



May 24, 2023

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - May 24, 2023, Board of Health Meeting

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15. Adjournment



Board of Health Meeting

AGENDA

May 24, 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

Sandra Dereski - Manager of Healthy Growth and Development

- 1.0 Meeting Called to Order** *S. Hagman*
- a. Land Acknowledgment
 - b. Declaration of Conflict of Interest
 - c. Roll Call

- 2.0 Adoption of Agenda** *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated May 24, 2023 be approved as presented.

- 3.0 Delegations / Presentations** *S. Dereski*

- a. Healthy Growth & Development - The Importance of the Early Years

RESOLUTION

- 4.0 Adoption of Minutes of Previous Meeting** *S. Hagman*

RESOLUTION

THAT the Board of Health minutes dated April 26, 2023, be approved as presented.

- 5.0 Business Arising from Minutes** *S. Hagman*

- 6.0 Reports to the Board**

- a. **Medical Officer of Health and Chief Executive Officer Reports** *J. Loo*
- i. MOH Report - May 2023
 - Partnerships - Indigenous Engagement and Update to APH Land Acknowledgement
 - Partnerships - Ontario Health Teams (OHT)

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for May 2023 be accepted as presented.

RESOLUTION

Whereas sharing a Land Acknowledgement that identifies the traditional owners of the land, when appropriate and done meaningfully, can be a small but important step in demonstrating respect and continuing to build and sustain meaningful relationships between local public health and Indigenous communities and partners; and

Whereas the Ontario Public Health Standards call on boards of health to engage with Indigenous communities in culturally safe, culturally humble, and trauma-informed ways that are meaningful for them; and

Whereas APH's strategic plan includes (a) meaningfully engaging with partners and communities based on shared goals and accountabilities and (b) sharing the stories of our people and partners; and

Whereas a research project titled "Talking Together to Improve Health" identified four principles of Indigenous engagement, including respect, trust, self-determination, and commitment, with the sharing of a Land Acknowledgement being one of many wise practices to demonstrate respect; and

Whereas Land Acknowledgements are fluid and should evolve as our relationship with Indigenous communities and partners and work towards Truth and Reconciliation advance;

Therefore, be it resolved that the updated Land Acknowledgement crafted with feedback from Indigenous partners in the Algoma district be approved for use by the board of health and APH staff, when saying the Land Acknowledgement is deemed meaningful to do so.

6.0 b. Finance and Audit

L. Dunseath

i. Unaudited Financial Statements ending March 31, 2023

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending March 31, 2023, as presented.

c. Governance Committee

D. Graystone

i. Governance Committee Chair Report

RESOLUTION

THAT the Governance Committee Chair Report for May 2023 be accepted as presented.

ii. Policy 02-05-045 - Attendance at Meetings Using Electronic Means

RESOLUTION

THAT the Board of Health approves **Policy 02-05-045 - Attendance at Meetings Using Electronic Means** as presented.

7.0 New Business/General Business

S. Hagman

8.0 Correspondence

S. Hagman

- a. Correspondence from the Middlesex-London Board of Health, in the form of Report No. 25-23 regarding **Monitoring Food Affordability and Implications for Public Policy and Action**, dated April 20, 2023.
- b. Letter to the Premier of Ontario and the Minister of Health / Deputy Premier, and the Minister of Children, Community and Social Services from Chatham-Kent Public Health regarding **Income-based Policy Solutions to Reduce Household Food Insecurity** dated April 25, 2023.
- c. Letter to the Premier of Ontario and the Minister of Health / Deputy Premier from Chatham-Kent Public Health regarding **Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario** dated April 25, 2023.
- d. Letter to the Prime Minister of Canada from Peterborough Public Health regarding **Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)** dated May 4, 2023.
- e. Letter to the Premier of Ontario, the Minister of Children, Community and Social Services and the Minister of Health / Deputy Premier, from Timiskaming Public Health regarding **Household Food Insecurity in Ontario** dated May 4, 2023.
- f. Letter to the Minister of Health / Deputy Premier, from Sudbury Public Health regarding **Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario** dated May 4, 2023.
- g. Letter to the Minister of Health / Deputy Premier, and the Associate Minister of Mental Health and Addictions from the Office of the Mayor of the City of Hamilton regarding **Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning** dated May 11, 2023.
- h. Letter to the Premier of Ontario, from Sudbury Public Health regarding **Bill 93, Joshua's Law (Lifejackets for Life), 2023** dated May 16, 2023.

9.0 Items for Information

S. Hagman

- a. **Timiskaming Health Unit 2022 Annual Report**
- b. **Ontario Announces Intent to Dissolve Peel Region**
- c. **Ontario Connecting Indigenous Communities to More Mental Health and Addictions Support**

10.0 Addendum

S. Hagman

11.0 In-Camera*S. Hagman*

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting*S. Hagman*

Resolutions resulting from in-camera meeting.

13.0 Announcements / Next Committee Meetings:*S. Hagman***Finance and Audit Committee Meeting**

Wednesday June 21, 2023 - 5:30 pm

SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, June 28, 2023 - 5:00 pm

SSM Algoma Community Room | Video Conference

Governance Committee Meeting

Wednesday, September 13, 2023 - 5:00 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.

Healthy Growth and Development: The Importance of the Early Years

Sandra Dereski, Manager of Healthy Growth and Development
May 24, 2023

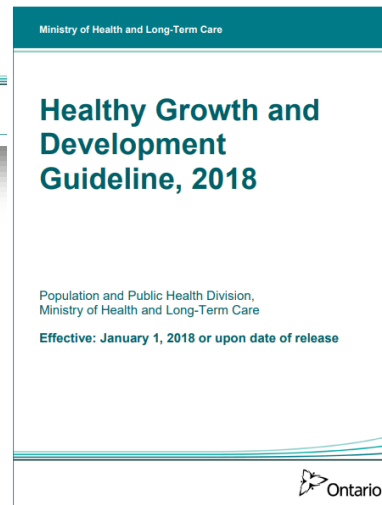
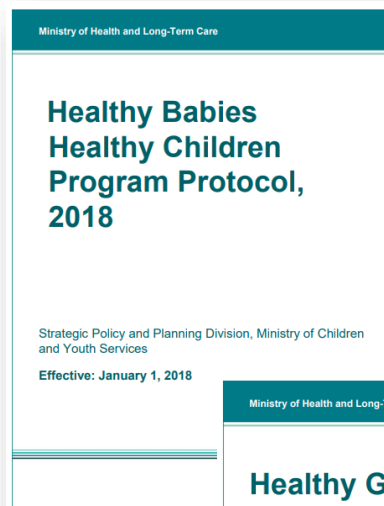
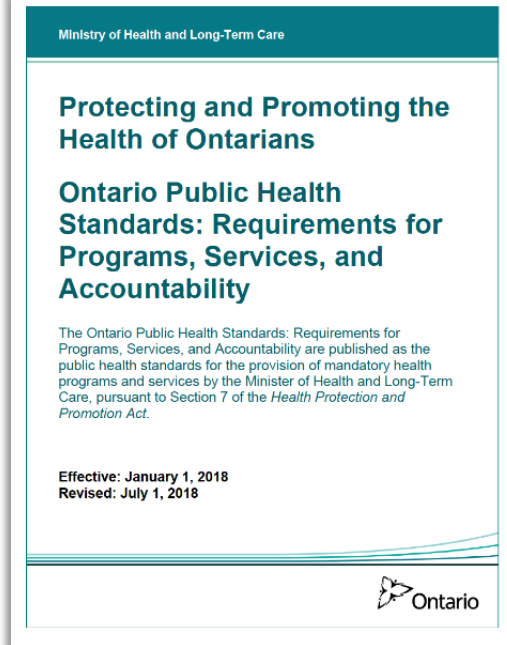


Overview

- Our Strategic Plan and Ontario Public Health Standards
- About Healthy Growth and Development (HG&D)
- The Algoma perspective
- Importance of investment in early years
- Current priorities



Ontario Public Health Standards



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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.

HG&D Goal and Requirements

To achieve optimal preconception, pregnancy, newborn, child, youth, parental and family health.

Collect and Analyze Relevant Data

Develop and Implement a Program of Public Health Interventions
using a Comprehensive Health Promotion Approach

Provide all components of the Healthy Babies Healthy Children
Program

Risk Factors for Healthy Child Development - Algoma vs. Ontario

1 in 6 mothers smoke during pregnancy.



Adolescent Pregnancy Rate
in Algoma vs. Ontario in 2020



**Risk Factors for Healthy
Child Development in
Algoma vs. Ontario**

- Adolescent pregnancy rate in Algoma (17.6 per 1,000) is more than double the Ontario rate (7.6 per 1,000) as of 2020.¹ Public Health Ontario defines adolescent/teen as aged 15 to 19 years.
- 1 in 6 mothers smoke during pregnancy in Algoma, a decrease from 2015.²
- Algoma infants tend to be born into families with more risk factors for healthy child development compared to Ontario.³

Public Health Ontario. Reproductive Health Snapshot; 2023 February 2 [cited 2023 February 9]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Reproductive-Health>

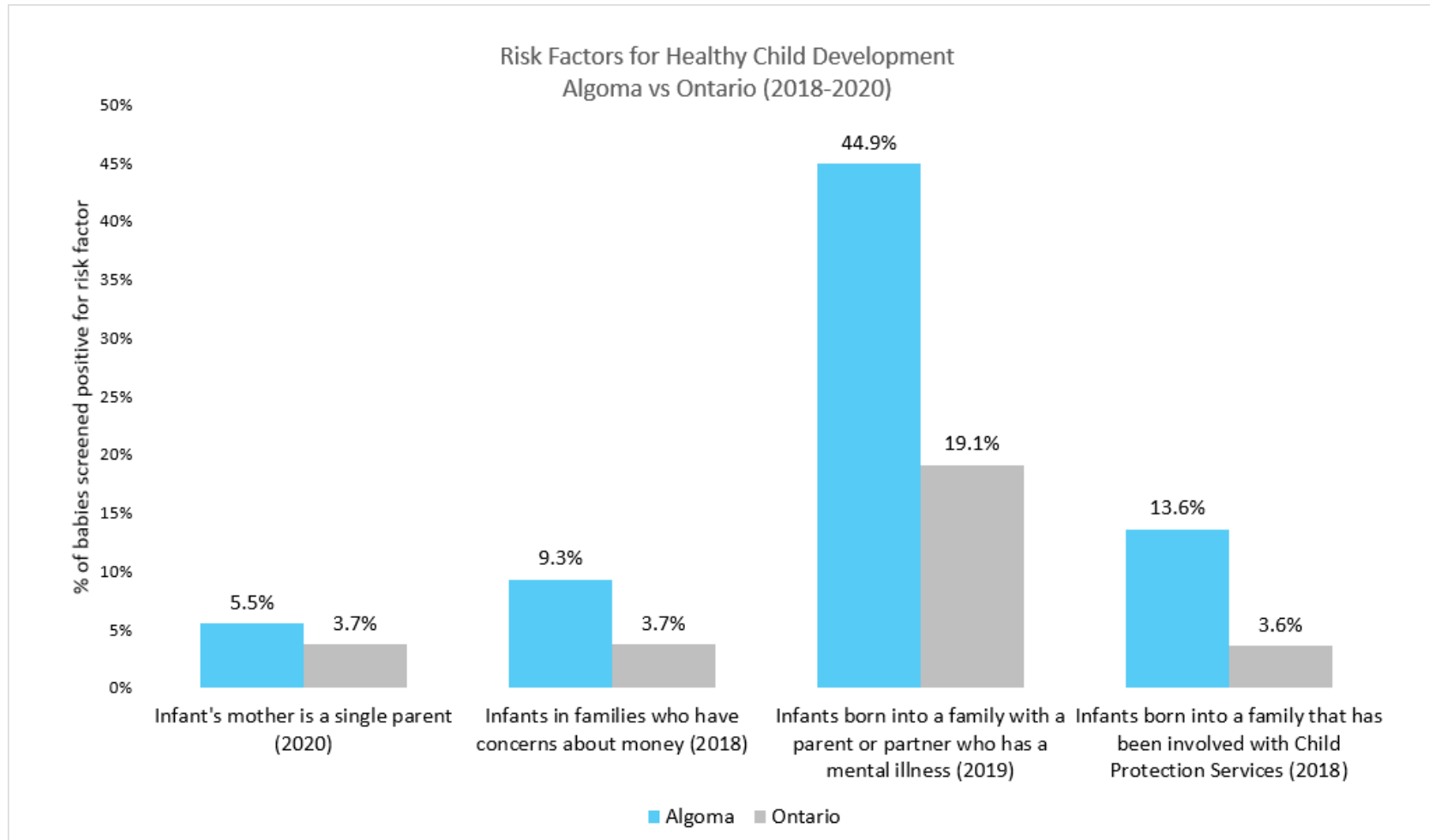
Public Health Ontario. Maternal Health Snapshot; 2022 September 30 [cited 2023 February 10]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Maternal-Health>

Public Health Ontario. Risk Factors for Healthy Child Development Snapshot; 2022 September 30 [cited 2023 February 13]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Healthy-Child-Development>



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Risk Factors for Healthy Child Development - Algoma vs. Ontario



Emerging Evidence for HG&D: Adverse Childhood Experiences (ACES)

Abuse



Physical abuse



Sexual abuse



Verbal abuse



Emotional neglect



Physical neglect

Growing up in a household where:



There are adults with alcohol and drug problems



There are adults with mental health problems



There is domestic violence



There are adults who have spent time in prison

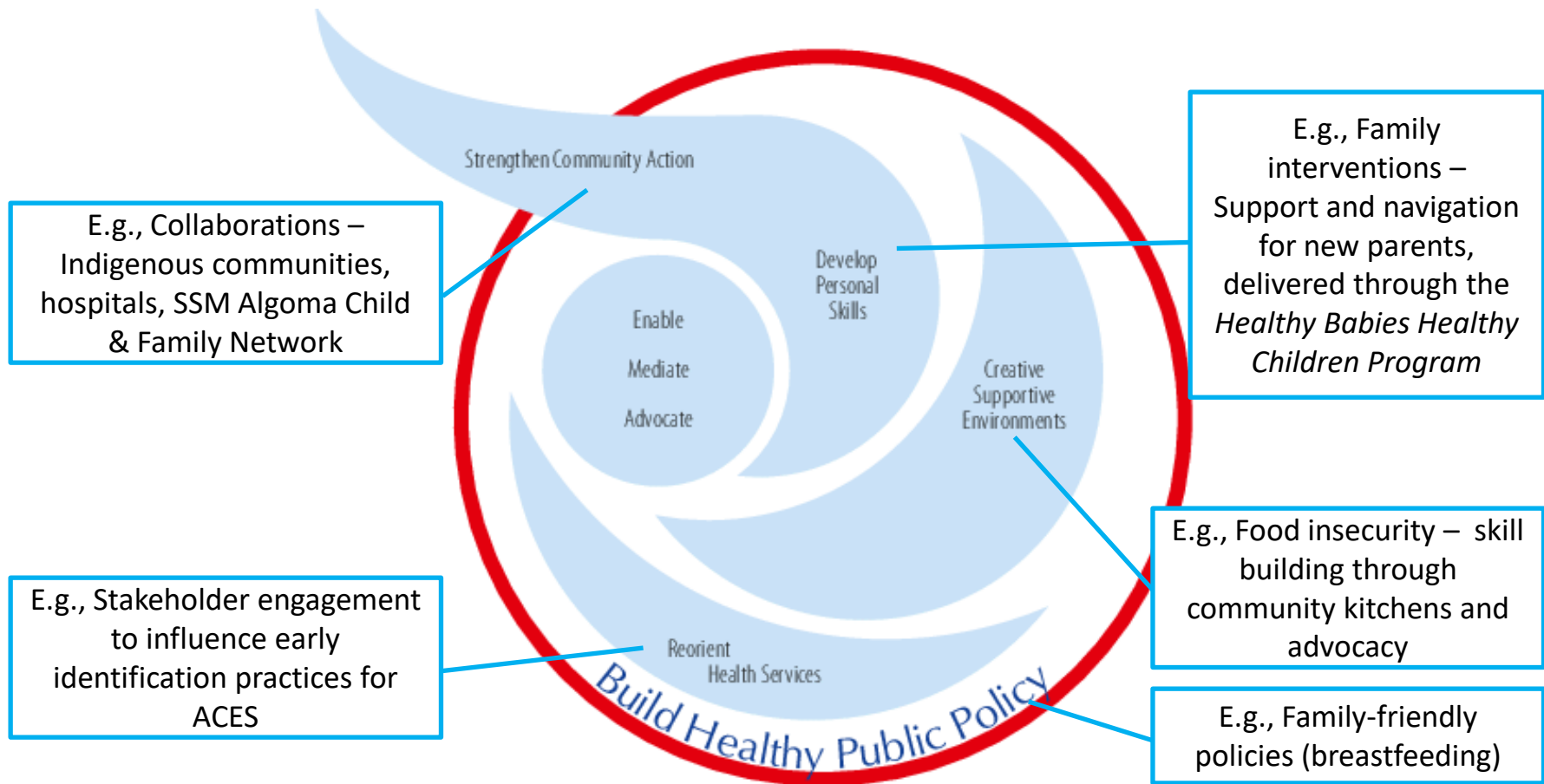


Parents have separated



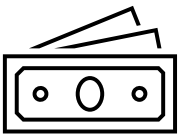
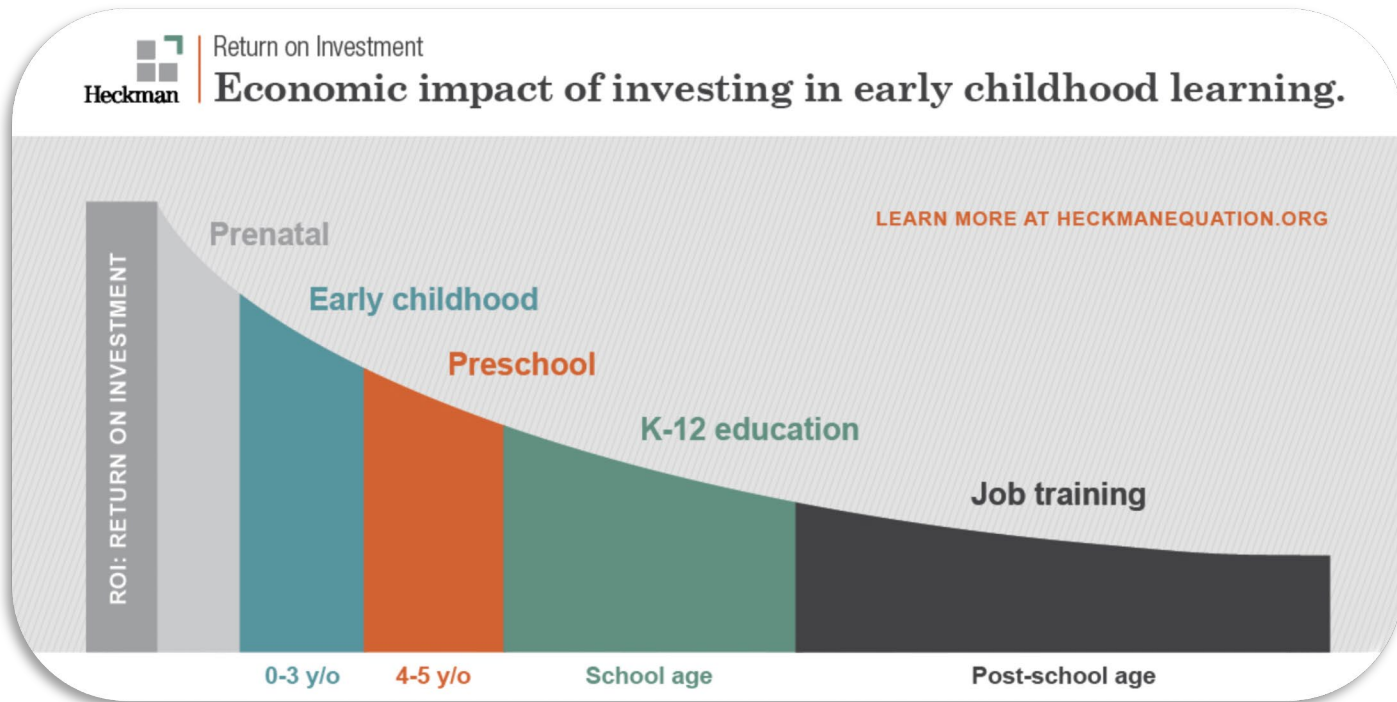
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Role of Public Health in HG&D



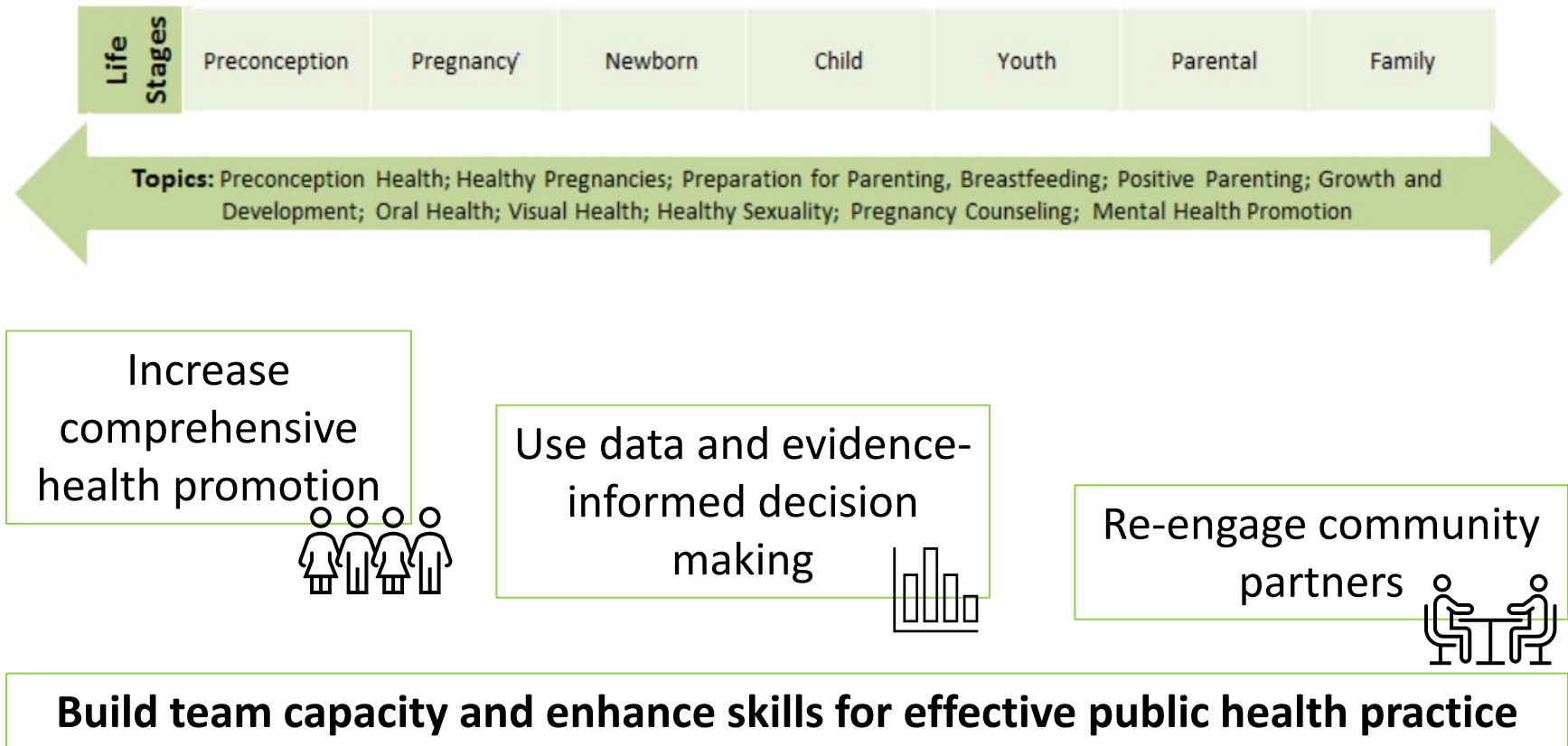
Comprehensive Health Promotion Approach Rooted in Health Equity

The Return on Investment (ROI): Why the early years?



**For every \$1 spent on early years initiatives,
you can expect up to \$13 return for that investment.**

Current and Future Program Priorities



Summary

1. The role of public health is to incorporate **comprehensive health promotion interventions** to enable families to improve their health by reducing inequities.
2. Data and evidence to better prevent, detect, understand, and respond to **adverse childhood experiences (ACEs)** is emerging and gaining momentum.
3. **Investment in early years** can result in long-term health and social benefits at individual and community levels.





Questions?

Chi-Miigwech. Merci. Thank you.



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May 24, 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

Transitioning out of the pandemic response

This month, APH made several significant steps in transitioning out of our pandemic response. The Incident Management System (IMS), which was activated by the MOH on March 11, 2020, was formally deactivated on May 3, 2023, two days before the World Health Organization (WHO) declared that COVID-19 was no longer considered a public health emergency of international concern. Although APH is no longer using the emergency IMS structure to respond to COVID-19, it does not mean the disease has gone away. On the contrary, APH teams are routinizing the COVID-19 work alongside all the other communicable diseases that we prevent through immunization, and control through case and contact management.

Internally, the Joint Health and Safety Committee has also thoroughly reviewed and updated agency infection prevention and control policies. Of note, as of May 23, the routine use of masks or face coverings will no longer be required at APH. Should high risk periods recur, where the risk of COVID-19 or another communicable disease is high, APH may once again require or recommend the routine use of masks and/or other preventive measures.

As appropriate following IMS deactivation, work is under way to complete an after action report. Findings will include results from surveys conducted both internally and externally, and APH will share the report with partners and stakeholders, with the intention of identifying lessons learned and improving emergency preparedness and response in the future.

PARTNERSHIPS - Indigenous Engagement & Update to APH Land Acknowledgement

Local public health is called to build meaningful relationships with Indigenous communities and organizations in culturally safe, culturally humble, and trauma-informed ways.⁽¹⁾ Algoma Public Health's (APH) strategic plan includes meaningfully engaging clients, partners, and communities based on shared goals and accountabilities.⁽²⁾ The four principles of respect, commitment, trust, and self-determination provide a foundation for mutually beneficial engagement. Respect is demonstrated through formal acknowledgement practices, such as by identifying traditional owners of the land.⁽³⁾

Land Acknowledgements are fluid and should evolve as our relationships with Indigenous partners and work towards Truth and Reconciliation advance.⁽⁴⁾ After new insight was received from Missanabie Cree First Nation in early 2023, the Indigenous Engagement Facilitator (IEF) connected and received feedback from all Indigenous partners to update the Land Acknowledgement, with changes shown below in **bold**.

Updated APH District-Wide Land Acknowledgement:

The land on which we are gathered is in the traditional territories of the Anishinabek (Aw-nish-naw-bek), **Ililiwak** (I-lil-i-wuk) [Cree], and **Wiisaakoodewiwiniwok** (We-saw-coe-day-win-in-i-wuk) [Métis Nation].

Algoma Public Health delivers services and programs within some of the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories, specifically within the traditional territories of the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations.

Algoma Public Health also delivers services and programs within the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario.

We say miigwech (**me-gwech**) to thank Indigenous Peoples **for continuing to take care** of this land from time immemorial. We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect. We commit to the shared goal of **Truth and Reconciliation**

Changes from the 2021 Land Acknowledgment

- Removed “We acknowledge,” as it did not add value and we could be more direct in the statement.
- Added “Ililiwak” (Cree) and “Wiisaakoodewiwiniwok” (Métis Nation), as this is how Missanabie-Cree First Nation and the Métis Nation identify.
- Added “continuing to take care” to emphasize the ongoing care of this land by Indigenous Peoples.
- Added “Truth” in the commitment statement based on feedback from the Board of Health and support from Indigenous partners. Truth is required for Reconciliation to be actioned. There needs to be acknowledgement of the harm inflicted, atonement for the causes, and action to change behaviour. Reconciliation must support healing from the destructive legacies of colonization and inspire Indigenous and non-Indigenous peoples to transform Canadian society so that our children and grandchildren can live together in dignity, peace, and prosperity on the lands we now share.⁽⁵⁾

As part of the Land Acknowledgement update, the IEF is developing companion resources to ensure the genuine and meaningful delivery of the Land Acknowledgement by APH staff and the Board of Health.

References

1. Relationship with Indigenous Communities Guideline, 2018. Ontario Ministry of Health and Long-term Care 2018.
https://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf
2. Strategic plan. Algoma Public Health, 2022.<https://www.algomapublichealth.com/about-us/strategic-plan/>
3. Talking together to improve health: Literature review. Talking Together to Improve Health Project Team, 2017.<https://www.publichealthontario.ca/-/media/documents/I/2018/ldcp-firstnations-engagement-survey-summary.pdf?la=en>
4. Wilkes R, Duong A, Kesler L, Ramos H. Canadian university acknowledgment of Indigenous lands, treaties, and peoples. Canadian Review of Sociology/Revue canadienne de sociologie. 2017;54(1):89-120.
5. Honouring the truth, reconciling for the future: a summary of the final report of the Truth and Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada, 2015.https://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf

PARTNERSHIPS - Ontario Health Teams

Seeking BOH approval and direction to continue OHT partnerships

In 2019, the Ontario government announced the creation of Ontario Health Teams, which are envisioned to be “groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population¹.” At the October 28, 2020 BOH meeting, MOH Dr. Marlene Spruyt shared the Algoma Ontario Health Team MOU Partnership Agreement with the board and received approval and direction from the BOH that APH continue the work of being a member partner with the AOHT. Notably, during the pandemic, APH and AOHT partnered to coordinate and deliver mass immunization clinics in Sault Ste. Marie.

As the development of Ontario Health Teams continues across the province, APH has been invited to partner with an additional emerging OHT whose service area includes parts of the District of Algoma. Equipe santé Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team is an OHT in application to the province, whose attributed area covers parts of east Algoma, including Elliot Lake. ES Sudbury-Espanola-Manitoulin-Elliot Lake OHT has provided a primer for core partner boards, which can be found in the BOH Board Effects library for further reference.

Should approval and direction be given by the BOH, APH will affirm our willingness to participate as a core partner and be a signatory to the ES Sudbury-Espanola-Manitoulin-Elliot Lake OHT collaborative decision-making agreement.

1. Ministry of Health of Ontario. (2019). *Ontario Health Teams: guidance for health care providers and organizations*.
https://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

Date: May 24, 2023	Resolution No:
Moved:	Seconded:
Subject: Update to Algoma Public Health's (APH) District-Wide Land Acknowledgement	

Whereas sharing a Land Acknowledgement that identifies the traditional owners of the land, when appropriate and done meaningfully, can be a small but important step in demonstrating respect and continuing to build and sustain meaningful relationships between local public health and Indigenous communities and partners; and

Whereas the Ontario Public Health Standards call on boards of health to engage with Indigenous communities in culturally safe, culturally humble, and trauma-informed ways that are meaningful for them; ⁽¹⁾ and

Whereas APH's strategic plan includes (a) meaningfully engaging with partners and communities based on shared goals and accountabilities and (b) sharing the stories of our people and partners; ⁽²⁾ and

Whereas a research project titled "*Talking Together to Improve Health*" identified four principles of Indigenous engagement, including respect, trust, self-determination, and commitment, with the sharing of a Land Acknowledgement being one of many wise practices to demonstrate respect; ⁽³⁾ and

Whereas Land Acknowledgements are fluid and should evolve as our relationship with Indigenous communities and partners and work towards Truth and Reconciliation advance; ⁽⁴⁾

Therefore, be it resolved that the updated Land Acknowledgement crafted with feedback from Indigenous partners in the Algoma district be approved for use by the board of health and APH staff, when saying the Land Acknowledgement is deemed meaningful to do so.

References:

1. Relationship with Indigenous Communities Guideline, 2018. Ontario Ministry of Health and Long-term Care 2018. https://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf
2. Strategic plan. Algoma Public Health, 2022. <https://www.algomapublichealth.com/about-us/strategic-plan/>
3. Talking together to improve health: Literature review. Talking Together to Improve Health Project Team, 2017. <https://www.publichealthontario.ca/-/media/documents/I/2018/ldcp-firstnations-engagement-survey-summary.pdf?la=en>
4. Wilkes R, Duong A, Kesler L, Ramos H. Canadian university acknowledgment of Indigenous lands, treaties, and peoples. Canadian Review of Sociology/Revue canadienne de sociologie. 2017;54(1):89-120.

CARRIED: BOH Chair Signature : _____			
<input type="checkbox"/> Deborah Graystone	<input type="checkbox"/> Luc Morrisette	<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			

**Algoma Public Health
(Unaudited) Financial Statements**

March 31, 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
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ 0	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	2,198,803	2,198,800	3	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	538,351	547,000	(8,649)	3,266,089	-2%	98%
Provincial Grants - Mitigation Funding	0	259,450	(259,450)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	88,644	81,846	6,798	452,384	8%	108%
Total Public Health Revenue	\$ 3,873,102	\$ 4,134,400	\$ (261,298)	\$ 17,740,689	-6%	94%
Expenditures						
Public Health Cost Shared	\$ 3,952,018	\$ 3,895,423	\$ (56,595)	\$ 15,542,525	1%	101%
Public Health 100% Prov. Funded Programs	594,874	560,433	(34,441)	2,198,164	6%	106%
Total Public Health Programs Expenditures	\$ 4,546,892	\$ 4,455,855	\$ (91,036)	\$ 17,740,689	2%	102%
Total Rev. over Exp. Public Health	\$ (673,789)	\$ (321,455)	\$ (352,334)	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 1,068,011	1,068,011	-	1,068,011	0%	100%
Expenditures	1,068,011	1,068,011	0	1,068,011	0%	100%
Excess of Rev. over Exp.	(0)	0	(0)	0		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 2,241,755	2,351,700	109,945	2,351,700	-5%	95%
Expenditures	1,233,832	2,351,700	(1,117,868)	2,351,700	-48%	52%
Excess of Rev. over Fiscal Funded	1,007,923	(0)	1,007,924	-		

Community Health Programs (Non Public Health)

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

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 299,411	\$ 325,308	\$ (25,897)	\$ 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!
Total Community Health Revenue	\$ 420,314	\$ 446,211	\$ (25,897)	\$ 446,211	-6%	94%
Expenditures						
Brighter Futures for Children	120,902	120,903	0	120,903	0%	100%
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	167,153	167,153	(0)	167,153	0%	100%
Stay on Your Feet	100,000	100,000	(0)	100,000	0%	100%
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!
Total Fiscal Community Health Programs	\$ 451,205	\$ 446,211	\$ (4,994)	\$ 446,211	1%	101%
Total Rev. over Exp. Fiscal Community Health	\$ (30,892)	\$ 0	\$ (30,892)	\$ 0		

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 Three Months Ending March 31, 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
Total Levies	1,047,304	1,047,305	(1)	4,189,216	0%	25%	1,047,304	1,047,304	(0)
MOH Public Health Funding	2,198,803	2,198,800	3	8,795,200	0%	25%	2,177,025	2,177,025	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
Total Public Health Cost Shared Funding	2,198,803	2,198,800	3	8,795,200	0%	25%	2,177,025	2,177,025	0
MOH Funding - MOH / AMOH Top Up	45,630	47,325	(1,695)	189,300	-4%	24%	45,005	47,325	(2,320)
MOH Funding Northern Ontario Fruits & Veg.	29,350	29,350	0	117,400	0%	25%	29,350	29,350	0
MOH Funding Unorganized	132,600	132,600	0	530,400	0%	25%	132,600	132,600	0
MOH Senior Dental	313,225	313,225	0	1,252,900	0%	25%	174,475	244,475	(70,000)
MOH Funding Indigenous Communities	24,500	24,500	(0)	98,000	0%	25%	24,500	24,500	(0)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	(6,954)	0	(6,954)	1,078,089	#DIV/0!	-1%	(6,954)	0	(6,954)
Total Public Health 100% Prov. Funded	538,351	547,000	(8,649)	3,266,089	-2%	16%	398,976	478,250	(79,274)
Total Public Health Mitigation Funding	0	259,450	(259,450)	1,037,800	-100%	0%	259,450	259,449	1
Recoveries from Programs	2,694	2,500	194	10,000	8%	27%	2,640	2,500	140
Program Fees	10,777	14,900	(4,123)	79,600	-28%	14%	24,421	12,907	11,514
Land Control Fees	11,275	30,000	(18,725)	225,000	-62%	5%	16,150	15,000	1,150
Program Fees Immunization	12,271	22,500	(10,229)	50,000	-45%	25%	3,480	12,498	(9,018)
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	51,628	8,196	43,432	32,784	530%	157%	5,035	5,001	34
Other Revenues	0	3,750	(3,750)	15,000	-100%	0%	4,000	1,750	2,250
Total Fees and Recoveries	88,644	81,846	6,798	452,384	8%	20%	55,726	49,656	6,070
Total Public Health Revenue Annual	3,873,103	4,134,401	(261,298)	17,740,689	-6%	22%	3,938,481	4,011,684	(73,204)
Public Health Fiscal April 2022 - March 2023									
Needle Exchange Supplies	31,509	31,500	9	31,500	0%	100%			
Infection Prevention and Control Hub	1,237,814	1,240,000	(2,186)	1,240,000	0%	100%			
Practicum	30,000	30,000	0	30,000	0%	100%			
School Nurses Initiative	619,295	697,700	(78,405)	697,700	-11%	89%			
Fire System Upgrade	87,900	87,900	0	87,900	0%	100%			
Smoke Free Ontario Tablets	11,806	11,800	6	11,800	0%	100%			
Temporary Retention Incentive for Nurses	162,346	191,700	(29,354)	191,700	-15%	85%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
Total Provincial Grants Fiscal	2,241,755	2,351,700	(109,945)	2,351,700	-5%	95%	0	0	0

Algoma Public Health
Expense Statement- Public Health
For Three Months Ending March 31, 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	2,512,194	2,674,773	162,579	10,699,084	-6%	23%	\$ 2,601,301	\$ 2,989,270	\$ 387,969
Benefits	700,024	628,000	(72,024)	2,512,002	11%	28%	644,440	692,376	47,936
Travel	21,964	39,700	17,736	158,800	-45%	14%	16,117	51,199	35,083
Program	416,422	322,723	(93,699)	1,237,163	29%	34%	245,376	319,427	74,051
Office	21,173	20,600	(573)	82,400	3%	26%	10,073	16,850	6,777
Computer Services	269,895	223,973	(45,922)	895,895	21%	30%	206,790	216,649	9,858
Telecommunications	74,213	66,250	(7,963)	265,000	12%	28%	78,301	84,999	6,698
Program Promotion	7,840	11,250	3,410	45,000	-30%	17%	18,395	24,350	5,955
Professional Development	13,378	20,106	6,728	80,424	-33%	17%	2,726	21,535	18,809
Facilities Expenses	289,648	228,750	(60,898)	924,000	27%	31%	364,880	299,461	(65,419)
Fees & Insurance	105,784	105,375	(409)	383,500	0%	28%	237,705	210,075	(27,630)
Debt Management	114,355	114,355	0	457,421	0%	25%	114,355	114,355	0
Recoveries	0	0	0	0	#DIV/0!	0%	(6,750)	(6,750)	0
	\$ 4,546,890	\$ 4,455,855	\$ (91,035)	\$ 17,740,689	2%	26%	\$ 4,533,708	\$ 5,033,797	\$ 500,089

Notes to Financial Statements – March 2023

Reporting Period

The March 2023 financial reports include three months of financial results for Public Health. All other non-funded public health programs are reporting twelve 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 March 31, 2023, Public Health calendar programs are reporting a \$352K negative variance driven by a \$91K negative variance in expenditures and a \$261K 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 Q2 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 \$2.4M 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. APH has recently shared with the Ministry, our input towards a 2023-24 budget for this program as the Ministry has confirmed temporary funding for one more year.

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).

Public Health Expenses (see page 3)

Travel

There is a \$18K 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 \$94K 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 \$46K 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 \$61K 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.

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. March year to date expenses were \$75K (versus \$1,143K this time last year).

COVID-19 Mass Immunization

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. March year to date expenses were \$64K (versus \$611K this time last year).

The majority of these costs consist of salaries and benefits costs of APH staff associated with the hours committed year to date to COVID response activities (versus work completed under normal 'home' program delivery).

Financial Position - Balance Sheet (see page 6)

APH's liquidity position continues to be stable and the bank has been reconciled as of March 31, 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.

Algoma Public Health
Statement of Financial Position
(Unaudited)

	March 2023	December 2022
Date: As of March 2023		
Assets		
Current		
Cash & Investments	\$ 5,113,464	\$ 6,759,408
Accounts Receivable	876,686	1,550,507
Receivable from Municipalities	0	6,482
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	5,990,151	8,316,397
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,045,621	1,319,570
Payable to Gov't of Ont/Municipalities	2,398,383	4,628,303
Deferred Revenue	271,319	317,901
Employee Future Benefit Obligations	2,829,539	2,849,656
Term Loan	3,702,106	3,702,106
<i>Subtotal Current Liabilities</i>	10,246,967	12,817,535
Net Debt	(4,256,817)	(4,501,139)
Non-Financial Assets:		
Building	23,012,269	23,012,269
Furniture & Fixtures	2,113,823	2,113,823
Leasehold Improvements	1,583,166	1,583,166
IT	3,284,893	3,284,893
Automobile	40,113	40,113
Accumulated Depreciation	-12,619,708	-12,619,708
<i>Subtotal Non-Financial Assets</i>	17,414,556	17,414,556
Accumulated Surplus	13,157,739	12,913,417

Governance Report

Meeting May 17, 2023

Attendees:

Loretta O'Neill

Deborah Graystone – Chair

Attendees Electronically:

Sonia Tassone

Matthew Shoemaker

Jody Wildman

APH Members in-Person:

Dr. John Tuinema – Associate Medical Officer of Health

Tania Caputo – Executive Assistant

APH Member Electronically:

Dr. Jennifer Loo – Medical Officer of Health/CEO

Minutes of the Governance Meeting for March 15, 2023 were approved with amendments including statements that **By-Laws 95-2 and 95-3** would be included in the next Finance meeting June 2023 for consideration and review. Also, an amendment statement to include **Policies 02-04-030 Procurement Policy and 02-05-086 Sponsorship of Charitable Organizations** were submitted to the staff for review and recommendations.

There was also discussion that the following **By-Laws 06-01 Sewage Systems Part B of the Ontario Building Code Act; By-Law 95-2 – To Provide for Banking and Finance and By-Law 95-3 To Provide for the Duties of the Auditor of the Board** would be submitted to the staff and/or Finance Committee for review. Once completed the By-Laws and Policies would return to our Governance Committee meeting in September 2023.

Policy 02-05-045 Attendance at Meetings Using Electronic Means was presented to the committee with amendments after review of the Municipal Act and the H.P.P.A. The committee approved the policy with amendments.

The committee discussed consideration of an Annual General meeting. It was concluded that it would be brought to the board with recommended goals for this meeting.

Algoma Public Health – Policy and Procedure Manuals – Board Policies and Bylaws

APPROVED BY: Board of Health

REFERENCE #: 02-05-045

DATE: Original: Apr 17, 2013
Reviewed: Jun 17, 2014
Revised: May 25, 2016
Revised: Apr 25, 2018
Reviewed: Jun 24, 2020

SECTION: Policies

SUBJECT: Attendance at Meetings Using
Electronic Means

POLICY:

The Health Protection and Promotion Act allows Boards of Health any means to effectively manage a health unit.

~~Board of Health members are expected to attend Board of Health meetings and Board Committee meetings when they are members of a committee.~~

Board and committee members are expected wherever possible to attend meetings in person.

Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic means is deemed as present and counted for the purpose of establishing quorum.

All members present, either in-person or members participating electronically, will have full participation, including voting rights.

~~A Board member, when circumstances do not permit attendance in person, can fully participate (including voting) in open public portions of a Board of Health or Board committee meeting by means of conference call, video conference call or any other electronic communication facility.~~

Participation during a closed “In Camera” session of a Board of Health meeting or a Board Committee meeting will be permitted. in specific circumstances such as has occurred. It will be the accountability of each participating member to ensure they are participating in confidential portions of any meeting in a private and secure environment.

~~with the pandemic, not be permitted~~

It will be the accountability of each participating member to ensure they are participating in confidential portions of any meeting in a private and secure environment..

It will be the expectation of the board that the video portion of each member will remain on during any electronic/virtual meeting.

Briefing Note for Consideration of Annual General Meeting

Purpose:

To evaluate the option of holding an Annual General Meeting to make important decisions regarding the organization.

Rationale: Current Practice involves no annual general meeting.

Business at Annual General Meeting:

- reviewing strategic plan and goals
- elections of directors/officers
- evaluating the executive director's performance
- appointing auditors for ensuing year
- reading of auditors report
- reviewing and approving the organization's **audited financial statements** and setting the budget
- evaluating program achievements
- evaluation board performance
- setting goals for the upcoming year
- review/amend/approve by-laws
- to give the overall status of the organization by the chair of the board
- honouring the service of retiring members
- recognizing the contribution of volunteer associations/person
- presentation of awards to staff

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2023 April 20

MONITORING FOOD AFFORDABILITY AND IMPLICATIONS FOR PUBLIC POLICY AND ACTION

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 25-23, re: “Monitoring Food Affordability and Implications for Public Policy and Action” for information; and*
- 2) *Forward Report No. 25-23 re: “Monitoring Food Affordability and Implications for Public Policy and Action” to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.*

Key Points

- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2022 Nutritious Food Basket survey results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

Background and 2022 Nutritious Food Basket Survey Results

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health¹. In 2020, approximately one in five households in Middlesex-London were food insecure². Food insecurity is associated with an increased risk of a wide range of challenges to physical and mental health, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress³⁻¹⁰ ([Appendix A](#)).

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity and income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). The Nutritious Food Basket (NFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns.

Local food affordability monitoring was paused in 2020 and 2021 due to the COVID-19 pandemic. In 2022, MLHU staff participated in the provincial pilot testing of the Ontario Dietitians in Public Health’s (ODPH) new costing tool using a hybrid model of in-store and online data collection.

In May 2022, using the ODPH tools, the estimated local monthly cost to feed a family of four was \$1,084 ([Appendix B](#)). In Ontario, according to the Consumer Price Index, the price of food purchased from stores in January 2023 was 10.1% higher than in January 2022, rising at an annual rate not seen since the early 1980s¹¹.

Local monthly food and average rental costs are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes (see Appendix B). The scenarios include food and rent only and are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing etc.). Households with low incomes spend up to 45% of their after-tax income on food, whereas, Middlesex-London residents who have adequate incomes (family of 4) need to spend approximately 12% of their after-tax income. The scenarios highlight that Middlesex-London residents with low incomes cannot afford to eat after meeting other essential needs for basic living. Unfortunately, this demonstrates that incomes and social assistance rates have not kept pace with the increased cost of living.

Opportunities

Upstream-level approaches that address the systems that create and maintain food insecurity, including income inadequacy and poverty, are the most effective in reducing food insecurity¹.

In October 2022, the ODPH urged the Ontario government to adopt income-based policy solutions that effectively reduce food insecurity. These solutions may include higher minimum wage rates, increasing social assistance rates, and reducing income tax rates for the lowest income households. Additionally, ODPH submitted a resolution to advocate for increased social assistance rates to address food insecurity for consideration at alpha's Annual Conference in June 2023. MLHU registered dietitians continue to work locally, regionally and provincially with public health counterparts and community partners and will explore potential healthy public policy priorities in this area over the upcoming year.

Healthy Living Division staff will complete and submit the results of 2023 local food affordability monitoring to the Board of Health in Q4 2023.

This report was submitted by the Healthy Living Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CNE
Chief Executive Officer

April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social Services
Delivered via email: michael.parsaco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa:

RE: Income-based Policy Solutions to Reduce Household Food Insecurity

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health received a staff report regarding Food Insecurity and 2022 Nutritious Food Basket (attached) as well as correspondence from the Ontario Dietitians in Public Health regarding income-based policy solutions around food insecurity. After considering the report and correspondence, the Board passed the following motion:

“To endorse the Ontario Dietitians in Public Health (ODPH) letter urging the Ontario government to adopt income-based policy solutions that effectively reduce household food insecurity.”

Household food insecurity is the inadequate or insecure access to food due to financial constraints. Household income is directly proportional to vulnerability to food insecurity. Food insecurity due to insufficient income is a key social determinant of health as it contributes to increased risk for poor health outcomes, such as mental health disorders, non-communicable diseases, and infections, leading to higher healthcare costs.

Household food insecurity is a serious public health problem in Ontario. Based on the Canadian Income Survey, one in five households in Chatham-Kent are currently food insecure. Families and individuals relying on social assistance in Chatham-Kent fair much worse. A family of four, with two adults on Ontario Works, spends 38% of their income on food and 45% of their income on rent, with only \$461.97 leftover per month.

.../2

A single person on the Ontario Disability Support Program spends 29% of their income on food, and 62% of their income on rent per month, with only \$121.24 remaining for other basic needs.

The COVID-19 pandemic and the continuous rise in inflation, including the cost of food, is only working to increase rates of food insecurity. Income-based policies, such as providing a basic income guarantee, increasing minimum wage to a living wage, indexing social assistance rates to inflation and the costs of living, and reducing income tax for low-income households, can be effective solutions.

The Ontario government can play a significant role in supporting healthy public policies to address food insecurity and ensure all individuals have the opportunity to reach their full health potential. We appreciate your attention on this important issue.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Association of Municipalities of Ontario (AMO)

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHa)

Chatham-Kent Municipal Council

Ontario Boards of Health

Attachment: CK Public Health staff report titled Food Insecurity and the 2022 Nutritious Food Basket

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

Information Report

To: Board of Health

From: Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Date: February 27, 2023

Subject: Food Insecurity and the 2022 Nutritious Food Basket

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

Background

Monitoring of food affordability is important to understand the local context and needs. The Population Health Assessment and Surveillance Protocol (2018) includes a requirement for boards of health to monitor food affordability at a local level. Further guidance is provided in the Monitoring Food Affordability Reference Document (2018).

Nutritious Food Basket

This is the twenty-first year that Chatham-Kent Public Health (CKPH) has completed the Nutritious Food Basket (NFB); a survey of grocery stores that monitors the affordability of food¹. Due to the COVID-19 pandemic, CKPH was unable to complete the NFB from 2020-2021.

The NFB contains 61 items that together form a nutritious diet based on the 2019 Canada's Food Guide (CFG)¹. There are several assumptions made including that individuals have the time, ability, food skills, and equipment to prepare meals from scratch; that consumers have access to stores, literacy, and language skills to shop for the lowest priced items; and that they shop every one to two weeks (which impacts package sizes purchased). As well, cultural and other preferences are not considered. The results generate the cost of eating a nutritious diet with 5% added to account for miscellaneous foods used in meal preparation, such as spices, condiments, and tea.

An updated standardized survey tool and methodology was developed by the Ontario Dietitians in Public Health (ODPH) in partnership with Public Health Ontario (PHO), to ensure a consistent tool was used to monitor food affordability across Ontario. In 2022, this new methodology was piloted. The changes involve an updated list of foods that are informed by the CFG, as well as a hybrid in-store/online food costing process in

response to COVID-19. This has allowed for more accuracy and flexibility when collecting and analyzing data. As such, the 2022 NFB survey results will serve a new baseline, and should not be compared to previous years' results.

Food Insecurity

“Food Insecurity” is used interchangeably with “Household Food Insecurity” throughout this report.

Household food insecurity (HFI) is the inadequate or insecure access to food due to financial constraints⁴. It is rooted in poverty: inadequate and insecure income, and material deprivation⁴. HFI is a serious public health issue nationally, provincially, and specifically in the Chatham-Kent (CK) region, and has been amplified by the economic downturn due to the ongoing COVID-19 pandemic.

In 2019, the Canadian Income Survey (CIS), an annual cross-sectional survey examining income and income sources of Canadians, started collecting information on food insecurity using the Household Food Security Survey Module (HFSSM)⁴. As well, moderate and severe food insecurity were added as indicators on the poverty dashboard. In the past, HFI was measured by the HFSSM in the Canadian Community Health Survey (CCHS)⁴.

Those most impacted by HFI are low-income groups, which includes those earning minimum wage and people who receive social assistance⁴. In Ontario, 48.2% of food insecure households relied on employment as their main source of income. This reflects the nature of precarious and low-paying jobs, and multi-person households with a single income-earner. As well, with almost 7 in 10 households on social assistance being food insecure, this shows that current social assistance programs are inadequate for tackling food insecurity⁴.

Food insecurity worsened during the COVID-19 pandemic and emphasized the need for increased financial support for low-income households⁵. The CIS suggests that although HFI remained relatively the same between 2019 and 2021, this could be explained by the provincial and federal income supports, wage subsidies, and economic disruptions during that time⁴.

Food insecurity significantly impacts mental and physical health and well-being⁴. People living in food insecure households are more likely to be diagnosed with chronic diseases, including mental health disorders, non-communicable diseases, and infections. This leads to increased public expenditures on the healthcare system⁴.

Research suggests emergency food programs are important community services, but they are not an effective long-term solution to food insecurity⁶ because they do not address the root cause⁴. However, an income-based response can work to effectively resolve food insecurity and improve health^{2,7}. For example, federal income supports for older adults, such as the Old Age Security and Guaranteed Income Supplement, have been shown to decrease food insecurity rates by 50% for those over 65 years of age⁸.

Comments

According to the most recent data, almost 20% of households in Chatham-Kent (one in five) are food insecure⁹, meaning they either worried about running out of food and/or had limited food selection, compromised the quality and/or quantity of food, missed meals, reduced food intake, or at the extreme end, went a day or more without food, all due to lack of money to purchase food.

In 2022, the cost of feeding a family of four in Chatham-Kent was \$1050.36/month or \$242.58/week. In June 2022, NFB data was collected from six different grocery stores in both urban and rural settings. Due to the timing of collection, the results will not reflect inflationary or other increases in food costs since that time.

The ODPH Food Insecurity Workgroup Income Scenario Tool has been utilized to help put the NFB results into a realistic context. The following table outlines the scenarios for various households in CK.

Monthly Expenses	One Person, Ontario Works	One Person, Ontario Disability Support Program	Family of Four, Ontario Works ⁱ	Family of Four, full time minimum wage earner ⁱⁱ	Family of Four, median income (after tax) ⁱⁱⁱ
Total income^a	\$863	\$1309	\$2760	\$3973	\$9323
Average rent (utilities included)^b	\$614 *bachelor	\$807 *One bedroom	\$1247.67 *Three bedroom	\$1247.67 *Three bedroom	\$1247.67 *Three bedroom
Cost of food^c	\$380.76	\$380.76	\$1050.36	\$1050.36	\$1050.36
Leftover income for other basic expenses	-\$131.76	\$121.24	\$461.97	\$1674.97	\$7024.97
% Income for rent	71%	62%	45%	31%	13%
% Income for food	44%	29%	38%	26%	11%

a Includes benefits and credits after tax

b Rental costs from Canada Mortgage and Housing Corporation (October, 2021)

c 2022 Chatham-Kent Nutritious Food Basket

i 2 Adults on OW

ii 1 earner, 40hr/wk, \$15/hr (May 2022)

iii Income from employment based on median after-tax income- couples with children. EI and CPP contributions are calculated using median total income- couples with children. Dual income family with a split of 65% / 35% between partners.

Families and individuals living on low incomes in Chatham-Kent face significant financial pressures with little, if any, money left over to cover other monthly expenses after paying for food and rent. In general, food in Chatham-Kent is more affordable for residents with adequate incomes. A family of four with median income spends approximately 11% of their after tax income on food, compared to those on Ontario works where a single person spends 44% and a family of four spends 38% of their income on food.

Studies suggest that food insecurity is primarily associated with inadequate income and household financial constraints, not food cost. As a result ODPH has focused their most recent advocacy efforts on adopting income-based policy solutions in an effort to reduce food insecurity (Appendix A). This includes recommendations for increasing social assistance and minimum wage rates to reflect the cost of living and inflation, and reducing income tax rates for the lowest income households.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

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

Consultation

While consultation was not required to produce this information report, the results will be shared with relevant stakeholders and they would be consulted through established Health Unit processes to help inform future nutrition program planning.

Communication

The results from the NFB will be shared with the Chatham-Kent community through the CK Public Health website and related communication materials including an infographic and report on “Food Insecurity in Chatham-Kent”. These communications will also be shared with community stakeholders, such as the Chatham-Kent Food Policy Council, United Way of Chatham-Kent, and the Chatham-Kent Prosperity Roundtable. Dietitians at CK Public Health will utilize the information to aid in program monitoring and evaluation, and to increase staff and community awareness and education related to food insecurity.

Diversity, Equity, Inclusion and Justice (DEIJ)

This report highlights the cost of eating a nutritious diet based on different household income scenarios. By monitoring food affordability the Board of Health, along with other community partners and stakeholders, can have a better understanding of the impacts of household income on healthy eating behaviours and help inform the development of local programs, services, and healthy public policy to address health inequities.

Financial Implications

There are no financial implications resulting from this information report.

Prepared by:

Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Reviewed by:

Chris Sherman
Program Manager, Chronic Disease and Well Being

Teresa Bendo, MBA
Director, Public Health

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

Attachment: Appendix A-Letter to Premier Ford, Minister Jones, and Minister Fullerton regarding household food insecurity

-
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October 27, 2022

Hon. Doug Ford, Premier of Ontario via email: doug.fordco@pc.ola.org

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

Hon. Merrilee Fullerton, Minister of Children, Community and Social Services via email:
Merrilee.Fullertonco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Fullerton:

[Ontario Dietitians in Public Health](#) (ODPH) is the independent and official voice of Registered Dietitians working in Ontario's public health system. We are writing to you, as newly re-elected leaders of the Province of Ontario, to express serious concern about the **2.34 million Ontarians who experienced household food insecurity in 2021**.¹ The situation has undoubtedly worsened in 2022 with an extraordinary rate of food inflation. In Ontario, the price of food purchased from stores in September 2022 was 11.5% higher than in September 2021², rising at a rate not seen since the early 1980s.

Household food insecurity (HFI) is inadequate or insecure access to food due to household financial constraints. **HFI is an urgent public health, human rights, and social justice problem that, if not addressed, will continue to have serious consequences to Ontario's economic progress as well as the health and well-being of citizens.** We strongly urge the Ontario government to adopt policies, as outlined in *Provincial Policy Levers to Reduce Household Food Insecurity*³, proven to effectively reduce HFI:

- Higher minimum wage rates
- Increasing social assistance rates
- Reducing income tax rates for the lowest income households.

The health consequences of food insecurity are a large burden on our province's healthcare system. Not being able to afford food has serious adverse effects on people's physical and mental health and the ability to lead productive lives. Ontarians living with food insecurity are at greater risk for numerous chronic conditions including mental health disorders, non-communicable diseases (e.g., diabetes, hypertension and cardiovascular disease), and infections.¹ People who have chronic conditions and are food insecure are more likely to have negative disease outcomes, be hospitalized, or die prematurely.¹ Policies that effectively reduce food insecurity could offset considerable public expenditures on healthcare in Ontario.

Ontarians receiving social assistance have an extremely high risk for food insecurity. In 2021, 67.2% of Ontario households reliant on social assistance were food insecure.¹ Benefits are inadequate to meet recipients' basic needs. **When people are not able to meet their basic needs, they cannot achieve the physical, mental and social well-being needed to sustain long-term employment.** In a province as wealthy as Ontario, it is unacceptable and unjust that Ontario Works (OW) rates are not based on the actual costs of living, are not indexed to inflation, and do not protect vulnerable citizens from living in dire situations without the money they need to buy food. While Ontario Disability Support Program (ODSP) rates have increased by 5% and are now indexed to inflation, this is nowhere near enough to protect ODSP recipients from food insecurity.

Having a job is not necessarily protective against food insecurity. In 2021, 48.2% of food insecure households in Ontario reported wages, salaries, or self-employment as their household's main source of income.¹ The high prevalence of food insecurity among those in the workforce reflects precarious and low-paying jobs and multi-person households with a single income-earner.⁴

Food charity is NOT a solution to the problem of HFI. Food banks may provide temporary food relief but do not address the persistent problem of inadequate income.⁵ Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.⁶

Individuals and families struggling to put food on the table also struggle to afford other basic needs. HFI is a sign of deprivation, rooted in inadequate and unstable incomes that have not kept pace with the costs of living. ODPH strongly encourages the Government of Ontario to adopt income-based policy solutions that effectively reduce food insecurity. You have the power to make our province a better place for all Ontarians to lead healthier and happier lives.

Sincerely,



Elizabeth Smith
Co-Chair ODPH Executive



Erin Reyce, RD
Co-Chair, Food Insecurity Workgroup

cc.

Peter Tabuns, MPP Toronto–Danforth, Leader, Official Opposition and Leader, New Democratic Party of Ontario via email tabunsp-qp@ndp.on.ca

France Gélinas, MPP Nickel Belt, Health Critic via email: gelinasp-qp@ndp.on.ca

Chandra Pasma, MPP Ottawa–West Nepean, Poverty and Homelessness Reduction Critic via email: CPasma-CO@ndp.on.ca

Laura Mae Lindo, MPP Kitchener–Centre, Anti-Racism and Equity Critic via email: LLindo-QP@ndp.on.ca

Monique Taylor, MPP Hamilton Mountain, Children, Community and Social Services Critic via email: MTaylor-QP@ndp.on.ca

John Fraser, MPP Ottawa South, Interim Leader of the Ontario Liberal Party via email: jfraser.mpp.co@liberal.ola.org

Mike Schreiner, MPP Guelph, Leader of the Green Party of Ontario via email: mschreiner@ola.org

Loretta Ryan, Executive Director, Association of Local Public Health Agencies via email: loretta@alphaweb.org

John Atkinson, Executive Director, Ontario Public Health Association via email: jatkinson@opha.on.ca

References:

1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved 20Sept2022 from <https://proof.utoronto.ca/>.
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April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

RE: Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health passed the following motion:

“That Administration prepare a letter of advocacy to the Provincial government encouraging them to cover the cost of birth control for all Ontario residents, and that this letter be copied to alPHa and any other appropriate partners.”

It is estimated that 30-40% of all pregnancies in Canada are unintended with those of lower socioeconomic status being one of the leading vulnerable groups impacted¹. Timely access to effective contraception directly influences the rate of unintended pregnancies. In Canada, cost is the leading barrier preventing individuals from gaining access to effective contraceptives^{2/3}. Cost should not be a barrier Ontarians face to obtain consistent and timely access to effective contraceptives.

OHIP+ has begun to address this issue in Ontario by providing no cost coverage for anyone under the age of 25 who is not covered by a private plan. This coverage needs to be expanded to all Ontarians without the restrictions put on those with private plans or those over the age of 24. Ontarians should have universal, no-cost, confidential access to effective contraceptives.

At the beginning of April, British Columbia started the journey of providing prescription contraceptive access equality for their province and we are advocating for Ontario in this journey.

.../2

Thank you for your attention to this important issue. We stand firmly in support of protecting and advancing sexual and reproductive health rights.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHA)
Ontario Public Health Units

- 1 Nethery E, Schummers L, Maginley S, Dunn S and Norman W. "Household income and contraceptive methods among female youth: a cross sectional study using the Canadian Community Health Survey (2009-2010 And 2013-2014)". CMAJ Open, vol. 7, no. 4, 2019 Retrieved from www.cmajopen.ca/content/7/4/E646
- 2 Hulme Jennifer, et al. "Barriers and Facilitators to Family Planning Access in Canada." Healthcare Policy, Politiques De Sante, vol 10, no.3, 2015, pp. 48-63., doi:10.12927/hcpol.2015.24169
- 3 Black, Amanda Y., et al. "The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives." Journal of Obstetrics and Gynaecology Canada, vol. 37, no. 12, 2015.pp. pp. 1086-1097., doi:10.1016/s1701-2163(16)30074-3.

May 4, 2023

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
justin.trudeau@parl.gc.ca

Dear Prime Minister Trudeau:

Re: Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

At its April 12, 2023 meeting, the Board of Health for Peterborough Public Health considered correspondence from Timiskaming, Northwestern, and Simcoe Muskoka District Health Units regarding Bill S-254, and expressed its support for this proposed legislation.

Alcohol consumption, while very prevalent in the Canadian context carries adverse health impacts, even at lower levels. Alcohol is a Class 1 carcinogen as classified by the World Health Organization and contributes to at least 7 types of cancers including breast and colon cancer.

According to recent data from Ontario Health, alcohol consumption causes approximately 4,330 (4.3%) deaths, 22,009 (2.1%) hospitalizations and 194,692 (3.7%) emergency department visits each year in Ontario. In the Peterborough Public Health catchment area, this translates to 61 deaths, 310 hospitalizations and 2,641 emergency department visits each year.

A recent systematic review found that alcohol labels could improve awareness of alcohol consumption, could have strong public support, and decrease intention to buy alcohol and the total amount consumed. Labels are used extensively in Canada to provide nutrition information, and health risks for tobacco consumption. A recent pilot study in Yukon introduced alcohol labels, and saw a decrease in sales for labelled products by 6.6%.

Improved health awareness, individual health decision-making around the consumption of alcohol, and decreases in the large health system burdens caused by alcohol are anticipated if the proposal in S-254 is ultimately passed, and we urge the federal government to support this important legislation.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Yves Duclos, MP, Minister of Health
Senator Patrick Brazeau
Local MPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)



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www.timiskaminghu.com

May 8, 2023

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Rm 281
Queens Park
Toronto, ON M7A 1A1
Sent via email: doug.fordco@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social
Services
438 University Ave, 7th Floor.
Toronto, ON M5G 2K8
Sent via email: michael.parsaco@pc.ola.org

The Honourable Sylvia Jones
Minister of Health/Deputy Premier
777 Bay Street, College Park, 5th Floor.
Toronto, ON M7A 2J3
Sent via email: sylvia.jones@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa

Re: Addressing Household Food Insecurity in Ontario

On April 05, 2023, at a regular meeting of the Board of Health (Board) for the Timiskaming Health Unit, the Board recognized Household Food Insecurity (HFI) as an income-driven problem that requires income-based solutions.

Household food insecurity is a significant issue affecting our region, with 1 in 5 households in Timiskaming experiencing some form of food insecurity.² This vulnerability is closely linked to household income, and families with lower incomes are more likely to struggle with affording food, rent and other basic needs.¹

The 2022 Monitoring Food Affordability findings show that a family of four in Timiskaming spends \$1,152 monthly on food.² This family would need to allocate a significant portion of their income towards rent and food, with 50% and 41%, respectively. Consequently, they would have a meagre average of \$228 left to cover other basic necessities such as childcare, transportation, utilities, and medication.² To afford the actual cost of living in Timiskaming, individuals would need to earn a living wage of \$19.70, highlighting a discrepancy between the current minimum wage and the living wage.³

Accordingly, the Board endorsed the enclosed correspondence from the [Ontario Dietitians in Public Health \(ODPH\)](#) urging the Ontario government to adopt income-based solutions that effectively reduce HFI; these include the reinstatement of the basic income guarantee project, closing the gap between



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the minimum wage and living wage, increasing social assistance rates and indexing them to match the true cost of living, and reducing income tax rates for lowest-income households. These policies effectively reduce household food insecurity, improve health outcomes, and reduce long-term healthcare costs.¹

Our Board recognizes that the province of Ontario has the power to reduce food insecurity and extreme poverty for households receiving social assistance. We kindly request that you take into consideration the motion passed by our Board regarding this pressing issue.

We appreciate your attention to this significant matter.

Sincerely,

Stacy Wight
Board of Health Chair

cc John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay
Association of Local Public Health Agencies (aLPHa)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities (FCM)
Ontario Public Health Association (OPHA)
Ontario Dietitians in Public Health (ODPH)
Ontario Boards of Health
Health Unit Member Municipalities

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Board of Health MOTION #21R-2023 – April 05, 2023

Moved by: Curtis Arthur Seconded by: Mark Wilson

WHEREAS, it is a requirement under the Ontario Public Health Standards for public health units to monitor food affordability, assess and report on the health of local populations, and describe the existence and impact of health disparities; AND

WHEREAS, food insecurity is widely known to have adverse effects on both physical and mental health; AND adequate income is a crucial social determinant of health that significantly affects food security; AND

WHEREAS, 67% of households in Ontario with social assistance as their primary income source experience food insecurity; AND

WHEREAS, the 2022 Monitoring food affordability results demonstrate that households relying on social assistance do not have enough money to cover their living expenses, including food; AND

FURTHERMORE, BE IT RESOLVED, that the Board of Health for the Timiskaming Health Unit (Board) continues to increase awareness of, and work to reduce, health inequities, including those related to food insecurity; AND

FURTHERMORE, BE IT RESOLVED, that the Board endorses the [Ontario Dietitians in Public Health \(ODPH\)](#) call for the provincial government to take swift and immediate action in implementing income-based policy interventions for all in Ontario, aged 18–64 years as an effective and long-term response to household food insecurity; AND

FURTHERMORE, BE IT RESOLVED, that the Board calls on the Province of Ontario to increase social assistance rates to reflect the true costs of living, and to index Ontario Works rates to inflation moving forward; AND

FURTHERMORE, BE IT RESOLVED, that the Board urges the Province to resume exploring the feasibility of creating a guaranteed living wage (basic income) in the Province of Ontario; AND

FURTHERMORE, BE IT RESOLVED, That the Board of Health provide correspondence of these resolutions to John Vanthof, MPP (Timiskaming-Cochrane), Anthony Rota, MP (Timiskaming-Nipissing), Charlie Angus, MP (Timmins-James Bay), Association of Local Public Health Agencies (aLPHa), Association of Municipalities of Ontario (AMO), Federation of Canadian Municipalities (FCM), Ontario Public Health Association (OPHA), Ontario Dietitians in Public Health (ODPH), Ontario Boards of Health , and Health Unit Member Municipalities.

CARRIED

May 4, 2023

VIA EMAIL

The Honourable Sylvia Jones
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 1Z8

Dear Minister Jones:

Re: Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario

Public Health Sudbury & Districts (Public Health) applauds the Chief Medical Officer of Health for highlighting the importance of public health readiness, collective action, and sustained investments in public health required to minimize the impacts of future pandemics on individuals, communities, and societies in his 2022 annual report: *Being ready: Ensuring public health preparedness for infectious outbreaks and pandemics*.

As the communities of Sudbury and districts transition through the recovery phase of the pandemic, the Report is a call to action to learn from our experience, so we are better prepared to not only protect ourselves, but to also invest in building strong and resilient systems and communities that create opportunities for the best health possible for all.

At its meeting on April 20, 2023, the Board of Health carried the following resolution #19-23:

WHEREAS on March 7, 2023, Ontario's Chief Medical Officer of Health released his 2022 Annual Report titled, Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemic; and

WHEREAS the 2022 Annual Report identified six next steps, including to (1) invest in preparedness, (2) strengthen accountabilities, (3) assess progress, (4) improve the health of Indigenous peoples, (5) improve the health of Black and other racialized populations, and (6) sustain relationships; and

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WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to taking local action in support of these next steps and to do so requires sustained provincial investment in public health preparedness over time;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined in the Chief Medical Officer of Health 2022 Annual Report, including ensuring associated sustained funding for local public health;

AND FURTHER THAT the Board request the Chief Medical Officer of Health to ensure proactive engagement with local public health agencies as work is undertaken to review and strengthen the relevant Ontario Public Health Standards, including the Emergency Management Guidelines;

AND FURTHER THAT the Board share this motion with relevant stakeholders, including area mayors and reeves, local community partners, Ontario boards of health, and provincial partners and agencies.

Members of the Board of Health for Public Health Sudbury & Districts echo the Chief Medical Officer of Health's call to learn from the COVID-19 pandemic and call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined within, including ensuring associated sustained funding for local public health.

Public Health Sudbury & Districts is committed to ongoing investments in our own readiness, and to supporting the readiness of the public health sector and system, the communities we serve, and society overall. We all have a role to play in public health emergency preparedness, and we look forward to strengthening our relationships and collaborations to foster healthy and equitable communities.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health
All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies



OFFICE OF THE MAYOR
CITY OF HAMILTON

The Honourable Sylvia Jones, M.P.P.
Minister of Health
Ministry of Health
5th floor
777 Bay St.
Toronto, ON M7A 1Z8
Sylvia.jones@pc.ola.org

The Honourable Michael A. Tibollo, M.P.P.
Associate Minister of Mental Health and Addictions
Ministry of Health
Frost South
6th Floor
7 Queens Park Circle
Toronto, ON M7A 1Y7
Michael.tiboloco@pc.ola.org

May 11, 2023

Subject: Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning

Dear Minister Jones and Minister Tibollo,

At the April 12, 2023 Hamilton City Council meeting, a motion was passed declaring an emergency of Homelessness, Mental Health, and Opioid Overdoses/Poisoning. In adherence with this motion, I am writing to you today to request that the Provincial Government act on the eight measures proposed by the Association of Local Public Health Agencies". These specific measures include:

1. Creation of a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
2. Expanding access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options

3. Revision of the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;
4. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
5. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;
6. Addressing the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;
7. Increasing investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood; and
8. Funding additional and dedicated positions for public health to support the critical coordination and leadership of local opioid and substance abuse strategies.”

As with other municipalities throughout Ontario, the impact of the drug toxicity crisis continues to have a significant impact on our community. Between January 2023 and April 2023, Hamilton Paramedic Services responded to 336 incidents related to suspect opioid overdoses, with three out of the four months surpassing previous monthly totals. Furthermore, 52 suspect drug-related deaths have occurred this year as of April 12, not only representing lives cut short but also untold grief for the loved ones of these individuals and the broader community.

Hamilton continues to coordinate a local response with health and social service providers to address this public health crisis by leveraging local expertise and resources. While these local efforts continue, further response and collaboration is needed at all levels of government. The eight measures recommended by the Association of Local Public Health Agencies would provide a range of interventions to best support individuals based on their needs, and reflect the ongoing serious harms present in our community related to the toxic drug supply. For example, investing in the necessary support and prevention initiatives for our children and youth would promote mental health and work to prevent substance use. Increasing the number of CTS sites would help save lives by increasing

the number of places to safely consume substances in our community, while facilitating access to treatment options. As this complex issue transcends municipal boundaries, the Province is best situated to act decisively in order meet these goals through their capacity, resources, and leadership.

We firmly believe that one of the necessary responses to the ongoing drug toxicity crisis is to action the above eight items. However, Hamilton cannot accomplish this undertaking alone and Provincial leadership is needed to ensure success. The Hamilton Public Health Services team is more than agreeable to meet with your staff to tackle this task head-on and thereby continue to ensure that Ontario is a place where all its residents can be healthy, prosperous and reach their fullest potential throughout life.

Yours Sincerely,



Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Doug Ford, Premier and Minister of Intergovernmental Affairs

Hon. Peter Bethlenfalvy, Minister of Finance

Hon. Steve Clark, Minister of Municipal Affairs and Housing

Hon. Doug Downey, Attorney General

Hon. Michael Parsa, Minister of Children, Community and Social Services

Dr. Kieran Moore, Chief Medical Officer of Health

Hon. Neil Lumsden, MPP Hamilton East – Stoney Creek

Donna Skelly, MPP Flamborough – Glanbrook

Monique Taylor, MPP Hamilton Mountain

Sandy Shaw, MPP Hamilton West – Ancaster – Dundas

Sarah Jama, MPP Hamilton Centre

Association of Local Public Health Agencies

Council of Ontario Medical Officers of Health

Ontario Boards of Health

Ontario Health

Ontario Public Health Association

May 16, 2022

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Bill 93, Joshua's Law (Lifejackets for Life), 2023

On behalf of the Board of Health for Public Health Sudbury & Districts, I am writing to convey the Board's support for Bill 93 Joshua's Law (Lifejackets for Life), 2023 which recently passed second reading.

The matter of boating safety and drowning prevention is of great interest to the Board of Health for Public Health Sudbury & Districts. On September 22, 2022, we advised your office of the Board's [resolution](#) to request the Government of Ontario to enact legislation requiring all individuals in a pleasure boat to wear a lifejacket or PFD.

Over the 10-year period from 2012 to 2021, 2147 Ontarians (65 Sudbury and districts) had emergency department visits that resulted from a drowning or submersion injury related to watercraft and, over the last 10 years of available death data (2009-2018), 198 Ontarians (8 Sudbury and districts) died of a drowning or submersion injury related to watercraft. The Board of Health is aware that of the nationally reported boating deaths from 2013 to 2017 for which data were available, 79% were not wearing a lifejacket or personal floatation device (PFD). Not wearing a lifejacket is the most common behavioural risk factor associated with boating drownings across the lifespan. In Canadian drowning deaths from 2013 to 2017 for which PFD data were available, 87% of 15–34-year-olds, 75% of 35–64-year-olds, and 80% of 65+ year olds were not wearing lifejackets. Not wearing lifejackets continues to be identified as the most common risk factor in drowning deaths beyond childhood.

Sudbury

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Sudbury ON P3E 3A3
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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
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f: 705.377.5580

Chapleau

34 rue Birch Street
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Chapleau ON P0M 1K0
t: 705.860.9200
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phsd.ca



Letter to the Premier of Ontario
Re: Bill 93 – Joshua’s Law (Lifejackets for Life), 2023
May 16, 2023
Page 2

Bill 93 is an important first step to saving lives. Public Health will continue to strongly advocate for the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre
Chair, Board of Health

cc: Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Association of Local Public Health Agencies
All Ontario Boards of Health



RECOVERY AND BEYOND



2022 Annual Report

timiskaminghu.com

Land Acknowledgement

for Timiskaming Health Unit Catchment Area

We respectfully acknowledge that the Timiskaming Health Unit operates within the Robinson-Huron Treaty, Treaty 9 and unceded Indigenous territory, specifically within the traditional territories of Beaverhouse, Matachewan, Temagami and Timiskaming First Nations. Today these lands encompass communities with enduring presence of Algonquin, Anishnabai, Ojibwe, Cree, and Métis Peoples.

We acknowledge that original peoples have been stewards and caretakers of these lands and waters since time immemorial and acknowledge that they continue to maintain this responsibility for generations to come.

With honour and respect, we say miigwetch to the original peoples and affirm our commitment and responsibility to reconciliation.



Mobilizing for Recovery

Since early 2020, Timiskaming Health Unit (THU) has been responding to the COVID-19 pandemic. This has required extraordinary effort and sacrifice by staff as, together with our communities, we navigated uncertain times. At THU, there were intense periods with almost all staff involved in either case, contact, and outbreak management, vaccination, and/or providing support and information to various sectors and the public on prevention and protection guidance, which evolved as the virus and pandemic progressed. Supporting these efforts was data analysis and epidemiological reviews, communications, stakeholder updates, and the upgrading of technology supports.



"THU endeavors to live up to achieving our vision of healthy communities where everyone can thrive."

Dr. Glenn Corneil (AMOH/CEO)

Throughout 2020 and 2021, established THU programs and services were adapted, and many were reduced or paused all together. In 2022, staff at THU turned their attention to beginning a path to recovery. This meant balancing ongoing COVID-19 pandemic response activities while resuming efforts for key public health programs, services, and new priority areas.

Guided by our public health mandate and our strategic plan, along with our knowledge of community strengths and gaps, staff identified programs and services to restore and resume. Our recovery dialogue also encouraged space for reimagining longer-term actions for a transformed and resilient local public health agency. It is also important to note that the well-being and rejuvenation of staff and their own recovery was top of mind.

This 2022 annual report highlights actions of a highly professional, dedicated, and resilient team at THU. We would also like to acknowledge the crucial role our Board of Health leadership, community partners, and members play in the success of public health initiatives. Through ongoing collaboration on important initiatives and the delivery of key programs and services while maintaining a robust response to threats to public health, THU endeavors to live up to achieving our vision of healthy communities where everyone can thrive.

For more detailed information on program activities, various reports to our Board of Health members, please visit our [website](#).

Dr. Glenn Corneil

Acting Medical Officer of Health/Chief Executive Officer

Carrying On Public Health Priorities

During a Pandemic

Local public health priorities not only include the prevention and control of infectious diseases but other complex issues, such as: promoting mental health, preventing substance use and related harms, and addressing factors that drive health inequities. These inequities shape the ways power, money, and resources are distributed in society, stigma and discrimination, health adaptations to climate change; as well as supporting babies, their families, youth, and seniors to achieve and maintain optimal health.

While local public health resources continued a focus on prevention and control of COVID-19 in our community, Timiskaming Health Unit continued to provide essential and priority public health programs and services.

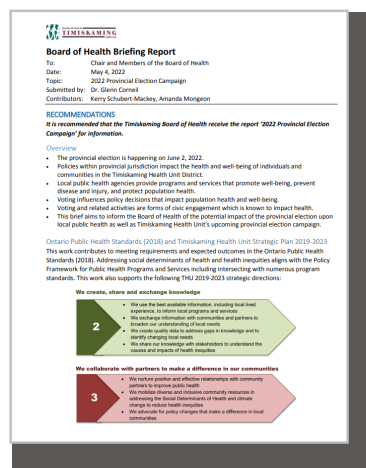
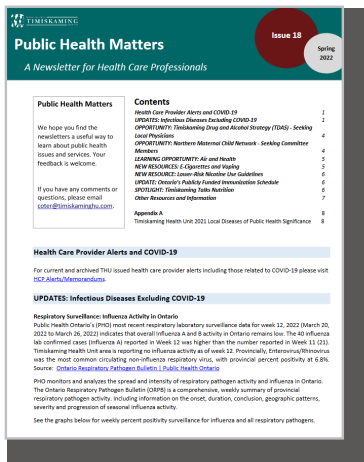
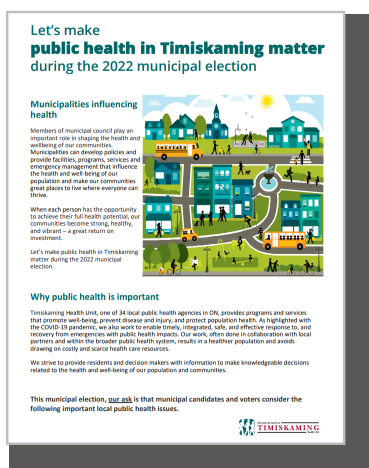
2022 initiatives spanning multiple topics and programs included the following:

- Created a Board of Health briefing note and public communications campaign on public health issues influenced by government policy decisions timed with the provincial and municipal elections in 2022. These campaigns also highlighted the importance of voting.

[Provincial Election Campaign](#)

[Municipal Election Campaign](#)

- Created and distributed *Public Health Matters* a health care provider newsletter highlighting resources and tools to support key public health issues.
- Created and distributed a Municipal Newsletter (Fall 2022 edition) highlighting local opportunities for municipalities to affect the health and well-being of their communities.
- Profiled the role of local public health by celebrating **Canada's First Canadian Public Health Week** (April). This included external social media posts recognizing our diverse local public health workforce and their contributions to THU's vision of healthy communities where everyone can thrive.



Behind the Scenes

of Essential Public Health Work

To ensure THU programs and services are responsive to our area's current needs and evolving issues, staff work to provide the best available data, tools, and processes to support decisions. In 2022, staff with expertise in population health assessment and planning and evaluation collected, monitored, analyzed, and shared data summaries and reports related to COVID-19, 2 community foodborne illness outbreaks, opioids and other substance-related harms and a variety of other topics in 2022.

Supported a process to prioritize the resume and restore work, including acknowledgement of the backlog, supported data gathering, and synthesis for internal and collaborative.

Other key accomplishments addressing local public health priorities during the 2022 year of recovery are organized by program area below.



Oral Health and Vision Program

The oral health team at THU screened nearly 900 students in schools and at the THU office in 2022. In the academic year 2022-2023, the staff will return to schools across the district. Despite being unable to conduct vision screenings in JK/SK classes in 2022, the vision team will resume activities in 2023.

The Ontario Seniors Dental Care Program continued to increase its capacity to provide free routine dental care as the pandemic response shifted in 2022. We maintained partnerships with local oral health providers in the community, and qualifying seniors from all district areas received care. In 2022, 251 individuals applied for the Ontario Seniors Dental Care Program. **In total, 883 seniors received dental care within the Timiskaming district, 197 received care at THU offices, and 686 obtained services from community providers.**



Healthy Growth and Development

The Healthy Babies Healthy Children (HBHC) Program adapted and maintained the blended home-visiting program in 2022. Family Home Visitors (FHV's) and Public Health Nurses (PHNs) completed 498 home visits across the district. In August of 2022, daily visits to Timiskaming Hospital were resumed at full capacity, 5 days a week. These visits allow the PHNs to complete a post-partum HBHC screening, assist families with breastfeeding and discuss services at THU and within the community.

Perinatal Mood Disorder (PMD) screenings resumed at full capacity in May 2022. PMD screenings are offered to each family in the prenatal and post-partum periods. They aim to identify parents who may be experiencing signs and symptoms of perinatal depression or anxiety. Referrals to community programs are then able to be completed if needed.

Over 700 well-baby visits were provided by PHNs in the Healthy Growth & Development Program.

Over 700 well-baby visits were provided by PHNs in the Healthy Growth & Development Program. These visits reach children aged 0 to 6 years and offer services such as immunizations, weights, and developmental screening.

Car seat inspections continued to be offered throughout the district. Twenty-six inspections were completed in 2022 and a Winter car seat communications campaign was launched in December.

Breastfeeding remained a priority for THU in 2022, initiatives included:

- The breast pump program;
- The Timiskaming Breastfeeding Buddies Facebook group;
- Prenatal breastfeeding education;
- Lactation consultation support, with 15% of families having received at least one consultation.

School and Childcare Health

As schools and Childcare Centres continued to adjust to the changing pandemic landscape and its related impacts, many of which are long-term, THU staff provided ongoing support in a variety of health topics such as mental health, healthy sexuality, healthy eating, and physical activity. Staff attended school council meetings, provided resources for parents and caregivers ahead of the start of kindergarten, and strengthened relationships with school boards.



- Maintained partnerships through participation in regular meetings with Directors of Education, school COVID-19 Leads and school transportation providers.
- Participated in DTSSAB-hosted meetings with childcare providers and regularly communicated with individual schools to respond to questions and provide resource materials related to COVID-19 measures and other infectious/reportable diseases.
- Coordinated the implementation of the School Northern Fruit and Vegetable Program, collaborating with Porcupine Health Unit to develop and evaluate [Northern Fruit and Vegetable Program Activity Calendar](#), [Fact Sheets & Recipes](#), and [Implementation Guide](#).
- Supported the Active School Travel (AST) program, including school-wide activities, accessing funds for bicycle racks at 2 schools, a [Walk n Roll Project in the Town of Englehart](#), creation of outdoor AST banners at 3 schools, and 1 school with creating a [School Pick-up Planner](#).
- Adapted and promoted a [Prom Toolkit](#) with local secondary schools and parents/caregivers and supported 5 local secondary schools with implementing [Youth Mental Health and Addictions Champions](#) program, adapted an updated progressive enforcement toolkit for use in enforcing the [Smoke-Free Ontario Act](#), and provided schools with [resources to support tobacco use prevention](#).

Chronic Disease Prevention and Well-Being

As part of our pandemic recovery work, we focused on the built environment, road safety, active travel, healthy aging, and mental health promotion.

- Launched [Walk 'N Roll Timiskaming website](#) and a communications strategy using [Facebook](#) and [Instagram](#), and developed and published a bilingual video series on cycling and pedestrian safety starring local elementary school students: [Pedestrian Safety 101](#) and [Bike Safety 101](#). The 2022 Community Bike Exchange was successful again this year and engaged high school students in Temiskaming Shores, as seen in this [video](#).
- Supported the [Healthy Eating in Recreation Settings Project](#), a children's cooking camp in Temiskaming Shores, which carried out education sessions to local youth on eating well on a budget, and participated in a [panel discussion](#) on food insecurity among rural seniors.
- Promoted mental health through awareness campaigns and, as part of the focus on [workplace mental health](#) organized and sponsored [Mental Health First Aid](#) training for workplaces and certified THU staff in Psychological Health and Safety.

Substance Use and Injury Prevention

In this program area, we focused on mental health, prevention of high-risk substance use and prevention of injuries related to substance use.

- Co-chaired and provided backbone support for the Timiskaming Drug and Alcohol Strategy (TDAS).
- Led planning and communication related to both the Prevention and Harm Reduction Pillars of TDAS, participated in the Communications Working Group, and supported the Persons with Lived and Living Experience group.
- Increased access to sharps disposal sites, passed a resolution to support the [Decriminalization of Substance Use](#) and launched the [Timiskaming Drug and Alcohol Strategy](#).
- Supported tobacco cessation by providing [nicotine replacement therapy vouchers](#) to community members and referring to provincial resources such as [STOP On the Net](#), Telehealth Ontario, Smoker's Helpline, and local STOP programs at local Family Health Teams as well as implementing several communications campaigns to raise awareness.
- Supported concerned physicians and other community partners to launch a campaign to renew advocating for safer highway measures through Temiskaming Shores on Highway 11.
- Developed and shared [Evidence and Promising Practices for Lowering Speeds on Municipal Roadways](#), an evidence-based report on safer systems approach to road safety.
- Supported healthy aging by hosting [Stand Up](#) training, implemented a Fall Prevention Month communications campaign, delivered [Fall Prevention Month](#) presentations, hosted a [Stay on Your Feet](#) booth at the Age Friendly Fair, and supported [Timiskaming Rising Stars](#) troupe promotion and recruitment.
- Supported the creation of a Community Safety and Well-Being Plan for Timiskaming, including the municipality of Temagami.

Health Equity - Health for All

The following section highlights local public health work in 2022 toward reducing health inequities, so everyone has equal opportunities for optimal health and well-being. Root causes of inequitable opportunities for health are linked to our social and structural systems, and many of these were exacerbated by the pandemic.

- Our COVID-19 prevention and control program supported a local First Nation Control Group, high-risk settings were prioritized for prevention and control support. The COVID-19 vaccine program worked with First Nations and Urban Indigenous communities, and priority populations.
- We continued the implementation of the COVID-19 Timiskaming Connections Volunteer Line, including providing support to those who were required to isolate until March 2022.
- Chaired the COVID-19 Timiskaming Collaborative, whose aim is to prevent or mitigate health and well-being disparities due to COVID-19 and related response measures.
- Continued to lead the Closing the Digital Divide project addressing digital inequity by distributing devices and supports for Internet access and supported community partner initiatives to address digital equity.
- Established People with Lived and Living Experience Committee to inform the development of the Timiskaming Drug and Alcohol Strategy.
- Consulted with First Nations community leaders and local Métis council for the development of THU's first iteration of a land acknowledgement.
- Provided staff education on the impact of colonialism and of the social determinants of Indigenous health and the work of reconciliation as well as education on culture as a social determinant of health, racism, gender identity and expression and sexual orientation.
- Increased awareness of income and food security issues, paid sick days, housing, affordable oral health care, digital equity, and racism through external communications.

Research Project: *Identifying enabling supports and structures that will strengthen response to future disruption:* THU is a knowledge user role in a research project to support municipalities in Northern Ontario with populations less than 10,000 and their associated local public health units in learning from the COVID-19 pandemic and identifying ways to strengthen and prepare for future emergencies.

Knowledge Exchange Spotlight: THU staff participated in the Northern Directions Conference (North Bay), hosted by the Northern Policy Institute and the Canadian Rural Revitalization Foundation. THU staff co-authored and participated in a panel titled [Re]Framing Healthy and Resilient Communities and on the final day presented Connexions Timiskaming Connections: Learning from COVID equity measures to increase community resilience, describing work done in Timiskaming to mitigate equity related impacts of the pandemic and foster learning to reduce the impact of future emergencies.

Immunization – Vaccine Safety and Vaccine Administration

COVID-19 Vaccine Program

The importance of COVID-19 vaccinations and the pandemic remained a priority for most of 2022.

Regular communication continued through social and traditional media while building on partnerships with community organizations helped to reach specific populations. Communications focused on eligibility and addressing vaccine hesitancy. The communications strategy was data-focused, using evidence related to vaccine hesitancy and confidence and adjusting according to local vaccine uptake by age group, geography, and other factors. In the spring, we saw an enhanced investment in targeted strategies to reach youth under the age of 30, which included youth [Q&A video series with the Acting MOH](#).

Other COVID-19 vaccine program highlights:

- The COVID-19 vaccine campaign opened booster doses for the 60+ population, including First Nation and Métis individuals and their non-Indigenous household members 18 years of age and older (April 2022). We ramped up local clinics to help support vaccinating this group.
- In April 2022, booster doses for children 6 to 11 years of age became available.
- We supported Bear Island with COVID-19 vaccinations (May 26, August 30, and November 4). Influenza was also offered at the November 4 clinic.
- Moderna became available as the first product for children under 5 in August. The Pfizer pediatric product was available in September 2022.
- The bivalent booster dose was available in October. We saw an increase in attendance at the fall COVID-19 vaccination clinics.
- The Pfizer pediatric COVID-19 vaccine was made available to children aged 5 to 11 on December 20, 2022.
- COVID-19 vaccine clinics continued weekly throughout 2022 for New Liskeard and Kirkland Lake offices. Mid-year, clinics in Englehart moved to monthly. In July and August, we offered pop-up clinics in smaller locations (Cobalt, Virginiatown, Larder Lake, Elk Lake, and Earleton).
- 17,541 doses were administered in 2022 through THU.

Routine Immunizations

On top of continuing to navigate through the COVID-19 pandemic, routine immunizations also remained a high priority at THU. Routine vaccinations continued in office throughout 2022 through our general intake clinics, well baby clinics and in-office school-based clinics. On the first Tuesday of every month, in-office evening clinics for New Liskeard, Kirkland Lake, and Englehart resumed in December 2022.

Other routine vaccination program highlights:

Travel Health Consultations

Office	2016	2017	2018	2019	2020	2021	2022
Kirkland Lake	272	259	210	208	109	0	78
New Liskeard	595	620	695	611	324	64	340
Englehart	(Included in New Liskeard Statistics)						

Note: KL staff remained redeployed to COVID-19 work and did not see any tropical travellers between Jan. and Mar. 2022.

Immunization Program

Immunizations Administered in Office	NL	KL	ENG	Total 2022
# of clients receiving immunizations	876	391	116	1,383
# of immunizations administered	1,380	644	198	2,222

Note: These numbers do not include Influenza Vaccine Generated from PANORAMA-R07090 Immunization Administered or Wasted at Health Unit.

School Health Immunization and Licensed Childcare

School clinics were held for routine immunization in the fall of 2022, including offering catch-up doses. We continued to work closely with local schools and parents to ensure student immunization records were up-to-date. Due to the pandemic and capacity, THU did not enforce the ISPA (Immunization School Pupils Act) in 2022. However, we did work with a few families and completed 2 ISPA virtual sessions for those requesting a non-medical exemption. THU was able to maintain good momentum in the Childcare program throughout 2022. We continued to support and collaborate with licensed Childcare Centres for immunization monitoring. In 2022, efforts to update and modernize the Childcare process initiated pre-covid resumed.

For the 2021-2022 school year, 28 immunization clinics took place in-schools for grade 7 and 8 students. The school-based program included the hepatitis B vaccine (HBV), meningococcal vaccine and the human papillomavirus vaccine (HPV). High school booster clinics for routine and catch-up vaccinations were offered in 5 high schools within our district.

Number of HBV, meningococcal & HPV doses administered to students (September 1, 2021 to August 31, 2022)	
HBV to students in grade 7-8	354
Meningococcal vaccine in grade 7-12	230
HPV vaccine to eligible students in grade 7-12	429

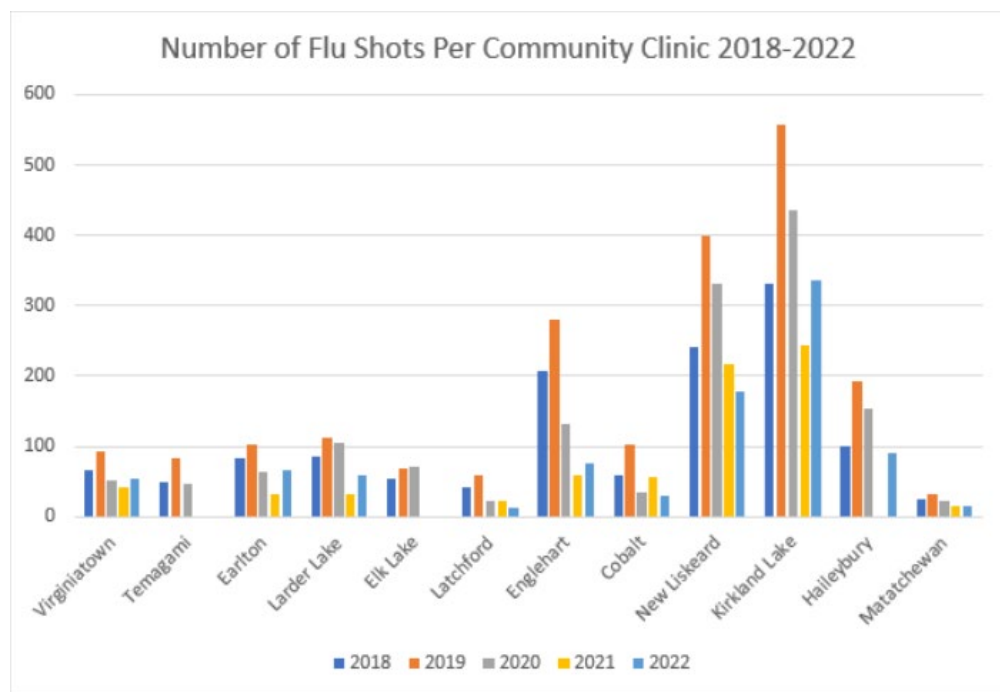
2021-2022 Universal Influenza Immunization Program (UIIP)

Community flu clinics were modified to work in conjunction with the COVID-19 vaccination clinics. We continued to offer influenza and COVID-19 vaccines at our regular venues, the first hour of the clinic offered COVID-19 vaccines, and the latter part offered influenza. Clients were encouraged to book appointments online through the provincial booking system or by calling THU's booking line.

Other routine vaccination program highlights:

- Communications on our influenza program went out via social media, and posters were distributed throughout the district. We also relied on provincial and national media coverage to help promote the importance of the influenza vaccine this year.
- Participating pharmacies and primary care providers contributed to the influenza campaign this year, making the vaccine accessible to everyone including homebound clients.
- We offered in-office appointments for clients requesting this service.
- Our local pharmacies administered over 2,900 influenza vaccines in 2022 (October to December).

Note: Missing data, Temagami & Elk Lake ran their own clinics in 2021 & 2022 and there was no clinic venue for Haileybury in 2021)



Plans for 2023 - Recovery and Moving Forward

As we look ahead to 2023, we will continue to work on COVID-19 vaccinations, provide immunization clinics for routine and travel vaccines, and support health care providers with cold chain inspections and vaccine storage and handling. We will resume regular internal vaccine-preventable disease meetings and ISPA processes. During the 2023 fall campaign, we plan to emphasize the importance of all vaccines through our communication plans and include influenza and COVID-19 vaccines.

Infectious Disease & Clinical Services

Sexual Health Program

THU offices across our district completed 111 tests for Sexually Transmitted Infections (STIs) and 11 pap tests for individuals under 25 years of age in 2022. Besides confidential HIV testing, we offered clients free condoms, affordable contraception, and Emergency Contraception Plan B, which was provided to 13 clients in 2022. As a result of OHIP+ (2018), there was a decrease in demand for contraceptives for clients under the age of 25 at THU. At 437, the number of clients seen in 2022 is lower than in previous years. Through pandemic recovery plans, we aim to focus more on our priority populations and increase outreach initiatives.

STI Testing Blitz!
Walk-in Clinic December 14, 2022

ONE DAY WALK IN CLINIC

When: December 14 – 1:00 to 3:30 p.m.

Where: Timiskaming Health Unit
New Liskeard Office

How: Walk-in!

Testing for What: Syphilis, Hepatitis C, HIV, Chlamydia, Gonorrhea (as requested)

Who: Anyone who has sex with new/multiple partners
Anyone who exchanges sex for money or drugs

You will be compensated for your time and transportation!

705-647-4305

GET TESTED

TIMISKAMING
Health Unit

Instagram Story for Sexual Health clinic

Needle Exchange and Harm Reduction Program

The Timiskaming Health Unit's Harm Reduction Distribution Program is designed to ensure that people who use drugs can access sterile injection equipment and safer inhalation kits to reduce the incidence and prevalence of HIV, Hepatitis B, Hepatitis C, and other harms. An increase in encounters has been noted from the previous year as public health measures changed throughout the pandemic. We have seen an increase in encounters with the Needle Exchange Program and other Harm Reduction supplies (308) compared to 2021 (207). Resuming services and increasing our messaging in the community and on various social media platforms likely account for the increase.

OVERDOSE PREVENTION

- Do not use alone. If you are using alone, call someone and keep them on the line or try the National Overdose Response Service at 1-888-688-NORS (6677)
- Test a small amount first and go slow
- Avoid mixing different types of substances
- Carry a naloxone kit. You could reverse an overdose. You could save a life.

Pick up a free naloxone kit at Timiskaming Health Unit, CMHA and most pharmacies.

Social media post

Environmental Health

Land Control - Sewage System & Property Development

A busy year for septic systems

The Timiskaming Health Unit enforces the provisions of the Building Code Act as they relate to sewage systems with a flow rate of 10000 litres per day or less. The Code and Guide for Sewage Systems govern the requirements for design, construction, operation, and maintenance of various classifications of sewage systems located within properties.

Throughout the pandemic, the construction and maintenance of sewage systems remained a priority function and continued with no pauses. In the beginning of the pandemic, this activity slowed down and fewer permits were issued. However, 2022 had an 18% increase in permits issued over 2021 and had the highest number of permits issued since 2015.

18%
increase in permits
issued in 2022



A typical class 4 septic system under construction

Safe Food Program

Options for Food Handler Training

In 2022, our Public Health Inspectors continued to increase inspections of food premises. Moving forward in 2023, our regular inspection schedule will return to standard rotation. As part of the safe food program, we ensure people have access to food handler training programs. This training can be completed through online courses, of which we provide information to people on how to access them. The training can also be done through in-person courses offered by the Timiskaming Health Unit.

During the pandemic, we had to re-direct our resources and online courses had to be the main avenue; this was also the case in 2021. In 2022, we began offering in-person courses once again and will continue with that in 2023. Providing options of online and in-person courses ensures those who need the food handler training can access it.

Food Handler Certifications

	2015	2016	2017	2018	2019	2020	2021	2022
Englehart	63	26	23	75	58	3	24	10
New Liskeard	90	68	144	351	182	19	55	29
Kirkland Lake	70	41	58	127	15	34	5	12
TOTAL	223	135	225	553	255	56	84	51

Safe Water Program

A good year for Small Drinking Water Systems (SDWS)

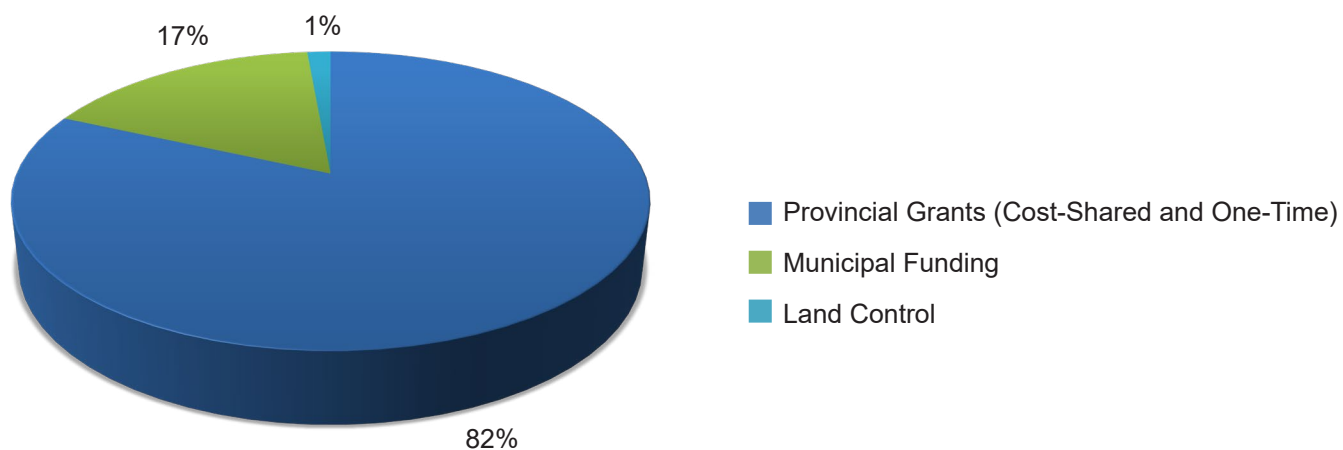
If your business makes drinking water available to the public and you do not get your drinking water from a municipal drinking water system, you may be an owner or operator of a small drinking water system. These systems are inspected on a rotating basis by our Public Health Inspectors. During 2020 and 2021, this area had minimal activity due to pandemic constraints. In 2022, we were pleased to re-focus a great deal of attention in this area and were able to complete a massive catch-up, allowing the rotation schedule to get back on track. **Thirty-six inspections were completed, the highest amount done annually since 2019.** This program will continue with its regular rotation in 2023.



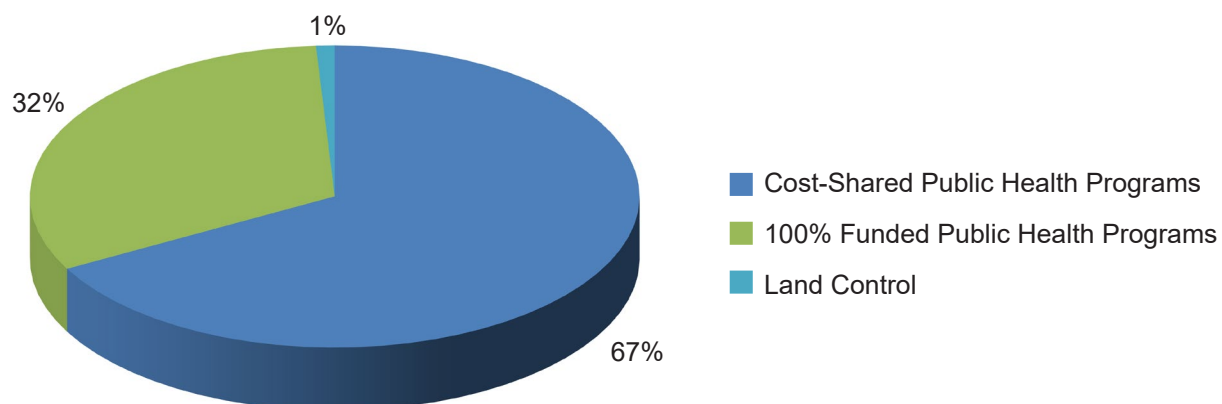
Pictured above is an example of a SDWS

2022 Budget

Total Revenues



Total Expenditures



2022 Board of Health

Carman Kidd, Chair - City of Temiskaming Shores

Patrick Kiely, Vice-Chair - Town of Kirkland Lake

Nina Wallace - Towns of Englehart, Charlton, Townships of Chamberlain, Evanturel, Hilliard & Dack

Paul Kelly - Township of McGarry/Gauthier & Town of Larder Lake

Casey Owens - Town of Kirkland Lake

Sue Cote - Towns of Cobalt and Latchford, Municipality of Temagami, and Township of Coleman

Jesse Foley - City of Temiskaming Shores

Vacant - Townships of Armstrong, Hudson, James, Kerns & Matachewan

Vacant - Townships of Brethour, Harris, Dymond, Harley and Casey, Village of Thornloe

Mike McArthur - City of Temiskaming Shores

Curtis Arthur - Provincial Appointee

Office Locations

New Liskeard

247 Whitewood Avenue, Unit 43

705-647-4305

1-866-747-4305

Englehart

63 Fifth Street

705-544-2221

1-877-544-2221

Kirkland Lake

31 Station Road

705-567-9355

1-866-967-9355

For more information contact:
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Timiskaming Health Unit
247 Whitewood Avenue, Unit 43
New Liskeard, ON P0J 1P0
Telephone: 705-647-4305
Toll-free: 866-747-4305
www.timiskaminghu.com



From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: [All Health Units](#)
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] News Release: Ontario Announces Intent to Dissolve Peel Region
Date: Thursday, May 18, 2023 1:13:40 PM

From: Ontario News <newsroom@ontario.ca>
Sent: Thursday, May 18, 2023 1:12 PM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Ontario Announces Intent to Dissolve Peel Region

NEWS RELEASE

Ontario Announces Intent to Dissolve Peel Region

Transition board will ensure a fair dissolution process that protects local services

May 18, 2023

[Ministry of Municipal Affairs and Housing](#)

TORONTO — Today, the Ontario government introduced the *Hazel McCallion Act*, which would, if passed, begin the process to dissolve the Regional Municipality of Peel and make the municipalities of Mississauga, Brampton and Caledon independent. The proposed legislation honours the legacy of Peel Region's longest-serving mayor, the late Hazel McCallion, who was central to the region's remarkable growth during her 36 years as Mayor of Mississauga and a long-time advocate for greater autonomy for her city.

The province's plan would help ensure the continuation of high-quality services for taxpayers while improving the efficiency of local governments as they prepare for future growth, including by making good on their municipal housing pledges.

“Our government is working with our municipal partners to provide the tools and autonomy required to deliver on our shared commitments to the people of Ontario, including addressing the housing supply crisis,” said Steve Clark, Minister of Municipal Affairs and Housing. “The Region of Peel includes some of the largest and fastest-growing municipalities in Canada and is poised for significant growth over the next decade. Our government is supporting this growth by cutting red tape and improving efficiency while maintaining and improving the high level of local services Mississauga, Brampton and Caledon residents rightly expect.”

The province would establish a transition board of up to five people to facilitate this change in local government and, if needed, oversee the financial affairs of Peel and its lower-tier municipalities to help ensure prudent financial stewardship until dissolution. The board would provide recommendations to the province to help Mississauga, Brampton and Caledon prepare to become single-tier municipalities on January 1, 2025, when the proposed changes, if passed, would come into effect. If the legislation passes, names of the members of the board will be released in the coming weeks.

The dissolution process, with the support of the transition board, would help ensure a fair outcome for the three municipalities that prioritizes the preservation of frontline services and workers, respect for taxpayers and government efficiency. The process would respect and support the effective administration of local governance during and after the dissolution while providing these fast-growing municipalities with the tools needed to plan for population growth, including the tools needed to meet their housing pledges.

The transition board would help implement the province’s clear expectation that the affected municipalities work together fairly and in a spirit of partnership in order to ensure value for money and efficient, high-quality services for taxpayers. Where there are shared assets and services, the dissolution process would help ensure an equitable outcome for all residents that preserves their access to municipal services regardless of location.

In the coming weeks, the province will also name regional facilitators to assess the upper-tier municipalities of Durham, Halton, Niagara, Simcoe, Waterloo and York. These facilitators will be tasked with reviewing whether the upper-tier government continues to be relevant to the needs of its communities or whether the lower-tier municipalities are mature enough to pursue dissolution. Where they recommend that a two-tier government is still required, the facilitators will also make recommendations on how they can more effectively respond to the issues facing Ontario’s fast-growing municipalities today, particularly when it comes to meeting municipal housing pledges and tackling the housing supply crisis.

Quick Facts

- Ontario intends to partner with select municipalities, including the Region of Peel, Mississauga, Brampton and Caledon to ensure municipal finances support increased housing supply. The [municipal audit](#) results could help inform Peel Region's transition to independent municipalities.
- Ensuring continuity and efficiency at the local level to deliver on shared provincial-municipal priorities – particularly the building of 1.5 million new homes by 2031 – is part of Ontario's continued action to address the housing supply crisis.
- The municipalities that make up the Region of Peel currently have approximately 1.5 million residents and are expected to grow to over 2 million by 2041. These municipalities have collectively agreed to housing pledges totalling 246,000 new homes by 2031 – 120,000 in Mississauga, 113,000 in Brampton, and 13,000 in Caledon.

Quotes

"This is an historic day for the people of Mississauga and for our future. I want to thank the Minister and the Premier for answering our calls for an independent Mississauga. As Ontario's third-largest city that's home to 100,000 businesses and the province's second-largest economy, we're ready to stand on our own two feet and make our own decisions about the future of our city. An independent Mississauga will allow us to be more nimble when it comes to responding to the housing crisis, increase efficiencies, reduce duplication and save residents time and money. This process will take some time and we are committed to ensuring the continuity of frontline and essential services across the Region of Peel. I want to thank residents and staff at both the City of Mississauga and the Region of Peel for their patience and understanding as we navigate this next chapter in our city's history."

- Bonnie Crombie
Mayor of Mississauga

"As the Region of Peel dissolves, we will work constructively to ensure Brampton taxpayers are treated fairly. I want to thank Premier Ford for assuring the residents of Brampton they will not be shortchanged during this process. We expect to work closely with the transition board to achieve a result that respects the taxpayers of Brampton, allows our city to continue its significant growth, and treats all municipalities within Peel Region equitably."

- Patrick Brown
Mayor of Brampton

"Caledon is a special place, and the town's residents have made it clear that they want Caledon to retain its unique identity. As one of the fastest growing municipalities in the Province, Caledon needs partners at the table to ensure we hit our growth targets when it comes to infrastructure and community service. We will work with the Province to ensure a fair transition for our town that protects our financial security and makes sure residents continue to receive the high levels of service that they need and have come to expect. As Mayor, I am committed to ensuring the best outcome for the residents of Caledon in an open and transparent manner. We understand that this will be a lengthy and involved process and we look forward to working productively to reach an outcome that is fair, equitable and respects the current and future capabilities of a growing Caledon."

- Annette Groves
Mayor of Caledon

Additional Resources

- [Ontario's Helping Homebuyers, Protecting Tenants Plan](#)
- [Ontario's Housing Supply Progress](#)

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Tania Caputo

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of Loretta Ryan <loretta@alphaweb.org>
Sent: Thursday, May 4, 2023 10:42 AM
To: All Health Units
Cc: Board
Subject: [allhealthunits] News Release: Ontario Connecting Indigenous Communities to More Mental Health and Addictions Support

From: Ontario News <newsroom@ontario.ca>
Sent: Thursday, May 4, 2023 9:34 AM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Ontario Connecting Indigenous Communities to More Mental Health and Addictions Support

NEWS RELEASE

Ontario Connecting Indigenous Communities to More Mental Health and Addictions Support

\$33 million provincial investment expanding access to programs and services for Indigenous peoples and their families

May 04, 2023
[Ministry of Health](#)

MUNCEY — Ontario has invested nearly \$33 million in 2022-23 into over 100 mental health and addictions supports and programs designed to meet the needs of Indigenous communities across the province.

"For generations, Indigenous communities and elders have taught the importance of community-based, culturally-informed approaches to healing and wellness. It is critical that responses to challenges faced by Indigenous partners are anchored in partnership and collaboration," said Michael Tibollo, Associate Minister of Mental Health and Addictions. "Today marks another milestone in those partnerships; investing in

connecting Indigenous communities to Indigenous land-based healing, health services, and upgraded healing centres and facilities.”

Up to \$25 million in funding has gone directly to Indigenous organizations and communities across Ontario to deliver 93 unique initiatives to help create new spaces for mental health and addictions programs, upgrade infrastructure and equipment at existing facilities, and support the purchase of health and safety supplies. With this funding, organizations are also connecting Indigenous communities to traditional land and water-based healing programs and cultural knowledge to promote positive mental health and wellness.

In addition, almost \$8 million in funding supports expanded health services including traditional healing, and access to trauma-informed care training. This benefits Indigenous communities across the province, especially in Northern Ontario.

“Our government recognizes that Indigenous peoples and communities have faced many barriers to accessing safe, effective mental health and addictions care,” said Sylvia Jones, Deputy Premier and Minister of Health. “With this investment, we’re helping Indigenous communities in Ontario connect with the mental health care they need, when and where they need it.”

Through [Your Health: A Plan for Connected and Convenient Care](#), Ontario is improving the health care experiences of people across the province by acknowledging the need to improve mental health and addictions services. The province is making care more connected and convenient, so all Ontarians can receive the care that’s right for them, when and where they need it. The Ontario government is working with Indigenous partners to ensure mental health and wellness programs effectively meet the needs of First Nations, Inuit, Métis and urban Indigenous communities. For Indigenous peoples, this includes mental health and addictions care that honours their culture and traditions.

Quick Facts

- Ontario’s mental health and addictions strategy, [Roadmap to Wellness](#), sets out a vision for an Ontario where everyone has access to high-quality mental health and addictions treatment and support.
- This strategy was informed by experts in Indigenous mental health and addictions, as well as Indigenous people with lived experience.
- Since launching the [Roadmap to Wellness](#), the province has invested \$525 million annually to help mental health and addictions services expand to increase access to care and reduce wait times.
- Building on the Roadmap to Wellness investments, the [2023 Budget](#) includes an additional one-time investment of \$424 million over three years to support mental health and addictions services, including a five per cent increase in the

base funding of community-based mental health and addictions services providers funded by the Ministry of Health.

Quotes

"Ensuring that communities across the province stay vibrant and healthy starts with supporting the mental health of each and every Ontarian. That is why our government has developed a robust mental health plan featuring Indigenous-led healing practices that support real results for First Nations community members across the province."

- Greg Rickford
Minister of Indigenous Affairs

"This investment is an important step towards promoting positive mental health and wellness, while also acknowledging the unique needs of Indigenous communities. We will continue to take action across government to ensure Indigenous communities can access the mental health and addictions support they need when, where and how they decide they need them."

- Michael Parsa
Minister of Children, Community and Social Services

Additional Resources

- [Your Health: A Plan for Connected and Convenient Care](#)
- [Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System](#)
- [Ontario Expanding Mental Health Services for Children and Youth in Every Corner of the Province](#)
- [Mental Health and Addictions Programs and Resources](#)
- [Find out how you can access mental health support](#)

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