Sudbury  
France G  linas, Member of Provincial Parliament, Nickel Belt  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing

[View this email in your browser](#)

**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**

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**April 17, 2023**

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## **April 2023 InfoBreak**

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

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### **Leader to Leader – A Message from the alPHA President - April 2023**



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

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

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

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

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

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

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

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

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

are all made stronger through the work done together — as one unified voice. Thank you for your commitment and leadership to local public health.

Trudy Sachowski  
alPHa President

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

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## **Shareable alPHa public health materials - Public Health Funding Advocacy**



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

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

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

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## alPHA Annual General Meeting and Conference - Important Updates and Information



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

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

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

- [Notice for the 2023 alPHA Annual General Meeting](#)

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

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

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



**Dalla Lana**

School of Public Health

Temerty  
Medicine



Mosey&Mosey

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**Conference & AGM Keynote Speaker: Rest Refocus and Recharge**





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

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

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

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

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

**Key Learnings:**

- Slow down to speed up.
- Your brain wasn't designed to be in constant go mode.
- Constantly driving yourself undermines your performance and health.
- Rest and relaxation are critical for peak performance and optimal health.
- There are five different brain states, each with a distinct function: recovery, learning and strategic thinking, focused execution, creativity, and peak performance.

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

- [Breathwork](#)
- [Mindful Movement](#)
- [Energize](#)
- [From Languishing to Thriving](#)

## alPHA Workplace Health and Wellness Month is happening in May

### 2023 alPHA Workplace Health & Wellness Month


**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies



alPHA members are encouraged to engage in physical activity (e.g. walking, hiking, swimming, wheeling, and paddling) or activities that promote mental health (e.g. meditation, yoga, relaxation exercises, and ) for at least 30 minutes per day during the month of May.

Good health involves good eating habits. Do you have a recipe that contributes to health and wellness? We'd love to hear about these too!

Participate and share on Twitter. Don't forget to include in your tweet: a picture, @PHAgenies and the hashtags #PublicHealthLeaders, #alpha2023. We'll profile your Fitness Challenge activities at the alPHA Conference that is taking place June 13, 2023.



### HERE'S HOW TO PARTICIPATE

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged.

Post your healthy recipes too.  
Be creative and have fun!

Post your tweets with pictures and include  
**@PHAgenies, #PublicHealthLeaders**  
**#alpha2023**

#### Easy Activity Tips!

**At Home** - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Why not start the day off with meditation? Start with 5-10 minutes and work up to 30 minutes.

**At Work** - Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your work day. Start with short walks and work up to longer trips. Practice mindfulness. Engage in fun team building exercises.

**At Play** - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time. Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favorite physical activities and regularly go walking, jogging, bicycling or wheeling. Start with achievable goals and work your way up to regular exercise routines.

**At any time** - Prepare a healthy snack or meal, take a picture, and share it with the recipe.

**Ready! Set! GO!**

[alPHA Workplace Health and Wellness Month](#) will soon be here! This is an opportunity for all alPHA members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. **We encourage all members to participate!** You can participate and share your success via Twitter. All you have to do is tweet a picture, tag @PHAgenies, and use the hashtags #PublicHealthLeaders and #alpha2023. The pictures will be highlighted at this year's Conference and AGM.

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




**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies

## JUST BREATHE

**DID YOU KNOW...**

Everyone experiences stress. What one person finds stressful, another person may not. People also experience stress in different ways – some may feel worry, restlessness, and irritability, while others might experience headaches, muscle tension, or digestive issues.




When you are feeling stressed, take five minutes of your day to do this breath exercise!

Take a deep, slow breath through your nose.

Hold your breath for a few seconds.

Exhale through your mouth slowly.

Becoming aware of and incorporating breathing exercises into your daily routine has many benefits, including promoting calmness, increasing focus, and performing your best.



<https://www.alphaweb.org/>

## Sleep hygiene



**DID YOU KNOW...**

Experiencing a poor night's sleep can result in annoyance and a lack of concentration during daily activities. However, a persistent pattern of insufficient sleep has been identified by the Public Health Agency of Canada as a contributing factor to chronic stress and poor mental health. Hence, the importance of good sleep habits, commonly referred to as "sleep hygiene."

**Unlock the secret to a restful night's sleep with these essential 'sleep hygiene' tips!**

<b>BED SCHEDULE</b> Get your body used to going to bed and getting up at the same time every day. Repetition is key to developing a healthy sleep habit.	<b>DON'T WORK FROM BED</b> Use your bed only for sleeping and intimacy purposes. This helps your mind associate bed with sleeping; avoid working or watching TV from bed.
<b>HAVE YOUR OWN SLEEP RITUAL</b> Train your mind and body so they know when it is time to sleep. Daily stretching, breathing exercises, or drinking tea before falling asleep could help you in this process.	<b>TAKE A HOT BATH</b> Just a few hours before bedtime, have a hot bath. The change in body temperature will help you to fall sleep.

**Exercise and a well-balanced diet are important for a healthy sleep habit**

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<https://www.alphaweb.org/>

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

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

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

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**National Volunteer Week - April 16-22, 2023**



## Volunteering Weaves Us Together

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

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

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## Affiliates Update

# Affiliates

Association of Local Public  
Health Agencies

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

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## 2021 Census data sorted by health region now available

## Public Health Units - Demographic Information

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

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

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### Lyme disease clinical guidance document updated

CLINICAL GUIDANCE DOCUMENT

Management of Tick Bites and Investigation of Early Localized Lyme Disease

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

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

Please [download](#) and share the Lyme disease clinical guidance document with your networks.

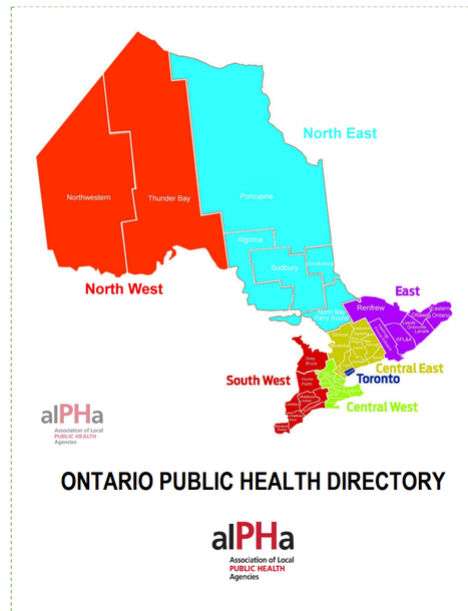
For more information, please contact [Evidence@OntarioHealth.ca](mailto:Evidence@OntarioHealth.ca).

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



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



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

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## Boards of Health: Shared Resources



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

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

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## AMO 2023 Ending Homelessness Symposium



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

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## Public Health Ontario



## PHO Mandate Letter

PHO's mandate letter for 2023-2024 is now available. You can read it [here](#).

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

Public Health Ontario is currently accepting proposals from public health units for funding (up to \$125,000) to support research or evaluation projects focusing on the indirect impacts the COVID-19 pandemic has had in Ontario in one of three priority areas:

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

### Funding Eligibility

Applications are open to all public health units (PHU). Project proposals must meet the following criteria:

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

For full application instructions, examples of project ideas and evaluation criteria, please visit PHO's [Locally Driven Collaborative Projects \(LDCP\) Program](#) webpage or download the [full application package](#).

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

### COVID-19 Variants of Concern

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



## COVID-19 Epidemiological Surveillance Report

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

## Additional Resources – New

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

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## Upcoming PHO Events

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

Interested in their upcoming events? Check out their [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out our [Presentations](#) page for full recordings our events.

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## TOPHC 2023



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

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## Upcoming DLSPH Events and Webinars

# Dalla Lana

## School of Public Health

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

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### RRFSS is the 'RAPID' Risk Factor Surveillance System!



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

### There is still opportunity get RRFSS data in 2023!

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

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

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### COVID-19 Update

The Ministry of Health COVID-19 resource pages:  
<https://www.ontario.ca/page/covid-19-coronavirus> (English)  
[Ministry of Health - guidance for the health sector](#)  
[Public Health Ontario's COVID-19 landing page](#)  
[Public Health Agency of Canada's COVID-19 landing page](#)



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

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## **alPHA Correspondence**



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

### [alPHA Letter - Alcohol Health Warning Labels](#)

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

### [alPHA Letter - Marketing to Children](#)

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

### [alPHA Letter - Budget 2023 and Oral Health](#)

An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Deputy Prime Minister & Minister of Finance, Chrystia Freeland. They thanked the federal government for the dental health-related announcements in the 2023 budget and reminded the minister of the call for universal access to preventative and treatment dental health services for all Canadians.

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

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**From:** allhealthunits <[allhealthunits-bounces@lists.alphaweb.org](mailto:allhealthunits-bounces@lists.alphaweb.org)> **On Behalf Of** alPHa communications  
**Sent:** Friday, March 31, 2023 2:04 PM  
**To:** [AllHealthUnits@lists.alphaweb.org](mailto:AllHealthUnits@lists.alphaweb.org)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] Workplace Health and Wellness Month

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Hello,

In case you missed it, alPHa's [Workplace Health and Wellness Month](#) will soon be upon us and all members are encouraged to be making plans to participate!

During the month of May, alPHa members are encouraged to engage in physical activity (e.g., walking, hiking, swimming, cycling, and paddling) or activities that promote mental health (e.g., meditation, yoga and relaxation exercises) for 30 minutes per day during the month of May. Good health involves good eating habits. Do you have a recipe that contributes to health and wellness? We'd love to hear about these too!

Up to and including the Workplace Health and Wellness Month, we will be sharing various healthy eating and wellness tips. You can find the latest infographic on breathing [here](#). Becoming aware of and incorporating breathing exercises into your daily routine has many benefits, including promoting calmness, increasing focus, and performing your best.

Participate and share on Twitter. Don't forget to include in your tweet: a picture, **@PHAgencies** and the hashtags **#PublicHealthLeaders**, **#alPHa2023**. We'll profile your activities at the alPHa Conference taking place on June 13, 2023.

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged. Post your healthy recipes too. Be creative and have fun!

#### Easy Activity Tips!

**Home:** Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Why not start the day off with meditation? Start with 5-10 minutes and work up to 30 minutes.

**Work:** Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your workday. Start with short walks and work up to longer trips. Practice mindfulness. Engage in fun team building exercises.

**Play:** Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favourite physical activities and regularly go walking, jogging, or cycling. Start with achievable goals and work your way up to regular exercise routines.

**Anytime:** Prepare a healthy snack or meal, take a picture, and share it with the recipe.

**Ready! Set! GO!**

Sincerely,

Melanie Dziengo

Communications Coordinator

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