



September 27, 2023,

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

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o. Letter to the Premier of Ontario, the Deputy Premier, Minister of Health, from Timiskaming Health Unit, regarding Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians, dated September 15, 2023. 102

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14. Announcements

a. Next Meeting Dates

15. Adjournment

Board of Health Meeting

AGENDA

September 27, 2023 at 5:00 pm

SSM Algoma Community Room | Video/Teleconference

BOARD MEMBERS

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

APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health & CEO
Rick Webb - Director of Corporate Services
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Tania Caputo - Board Secretary
Trina Mount - Executive Assistant

GUESTS

Hilary Cutler - Manager of Community Wellness

- | | | |
|-----|--|-----------|
| 1.0 | Meeting Called to Order
a. Land Acknowledgment
b. Declaration of Conflict of Interest
c. Roll Call | S. Hagman |
| 2.0 | Adoption of Agenda
<div style="background-color: #cccccc; padding: 2px; margin: 5px 0;">RESOLUTION</div> THAT the Board of Health meeting agenda dated September 27, 2023 be approved as presented. | S. Hagman |
| 3.0 | Delegations / Presentations
a. Local Opioid Update - A holistic approach to addressing & preventing substance use and opioid-related harms | H. Cutler |
| 4.0 | Adoption of Minutes of Previous Meeting
<div style="background-color: #cccccc; padding: 2px; margin: 5px 0;">RESOLUTION</div> THAT the Board of Health meeting minutes dated June 28, 2023, be approved as presented. | S. Hagman |
| 5.0 | Business Arising from Minutes | S. Hagman |
| 6.0 | Reports to the Board
a. Medical Officer of Health and Chief Executive Officer Reports
i. MOH Report - September 27, 2023
• Program Highlight – Planning effective public health programs and services for 2024
<div style="background-color: #cccccc; padding: 2px; margin: 5px 0;">RESOLUTION</div> THAT the report of the Medical Officer of Health and CEO for September 27, 2023 be accepted as presented. | J. Loo |

6.0 a. Finance and Audit

L. Dunseath

i. Unaudited Financial Statements ending July 31, 2023

RESOLUTION

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

b. Governance Committee Chair Report

D. Graystone

RESOLUTION

THAT the Governance Committee Chair Report for September 13, 2023, be accepted as presented.

i. Policy 02-05-055 - Board Self-Evaluation

RESOLUTION

THAT the Board of Health approve **Policy 02-05-055 - Board Self-Evaluation**, as presented.

7.0 New Business/General Business

S. Hagman

a. Briefing Note - Situational awareness of public health sector changes anticipated in 2024-2026.

THAT the Board of Health for the District of Algoma Health Unit receive this briefing note for information; and

THAT the Board of Health for the District of Algoma Health Unit support the Board Chair and Medical Officer of Health to seek out opportunities to engage with the Ministry of Health, alongside northern Ontario municipal and Indigenous partners where appropriate, with regards to the provincial review of the funding methodology for public health, such that the realities of northern community health needs and public health service delivery in the north are accurately represented for consideration; and

THAT the Board of Health for the District of Algoma Health Unit support the Board Chair and Medical Officer of Health to engage with northeastern Ontario counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations; and

THAT the Board Chair ensures reporting back to the Board on this matter at future meetings.

8.0 Correspondence

S. Hagman

- a. Letter to the Premier of Ontario, from Public Health Sudbury & Districts, regarding **Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023**, dated June 28, 2023.
- b. Letter to the Premier of Ontario, the Deputy Premier, the Minister of Children, Community and Social Services, from Algoma Public Health, regarding **Income-based policy interventions to effectively reduce household food insecurity (HFI)**, dated July 4, 2023.
- c. Letter to Algoma Public Health, from the Premier of Ontario, **response to Income-based policy interventions to effectively reduce household food insecurity (HFI) letter of July 4, 2023**, dated September 20, 2023.
- d. Letter to the Deputy Premier and Minister of Health, the Chief Medical Officer of Health, from the Association of Ontario Public Health Business Administrators, regarding **encourage to create sustained public health funding levels that are supportive of public health's response to the requirements of the Ontario Public Health Standards**, dated July 7, 2023.

- e. Letter to Minister of Health and Deputy Premier, from Thunder Bay District Health Unit, regarding **Letter of Support - Physical Literacy for Healthy Active Children**, dated July 14, 2023.
- f. Letter to Minister of Environment, Conservation and Parks, from Timiskaming Health Unit, regarding **Request for Air Quality Monitoring Station in the Timiskaming Health Unit Region**, dated August 1, 2023.
- g. Letter to the Premier of Ontario, the Deputy Premier and Minister of Health of Ontario, the City of London Council, the County of Middlesex Council, the Member of Provincial Parliament for London Fanshawe, the Member of Provincial Parliament for London North Centre, the Member of Provincial Parliament for London West, the Member of Provincial Parliament for Elgin-Middlesex-London, the Member of Provincial Parliament for Lambton-Kent-Middlesex, from Middlesex-London Health Unit, regarding **Middlesex-London Health Unit 2024 Budget**, dated August 2, 2023.
- h. Letter to the Deputy Premier and Minister of Health, from the Association of Local Public Health Agencies, regarding **Public Health Funding and Capacity Announcement**, dated August 23, 2023.
- i. Letter to partner agencies of the Simcoe Muskoka District Health Unit, from Simcoe Muskoka District Health Unit, regarding **notice of Clinical Service Vice President and Chief Nursing Officer Position Changes**, dated September 1, 2023.
- j. Letter to the Deputy Premier and Minister of Health, from Simcoe Muskoka District Health Unit regarding **Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023**, dated September 7, 2023.
- k. Letter to the Minister of Finance, the Deputy Premier and Minister of Health, from Huron Perth Public Health, regarding **Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales**, dated September 8, 2023.
- l. Letter to the Premier of Ontario, from Huron Perth Public Health, regarding **Bill 93, Joshua's Law (Lifejackets for Life), 2023**, dated September 8, 2023.
- m. Letter to the Premier of Ontario, the Deputy Premier, Minister of Health, from Timiskaming Health Unit, regarding **Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians**, dated September 15, 2023.

9.0 Items for Information

S. Hagman

- a. **alPHa Information Break - September 2023**
- b. **2023 alPHa Fall Symposium**

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 October 11, 2023 - 5:00 pm
SSM Algoma Community Room | Video Conference
- Board of Health**
Wednesday, October 25, 2023 - 5:00 pm
SSM Algoma Community Room | Video Conference
- 14.0 Evaluation** *S. Hagman*
a. Evaluation Summary
- 15.0 Adjournment** *S. Hagman*
- RESOLUTION**
- THAT the Board of Health meeting adjourns.

A holistic approach to addressing & preventing substance use and opioid-related harms

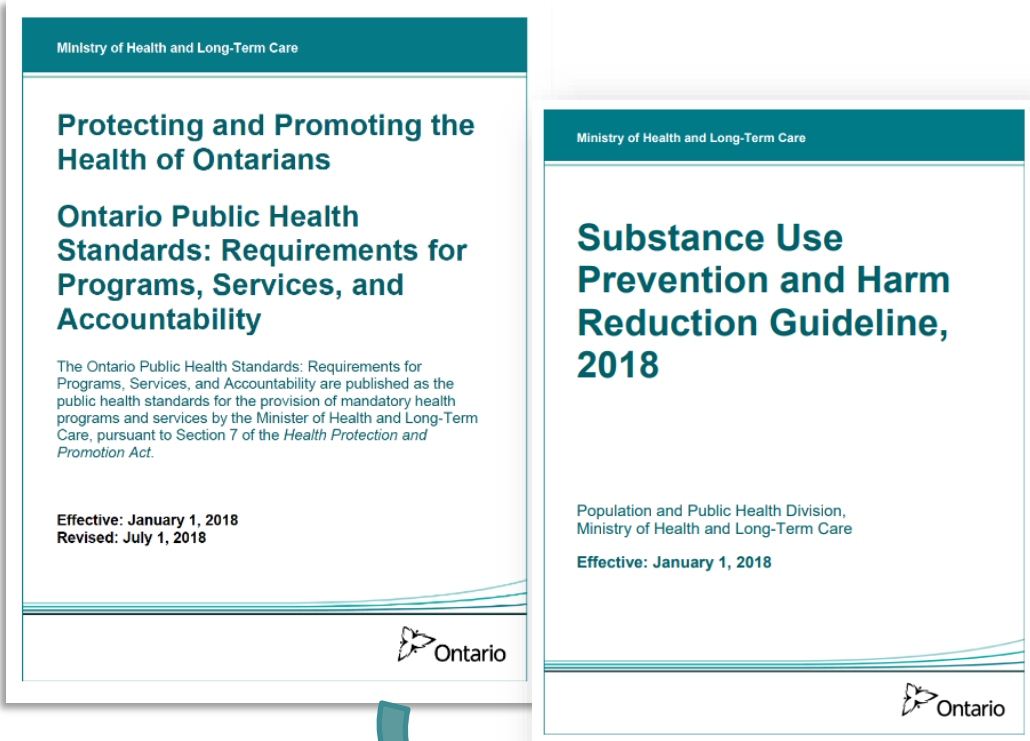
Hilary Cutler, Program Manager, Community Wellness

September 27, 2023

Overview

- Provincial & internal guidance documents
- The public health approach
- Understanding the provincial & local situation
- Next steps

Ontario Public Health Standards



Substance Use and Injury Prevention

Goal

To reduce the burden of preventable injuries and substance¹⁹ use.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for preventing injuries, preventing substance use, and reducing harms²⁰ associated with substance use.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of injuries, preventing substance use, and reducing harms associated with substance use.
- Priority populations and health inequities related to injuries and substance use have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to injuries and substance use.
- Community partners are aware of healthy behaviours associated with the prevention of injuries and substance use, which includes reducing the harms associated with substance use.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners have knowledge of and increased capacity to act on the factors associated with preventing substance use, and reducing harms associated with substance use, including healthy living behaviours and developing personal skills, healthy public policy, and creating supportive environments.

Strategic Directions



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



Improve the impact and effectiveness of Algoma Public Health programs.



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

PUBLIC HEALTH

The Public Health Approach

CANADIAN DRUGS AND SUBSTANCES STRATEGY

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE AND EVIDENCE-BASED APPROACH TO DRUG POLICY



SUPPORTED BY A STRONG EVIDENCE BASE
To better identify trends, target interventions, monitor impacts and support evidence-based decisions



Health Promotion Practice
Volume 21, Issue 1, January 2020, Pages 62-69
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<https://doi.org/10.1177/1524839919849032>



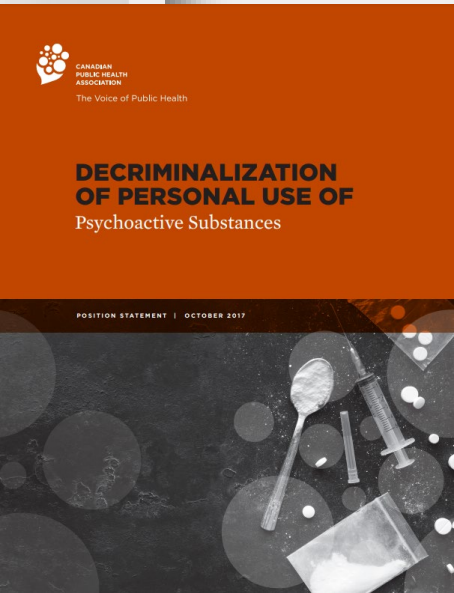
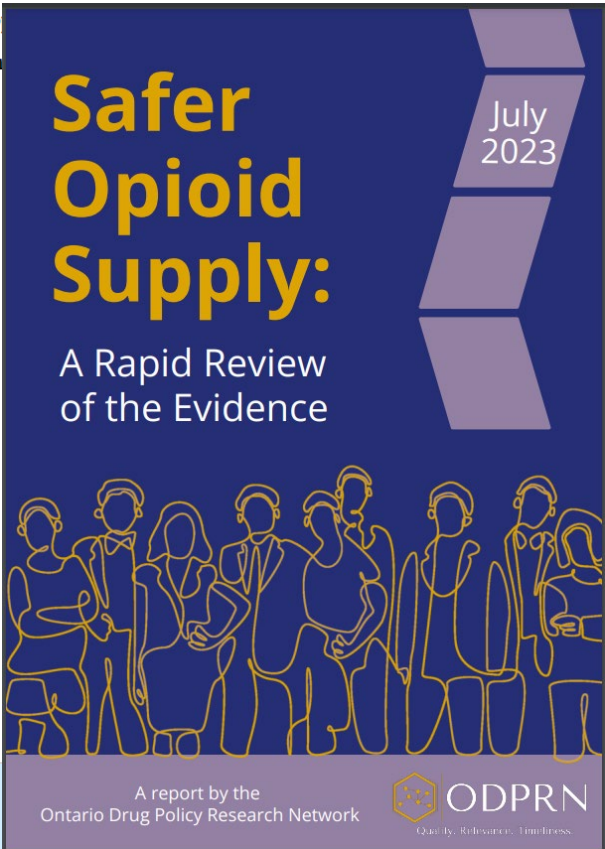
Article - *The Icelandic Model of Preventing Adolescent Substance Use*



Development and Guiding Principles of the Icelandic Model for Preventing Adolescent Substance Use

Alfgeir L. Kristjansson, PhD
Thorisdottir, MPH², John

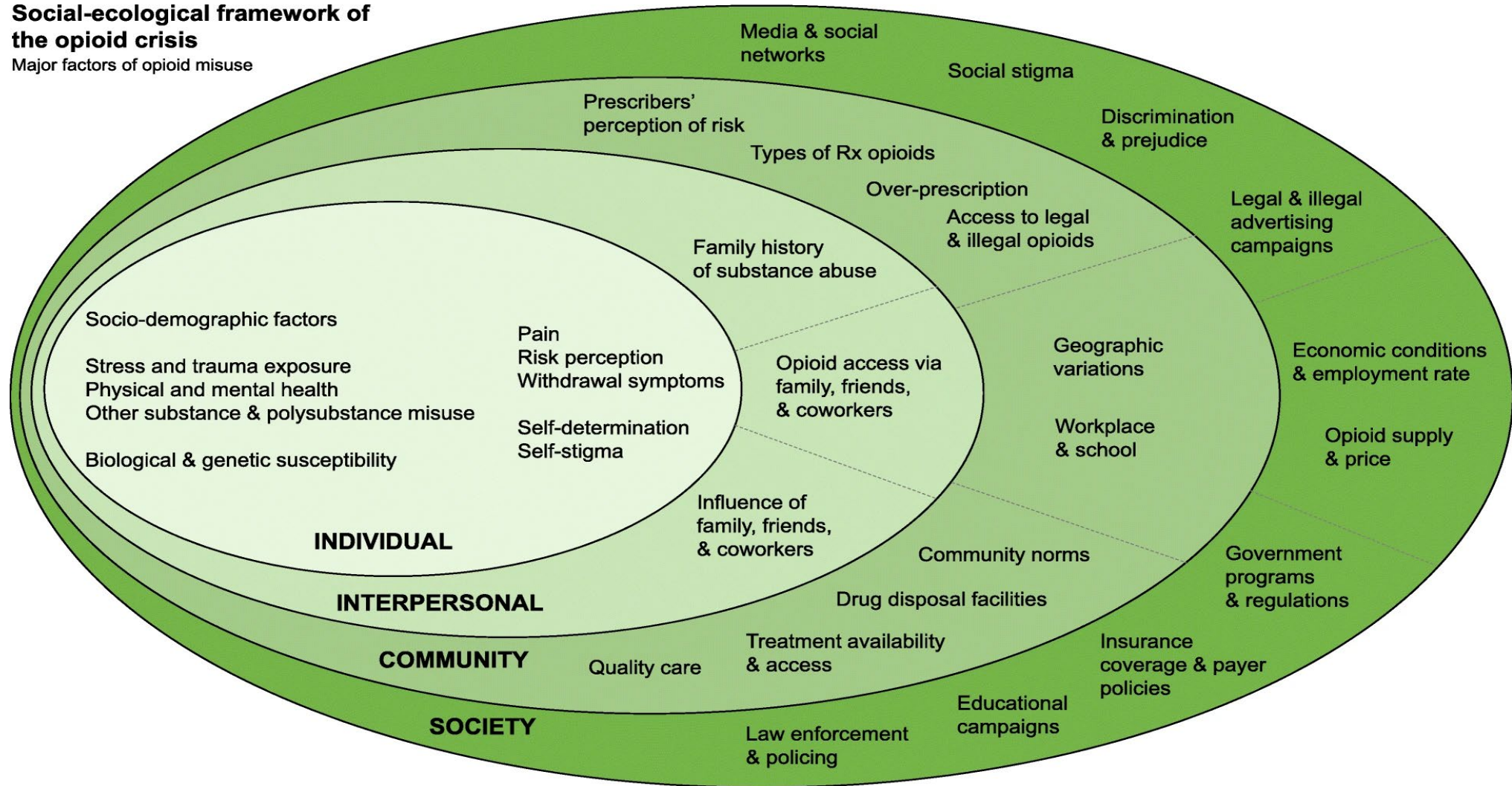
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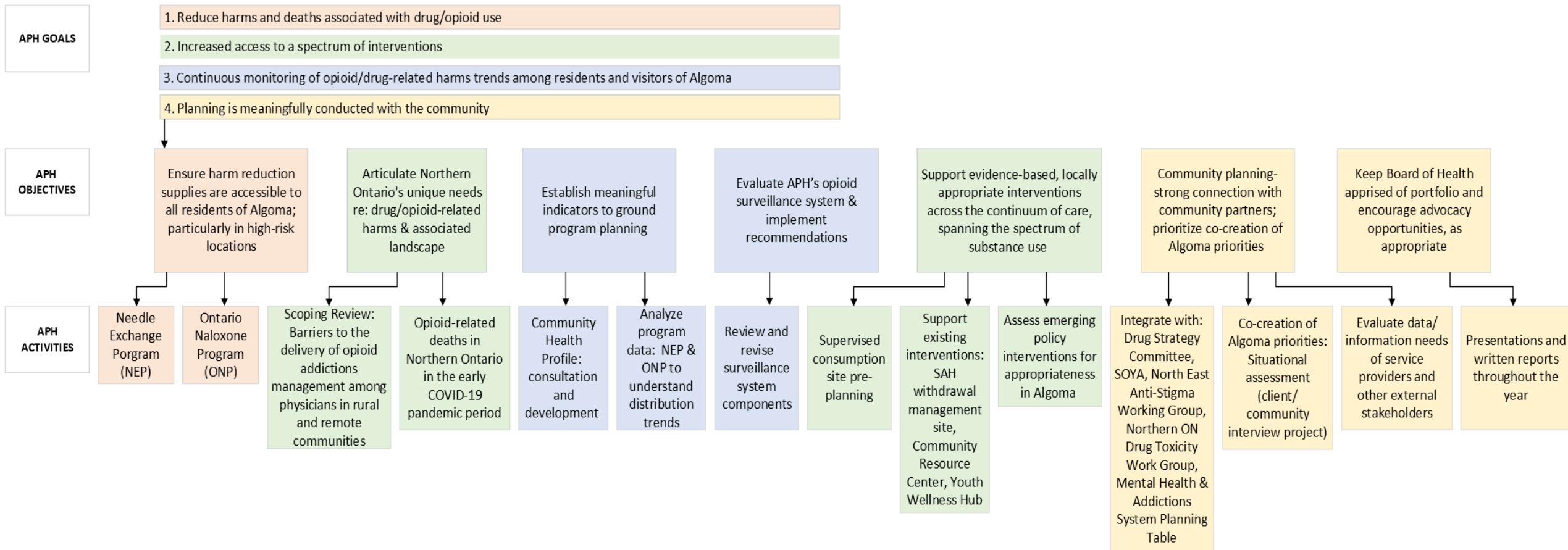
The Public Health Approach

Social-ecological framework of the opioid crisis

Major factors of opioid misuse



The Public Health Approach



Understanding the Provincial Situation:

Surveillance

Opioid toxicity deaths

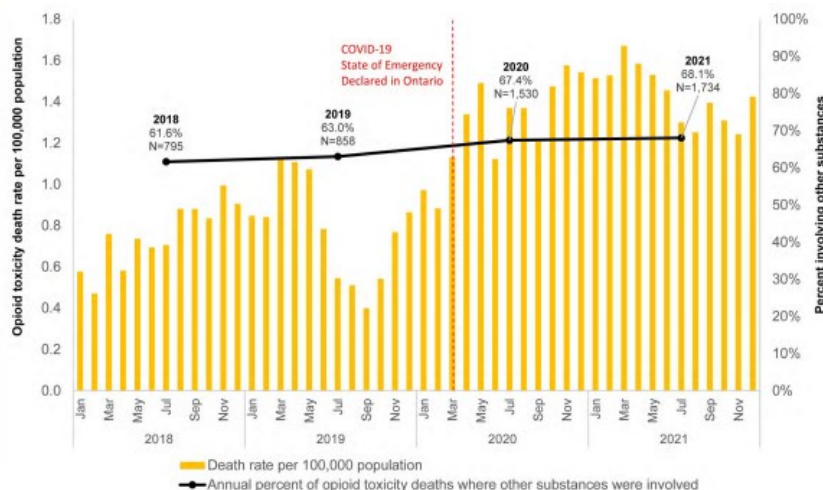
Trends & characteristics

SUMMARY

2x Increase in the number of opioid toxicity deaths from 2018 to 2021

85% of all substance-related deaths from 2018 to 2021 **involved opioids** as a direct contributor to death

2547 Opioid toxicity deaths in 2021
90% were caused by **non-pharmaceutical** opioids



Opioid Toxicity Deaths in 2021

68% of deaths had **other substances** directly contribute to death

10% involved alcohol

9% involved benzodiazepines

60% involved stimulants

Proportion of deaths by **number of substances** directly contributing to death

Non-pharmaceutical opioids

N = 2,303

29%

Opioids only

60%

2 substances

11%

3+ substances

Pharmaceutical opioids only

N = 204

52%

Opioids only

44%

2 substances

4%

3+ substances

Demographics

74% of deaths occurred among males

The median age at death was **40 years**

78%* of deaths occurred in a **private residence**

Death rates for **non-pharmaceutical** and **pharmaceutical** opioids were **3x** higher in **Northern** vs. **Southern** Ontario

Deaths rates were **similar** in **rural** vs **urban** residences

Rural

15 deaths per 100,000 people

Urban

16 deaths per 100,000 people

*This proportion is among cases where location of incident was known

This infographic provides a high-level overview of the findings of the report. The complete methods and results are available at <https://odprn.ca/research/publications/characteristics-of-substance-related-toxicity-deaths-in-ontario/>

Gomes T, Leece P, Iacono A, Yang J, Kolla G, Cheng C, Ledlie S, Bouck Z, Boyd R, Bozinoff N, Campbell T, Doucette T, Franklyn M, Newcombe P, Pinkerton S, Schneider E, Shearer D, Singh S, Smoke A, Wu F, on behalf of the Ontario Drug Policy Research Network and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Characteristics of substance-related toxicity deaths in Ontario: Stimulant, opioid, benzodiazepine, and alcohol-related deaths. Toronto, ON: Ontario Drug Policy Research Network; 2023.

Understanding the Local Situation:

Surveillance

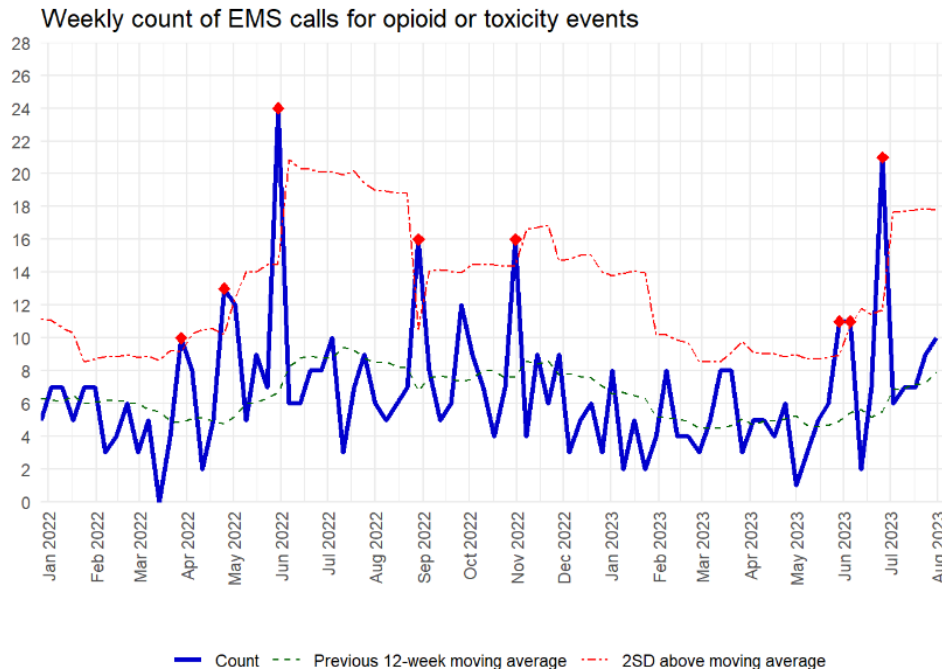
- Algoma's rate of opioid-related ED visits doubled from 2019- 2021; little change 2021-22
- Algoma's rate of opioid-related hospitalizations in 2022 was more than double ON
- Algoma's rate of opioid-related deaths nearly tripled that of the province in 2022
- Algoma's opioid-related EMS calls saw a slight decrease of 16% between 2021-22

	ED Visits		Hospitalizations		Deaths		EMS Calls (Count)	
	2021	2022	2021	2022	2021	2022	2021	2022
Algoma	226.4	224.7	31.7	32.7	49.5	47.7	440	370
NE LHIN	260.9	201.0	32.0	26.8	43.7	42.8		
Northern PHUs	250.0	188.3	32.9	24.9	49.8	44.6		
Ontario	114.0	80.0	19.0	13.1	19.2	16.8		

Understanding the Local Situation: *Surveillance*

Routine monitoring (weekly)

Emergency Medical Services



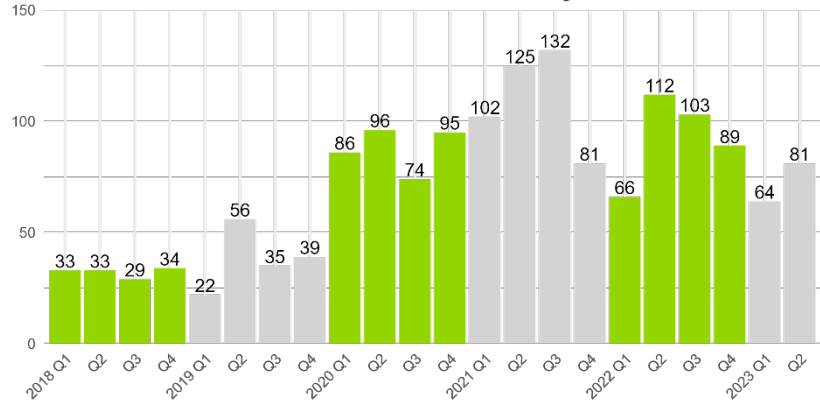
Data source: EMS calls from District of Sault Ste. Marie Paramedic Services, provided weekly.
Plot points represent the first day of the reporting week (Monday to Sunday). Includes data up to the week of 2023-07-31 to 2023-08-06.

- 4 data sources:
 1. Calls to Sault Ste. Marie Paramedic Services
 2. Emergency Department visits (suspected)
 3. Emergency Department visits (confirmed) – delayed by 1 week
 4. Suspected drug-related deaths – delayed by 1 week (new)
- Alerts to the public or service providers are issued when indicators cross the threshold for alerting
- Integrating community organization intelligence into alerting system (new)

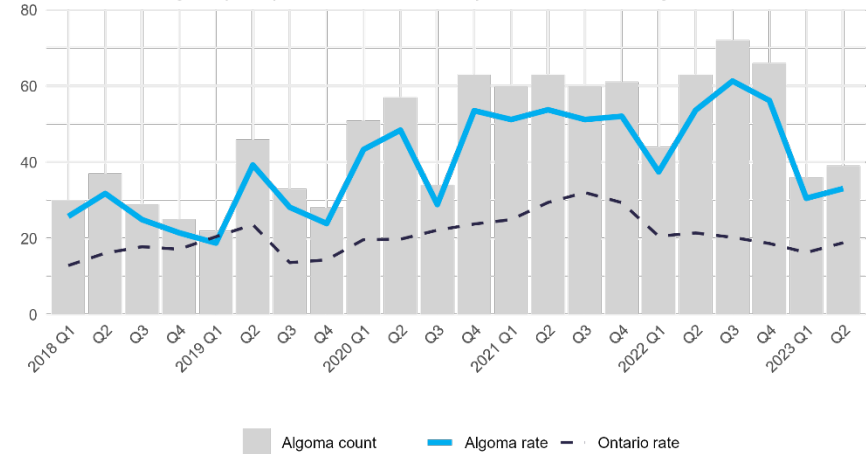
Understanding the Local Situation: *Surveillance*

Website update (quarterly)

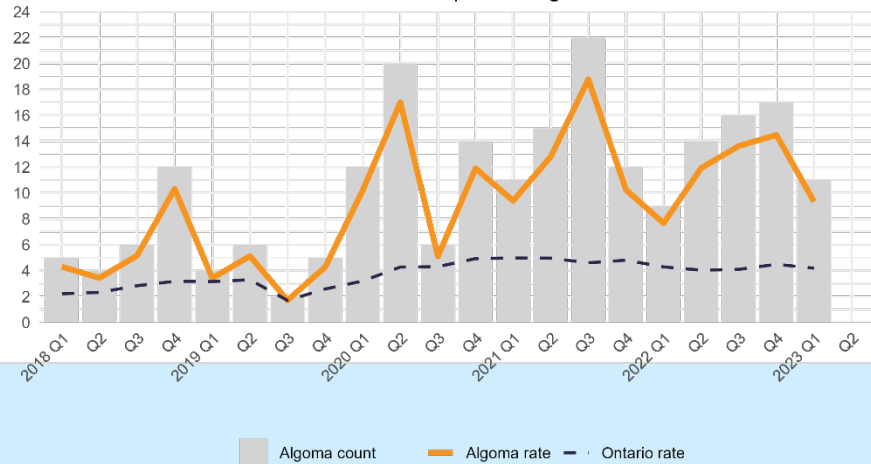
EMS calls for suspected opioid overdoses, Sault Ste. Marie and surrounding area



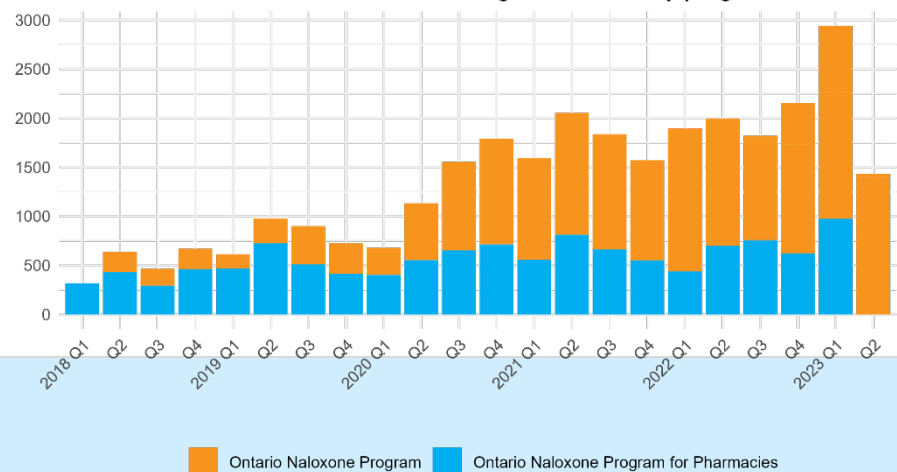
Emergency Department visits for opioid overdose, Algoma District



Deaths attributed to opioids, Algoma District



Naloxone kits distributed in Algoma District, by program



Understanding the Local Situation

Local Voices

- Client & community partner interview project (2022-23)
- SSM & Area Drug Strategy Committee
- Strong partnerships for local action



Understanding the Local Situation

The Northern Ontario Context



Manuscripts for publication:

- *Opioid-related deaths in Northern Ontario in the early COVID-19 pandemic period*
- *Barriers to the delivery of opioid addictions management among physicians in rural and remote communities: a scoping review*

Next Steps

- Continue front-line harm reduction, collaborative work with partners, surveillance enhancements, and strategic planning for holistic action
- Bolster prevention focus, shifting from pandemic priority of harm reduction
 - Healthy Growth & Development: Healthy families; healthy relationships
 - School Health: Focus on mental health & wellbeing; resiliency
 - Community Wellness: Polysubstance use planning



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



Algoma
PUBLIC HEALTH
Santé publique Algoma

September 27, 2023

Report of the Medical Officer of Health / CEO



Newly installed welcome signage at the Sault Ste. Marie building entrance

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH At-a-Glance and Our Partnerships

Page 2

**Program Highlight - Planning effective public health
programs and services for 2024**

Pages 3-5

APH AT-A-GLANCE

The summer of 2023 has been full of outreach and activity at APH.

Over the course of the past three months, I have presented on APH's programs and services at a number of Algoma's municipal council meetings, with visits to the Town of Spanish, the City of Elliot Lake, the Township of the North Shore, the Town of Thessalon, and the Municipality of Wawa. These were welcome opportunities for me and the board of health representative for the area to highlight the breadth and value of APH services, describe how municipal levies contribute to the public health budget, listen to the health concerns of Algoma communities, respond to questions regarding priority health issues, and ultimately build and strengthen the longstanding partnership between local public health and Algoma municipalities.

A key public health service to highlight is the important work of APH's immunization team, which has been busy administering catch-up vaccines to school-aged children, and following up with families district wide to ensure updated immunization records are submitted to APH. In Ontario, under the Immunization of School Pupils Act (ISPA), it is mandatory for students to provide immunization records for specific vaccines in order to attend school. Early in the summer, APH sent over 6000 letters to families of children across Algoma who were not up to date with their required immunization records. Families were advised to submit updated records to APH, and if necessary, to receive catch-up vaccines through their health care provider. Additional vaccine clinics were also offered in all APH offices throughout the summer to allow students who do not have a regular primary care provider the opportunity to be immunized. From July 1 to mid September, APH public health nurses administered over 480 vaccines to school-aged children district wide. Meanwhile, APH continues to receive a large volume of immunization records submitted daily from the public.

A visible change to APH's public-facing image has also taken place this summer. Over the past year, APH has been working with Indigenous partners and language carriers to include Anishinaabemowin and Ililimowin (Cree) on our building signs. In this way, we show respect for the original languages of this land and can help Indigenous clients feel more comfortable accessing public health services. The translation of our building signs, and additional work to acknowledge the First Peoples of this land, are part of APH's broader Indigenous engagement efforts with local partners to put the principles of respect, commitment, trust, and self-determination at the forefront of our work toward the shared goal of truth and reconciliation.

As we enter into the fall season, there is no doubt that change is once again in the air for local public health. In late August, the provincial government announced a number of changes to the structure and financing of local public health that are intended to occur over the period from 2024 to 2026. A summary of these announcements, along with historical background and implications for APH, are provided in the enclosed briefing note to the board of health. For board members who wish additional context and information, all reports and documents cited in the briefing note have been collated in the Board Effects library for reference.

PROGRAM HIGHLIGHT

Topic: Planning effective public health programs and services for 2024

From: Liliana Bressan, Manager of Effective Public Health Practice

Ontario Public Health Standard (OPHS)¹ requirements addressed in this report include:

- **Effective Public Health Practice:** Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.
 - **Requirement 1:** Demonstrate the use of a systematic process to plan public health programs and services to address the needs of the community by integrating the best available research and evaluation evidence with contextual factors.

2021-2025 Strategic Priorities addressed in this report²:

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

Key messages:

- As part of the COVID-19 pandemic recovery and the restoration of core public health programs, there was an identified need for further internal support for planning at program and individual levels.
- The Foundations and Strategic Support Team (FASST) designed tools and facilitated 30 capacity-building exercises to support planning. As of September, programs have completed the first draft of Standard Implementation Plans for 2024.
- The focus of FASST for 2024 will be to (a) facilitate consultations for planning support and conducting situational assessments, (b) develop capacity-building exercises and tools to support evaluation, and (c) further integrate a health equity lens into planning.

Overview of evidence-informed planning in public health

As detailed in the OPHS, effective public health practice requires the application of skills in evidence-informed decision-making, research, knowledge exchange, program planning and evaluation, and communication.¹

Program planning and evaluation are part of an ongoing and iterative program development and improvement cycle.¹ A public health program is a plan of action intended to achieve specific outcomes for population health.¹

Planning involves a series of decisions based on collecting and analyzing a wide range of information.³ The model used for planning at Algoma Public Health (APH) is "APIE," to assess, plan, implement, and evaluate.

For local public health programs and services to be effective, they must be aligned with the needs of the local population, including priority populations. This requires conducting situational assessments to inform planning decisions.⁴ Situational assessments support the integration of the best available research and evaluation evidence with contextual factors such as local population health issues, priority populations, community assets and needs, political climate, public engagement, and available resources.¹ Through this detailed assessment, evidence-informed plans are developed to guide implementation that can later be evaluated.

¹ Ministry of Health and Long-Term Care. Ontario Public Health Standards. 2021. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

² Algoma Public Health. Strategic Plan. 2020. Available from: <https://www.algomapublichealth.com/about-us/strategic-plan/>

³ Public Health Ontario. Planning Health Promotion Programs. 2019. Available from <https://www.publichealthontario.ca/en/Health-Topics/Public-Health-Practice/Program-Planning-Evaluation/Planning-Programs>

⁴ Ontario Agency for Health Protection and Promotion (Public Health Ontario), Meserve A, Bergeron, K. Focus on: Six strategic steps for situational assessment. 2015. Available from: https://www.publichealthontario.ca/-/media/documents/f/2015/focus-on-situational-assessment.pdf?sc_lang=en

Effective planning and associated documents underpin the public health accountability framework, specifically the delivery of program and services domain where we must be accountable for the delivery of programs and services to achieve outcomes in accordance with Ministry guidance.¹

The value of effective program planning

Effective public health planning that is informed by evidence has many benefits, including a higher likelihood of successful programs and policies being implemented and more efficient use of public resources.^{5,6} As a community, we can see the highest return on investment when interventions implemented are known to yield the highest health return (e.g., changes in health behaviors), based on evidence and practice.^{5,6}

Levels of planning

There are three levels of planning in local public health:

1. **Strategic**, including the Ontario Public Health Standards, APH's Strategic Plan, and the Health Protection and Promotion Act, which are documents that detail our vision, mission, mandates, and population-level outcome goals.
2. **Program plans**, including Standard Implementation Plans (SIPs) and activity-based logic models that operationalize how we move towards the strategic level plans. These plans include goals, objectives, activities, and indicators.
3. **Individual plans**, such as person or team-specific work plans (e.g., Gantt chart) help organize actions needed to complete program activities. These plans support implementation, with details such as roles, tasks, action steps, and timelines.

Each level of planning must align to ensure that actions at the individual level help to deliver on program activities that meet Ministry requirements and align with strategic directions to move the organization toward its mission and vision.

Within APH, our planning cycle begins in the spring and focuses on program- and individual-level planning for the next calendar year.

Foundational and strategic support for program planning

As part of COVID-19 pandemic recovery and the restoration of core public health programs, there was an identified need in 2022 for further structure and support for planning at program and individual levels within public health programs at APH.

Throughout Winter 2022 – Spring 2023, the planning and evaluation team within FASST designed an interactive, step-by-step planning guide to support program planning for 2024, including a learning module, revised SIP template for program planning, and tools for individual-level planning (e.g., situational assessment module, logic model template, and Gantt chart template).

Thirty internal capacity-building workshops on planning were conducted with program managers, health promotion specialists, and staff from June to August 2023 to increase understanding of, and confidence in, engaging in the planning process at the program level.

As of September 2023, all programs have completed their first draft of SIPs for the 2024 calendar year, aligning Ministry requirements with goals, objectives, activities, resources, timelines, outputs, outcomes, and indicators (i.e., program, population, and reporting) for monitoring and evaluation.

⁵ Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. Annual review of public health. 2009 Apr 21;30:175-201.

⁶ Kneale D, Rojas-García A, Raine R, Thomas J. The use of evidence in English local public health decision-making: a systematic scoping review. Implementation Science. 2017 Dec;12(1):1-2.

These plans are living documents that will be updated routinely to reflect progress and be used for communication between Senior Leadership, Leadership, and front-line staff on program activities. They are also used to inform the Board of Health's Annual Service Plan submission, as SIPs detail how teams will operationalize strategic directions and priorities in accordance with the OPHS.¹

Our way forward: Continuing to enhance planning and preparing to support evaluation

For the remainder of 2023, FASST's planning and evaluation team will continue providing consultative support to programs and public health staff on program- and individual-level planning informed by evidence.

As we move to 2024, priorities include:

- Evaluating the templates and tools used for program planning (i.e., functionality, use, field needs, capacity building needs, etc.) to inform further updates to our internal approach for the 2024-2025 planning cycle.
- Working with the health equity team to further integrate a health equity lens when conducting situational assessments.
- Providing foundational and strategic support to managers and staff for activities listed within program plans (e.g., surveillance, planning, evaluation, evidence, policy) through consults or project collaborations.
- Designing tools, templates, and capacity-building activities to support program- and activity-level evaluations. The intent is to launch evaluation resources as part of the 2024-2025 planning cycle.

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

July 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	\$ 3,141,913	\$ 3,141,912	\$ 1	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	5,130,539	5,130,533	6	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	1,265,423	1,276,333	(10,910)	3,266,089	-1%	99%
Provincial Grants - Mitigation Funding	605,386	605,383	3	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	285,608	275,974	9,634	452,384	3%	103%
Total Public Health Revenue	\$ 10,428,869	\$ 10,430,136	\$ (1,266)	\$ 17,740,689	0%	100%
Expenditures						
Public Health Cost Shared	\$ 9,386,471	\$ 9,174,486	\$ (211,985)	\$ 15,539,327	2%	102%
Public Health 100% Prov. Funded Programs	1,442,278	1,271,856	(170,422)	2,201,363	13%	113%
Total Public Health Programs Expenditures	\$ 10,828,749	\$ 10,446,342	\$ (382,407)	\$ 17,740,690	4%	104%
Total Rev. over Exp. Public Health	\$ (399,880)	\$ (16,206)	\$ (383,674)	\$ (0)		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 356,011	356,004	7	1,068,011	0%	100%
Expenditures	354,166	357,673	3,507	1,068,011	-1%	99%
Excess of Rev. over Exp.	1,845	(1,669)	3,514	(0)		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 236,085	236,100	(15)	236,100	0%	100%
Expenditures	329,148	175,000	(154,148)	236,100	88%	188%
Excess of Rev. over Fiscal Funded	(93,063)	61,100	(154,163)	-		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 104,052	\$ 104,051	\$ 1	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	57,222	57,224	(2)	114,447	0%	100%
Total Community Health Revenue	\$ 161,274	\$ 161,275	\$ (1)	\$ 376,600	0%	100%
Expenditures						
Brighter Futures for Children	25,760	38,149	12,389	114,447	-32%	68%
Nurse Practitioner	55,130	54,051	(1,079)	162,153	2%	102%
Stay on Your Feet	30,776	33,333	2,557	100,000	-8%	92%
Total Fiscal Community Health Programs	\$ 111,666	\$ 125,533	\$ 13,867	\$ 376,600	-11%	89%
Total Rev. over Exp. Fiscal Community Health	\$ 49,608	\$ 35,741	\$ 13,866	\$ (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 Seven Months Ending July 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	2,185,241	2,185,241	0	2,913,655	0%	75%	2,213,793	2,213,793	0
Levies District	956,672	956,671	1	1,275,561	0%	75%	928,119	928,119	0
Total Levies	3,141,913	3,141,912	1	4,189,216	0%	75%	3,141,912	3,141,912	0
MOH Public Health Funding	5,130,539	5,130,533	6	8,795,200	0%	58%	5,079,729	5,108,758	(29,029)
Total Public Health Cost Shared Funding	5,130,539	5,130,533	6	8,795,200	0%	58%	5,079,729	5,108,758	(29,029)
MOH Funding - MOH / AMOH Top Up	106,470	110,425	(3,955)	189,300	-4%	56%	105,845	110,425	(4,580)
MOH Funding Northern Ontario Fruits & Veg.	68,486	68,483	3	117,400	0%	58%	68,486	68,483	3
MOH Funding Unorganized	309,400	309,400	0	530,400	0%	58%	309,400	309,400	0
MOH Senior Dental	730,857	730,858	(1)	1,252,900	0%	58%	592,107	630,997	(38,890)
MOH Funding Indigenous Communities	57,164	57,167	(3)	98,000	0%	58%	57,164	57,167	(3)
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%	1,282,446	1,289,400	(6,954)
Total Public Health 100% Prov. Funded	1,265,423	1,276,333	(10,910)	3,266,089	-1%	39%	2,415,448	2,465,872	(50,424)
Total Public Health Mitigation Funding	605,386	605,383	3	1,037,800	0%	58%	583,763	605,381	(21,618)
Recoveries from Programs	7,213	25,833	(18,621)	10,000	-72%	72%	(28,676)	23,283	(51,959)
Program Fees	28,771	34,767	(5,996)	79,600	-17%	36%	36,243	30,116	6,127
Land Control Fees	126,400	135,000	(8,600)	225,000	-6%	56%	153,595	105,000	48,595
Program Fees Immunization	3,807	52,500	(48,693)	50,000	-93%	8%	11,039	29,162	(18,123)
HPV Vaccine Program	9,996	0	9,996	9,500	#DIV/0!	105%	0	0	0
Influenza Program	730	0	730	23,500	#DIV/0!	3%	0	0	0
Meningococcal C Program	1,479	0	1,479	7,000	#DIV/0!	21%	0	0	0
Interest Revenue	107,215	19,124	88,091	32,784	461%	327%	19,124	11,669	7,455
Other Revenues	0	8,750	(8,750)	15,000	-100%	0%	9,000	4,083	4,917
Total Fees and Recoveries	285,611	275,974	9,637	452,384	3%	63%	200,326	203,314	(2,988)
Total Public Health Revenue Annual	10,428,872	10,430,136	(1,264)	17,740,689	0%	59%	11,421,178	11,525,237	(104,059)
Public Health Fiscal April 2023 - March 2024									
Infection Prevention and Control Hub	0	0	0	0	#DIV/0!	0%			
School Nurses Initiative	175,000	175,000	0	175,000	0%	100%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
Total Provincial Grants Fiscal	236,085	236,100	(15)	236,100	0%	100%	0	0	0

Algoma Public Health
Expense Statement- Public Health
For Seven Months Ending July 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	6,105,452	6,241,138	135,686	10,699,084	-2%	57%	\$ 6,009,875	\$ 6,537,843	\$ 527,968
Benefits	1,638,900	1,465,334	(173,566)	2,512,002	12%	65%	1,466,871	1,527,579	60,708
Travel	110,044	92,634	(17,410)	158,800	19%	69%	69,835	110,078	40,243
Program	960,124	717,201	(242,923)	1,237,163	34%	78%	592,159	751,625	159,466
Office	37,281	48,067	10,786	82,400	-22%	45%	29,476	39,317	9,841
Computer Services	551,462	522,604	(28,858)	895,895	6%	62%	509,509	497,241	(12,268)
Telecommunications	175,504	154,582	(20,922)	265,000	14%	66%	192,208	191,058	(1,150)
Program Promotion	25,401	26,250	849	45,000	-3%	56%	29,149	49,544	20,394
Professional Development	36,272	46,914	10,642	80,424	-23%	45%	14,447	50,249	35,802
Facilities Expenses	582,546	537,750	(44,796)	924,000	8%	63%	755,135	645,395	(109,740)
Fees & Insurance	338,934	327,042	(11,892)	383,500	4%	88%	290,996	272,175	(18,821)
Debt Management	266,829	266,829	0	457,421	0%	58%	266,829	266,829	0
Recoveries	0	0	0	0	#DIV/0!	0%	(6,750)	(15,750)	(9,000)
	\$ 10,828,749	\$ 10,446,345	\$ (382,404)	\$ 17,740,689	4%	61%	\$ 10,219,739	\$ 10,923,182	\$ 703,443

Notes to Financial Statements – July 2023

Reporting Period

The July 2023 financial reports include seven months of financial results for Public Health. All other non-funded public health programs are reporting four months of results from the operating year ending March 31, 2024.

Statement of Operations (see page 1)

Summary – Public Health and Non-Public Health Programs

In August 2023, APH received the 2023 Amending Agreement from the province identifying the approved funding allocations from the province for public health programs. The annual budgets for public health programs will be updated alongside the August 2023 unaudited financial statements to reflect these changes, however we note the following allocations to be of significant note:

- A 1% or \$88,000 increase to base funding for cost-shared mandatory programs (pro-rated for the months of April through December)
- A \$129,800 annualized increase in base funding for the Ontario Senior Dental Care Program (pro-rated for the months of April through December)
- One-time fiscal funding totaling \$328,000 for special initiatives (including COVID school focused nurses which were funded from April through June of 2023)

As of July 31, 2023, Public Health calendar programs are reporting a \$384K negative variance – the majority of which is driven by a \$382K negative variance in expenditures.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are within 1% of budget for 2023.

Although 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), no allocations have been provided to date. Our Annual Service Plan was submitted to the Ministry on April 3, 2023, and our Q2 Standards Activity report was submitted to the Ministry on July 31, 2023, forecasting the need for \$488K in COVID 19 one-time funds for the 2023 calendar year.

To date for the fiscal year ending March 2024, funding has been approved totaling \$175K for continuation of the COVID School Focused Nurse initiative which expired in June 2023. \$61K of one-time funding related to upgrading of essential IT network switches has also been carried over from fiscal 2022-23 as approved by the Ministry in March 2023. Although it has been confirmed that temporary IPAC Hub funding will continue into the 2023-24 fiscal year, APH has not yet received confirmed funding allocations. APH has recently shared with the Ministry our input towards a 2023-24 budget for this program and we expect to receive feedback shortly. Funding requests for other one-time initiatives were submitted alongside APH's annual service plan for which we have been allocated \$153,000 for the 2023-24 fiscal year – these budgets are to be updated alongside the August 2023 unaudited financial statements.

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

Public Health Expenses (see page 3)

Salaries & Benefits

There is a \$38K negative variance associated with salaries and benefits. This is driven by the increased cost of non-statutory benefits caused by significantly increased usage year over year.

Travel

There is a \$17K negative variance associated with travel expenses. This is a result of management and front-line staff increasing travel related to district recovery work and also increased travel related to professional development opportunities.

Programs

There is a \$243K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs), physician coverage 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. Although only a portion of our request has been approved to date, conversations with the Ministry related to required funding to maintain this program are ongoing.

Telecommunications

There is a \$21K negative variance associated with telecommunications driven by ongoing needs associated with implementation of retrofitting our office telecommunication systems for current needs based on full staff return to the office (which will result in cost savings of at least \$3K per month moving forward).

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. July year to date expenses were \$132K (versus \$1,762K 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. July year to date expenses were \$140K (versus \$833K 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 7)

APH's liquidity position continues to be stable, and the bank has been reconciled as of July 31, 2023. Cash includes \$2.0M in short-term investments.

Notes Continued...

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)

	July 2023	December 2022
Date: As of July 2023		
Assets		
Current		
Cash & Investments	\$ 5,405,117	\$ 6,759,408
Accounts Receivable	956,348	1,550,507
Receivable from Municipalities	55,592	6,482
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	6,417,057	8,316,397
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,276,724	1,319,570
Payable to Gov't of Ont/Municipalities	2,369,318	4,628,303
Deferred Revenue	271,319	317,901
Employee Future Benefit Obligations	2,849,656	2,849,656
Term Loan	3,702,106	3,702,106
<i>Subtotal Current Liabilities</i>	10,469,123	12,817,535
Net Debt	(4,052,066)	(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	13,362,490	12,913,417

Governance Report

Meeting September 13, 2023

Committee Attendees:

Loretta O'Neill

Deborah Graystone – Chair

Committee Attendees Electronically:

Sonia Tassone

Matthew Shoemaker

Jody Wildman

APH Members in-Person:

Dr. Jennifer Lou -Medical Officer of Health/CEO

Rick Webb – Director of Corporate Services

Tanya Caputo – Executive Assistant Medical Officer of Health

Regrets:

Dr. John Tuinema – Associate Medical Officer of Health

Minutes of the Governance Meeting for May 17, 2023 were approved.

Policy #02-05-086 Sponsorship of Charitable Organizations was re-submitted to the staff for review and recommendations for clarification to the last line referring “Any activities that involve direct sponsorship with a private/for profit corporation will be reviewed with the Board of Health”.

By-Law 06-01 Sewage Systems Part 8 of the Ontario Building Code Act was approved as is with the understanding that amendments and updates to “Schedule “A” regarding Sewage System Permit Application Fees will be reviewed by APH staff and forwarded to the Finance Committee for review and approval. This will be brought directly to the Board of Health for final review and approval.

Policy #02-05-055 Board of Health Monthly Meeting and Self-Evaluation was reviewed with discussion about the frequency of evaluations and presentations to the Board. Recommended amendments were made to reduce monthly meeting evaluations twice a year.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-055

DATE: Original: May 20, 2015
Revised: Jun 22, 2016
Reviewed: Jun 28, 2017
Revised: Nov 28, 2019
Revised: Sep 22, 2021

SECTION: Policies

SUBJECT: Board of Health Monthly Meeting and Self-Evaluation Policy

POLICY:

The Board of Health shall have an annual self-evaluation process of its governance practices and outcomes that is implemented every year and may result in recommendations for improvements in leadership excellence, board effectiveness, engagement and performance. The Board may also supplement its evaluation tools seeking evaluation by key partners and/or stakeholders and/or governance consultants when issues are identified in its self-evaluation that requires further investigation,

Bi-Annual self-evaluation

The self-evaluation process shall include consideration of whether:

- Decision-making is based on access to appropriate information with sufficient time for deliberations
- Compliance with all federal and provincial regulatory requirements is achieved;
- Any material notice of wrongdoing or irregularities is responded to in a timely manner;
- Reporting systems provide the Board with information that is timely and complete;
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- The Board members are actively engaged in discussing agenda items that focus on strategic results, policy issues and solutions rather than on day-to-day operational issues
- The Board monitors fiscal and program and services performance

Monthly Board meeting Evaluation

The Board of Health shall have meeting evaluation process that results in improved Board of Health meeting effectiveness. ~~Meeting evaluation will be a standing agenda item on the Board Agenda, At the conclusion of each meeting, the B~~board members are encouraged to complete the electronic evaluation biannually. Meeting evaluation results will be reviewed by the Board of ~~H~~health Chair and presented to the Board of Health two times a year ~~three (3) times a year~~

The Board of Health will maintain a record of its members' attendance. The summary will be reviewed by the Board of Health Chair on an annual basis as noted in the Board's annual work plan.

PROCEDURES:**Bi-Annual Self-Evaluation**

Board of Health Member

1. Complete the Board of Health Self-Evaluation Survey ~~including board member name~~ after the November and May~~June~~ Board meetings~~s~~.

2. The completed evaluations will be collected and the results compiled by the board secretary and forwarded to the Board Chair

Board Secretary

3. Will compile evaluations into a report ~~and for the Chair to present at the January and June September Board meeting as noted in the Board's annual work plan.~~ meetings. Recommendations based on the evaluation results will be determined by the board.

Monthly Board Meeting Evaluation~~Board of Health Member~~

- ~~1. Complete the Board of Health Meeting Evaluation Survey after each regularly scheduled Board meeting.~~

- ~~2. The completed evaluations will be collected and the results compiled by the board secretary.~~

~~Board Secretary~~

- ~~3. Will compile evaluations and forward to the Board Chair to review three times per year.~~

- ~~4. Results will be presented in the Board of Health meeting package three times per year.~~

KNOWLEDGE:[Board Member Self-Evaluation of Performance Template](#)[Board Monthly Meeting Evaluation Template](#)

Briefing Note

To: The Board of Health for the District of Algoma Health Unit
From: Dr. Jennifer Loo, Medical Officer of Health & CEO
Date: 9/27/2023
Re: BOH situational awareness of public health sector changes anticipated in 2024-2026

☒ For Information

☒ For Discussion

☒ For a Decision

ISSUE:

Public health sector changes are anticipated in 2024-2026. The provincial government has announced intentions to:

1. Conduct a **review of the Ontario Public Health Standards (OPHS)**, with an intent to identify roles and responsibilities that can be refined or stopped, and/or “re-leveled” to a regional or provincial level, and implement a revised OPHS by January 1, 2025;
2. Support a coordinated approach to **voluntary mergers of local public health units** through the development of criteria, parameters and accountability mechanisms via stakeholder consultations in fall 2023, submission of proposals via the 2024 annual service plan (ASP) and budget submission, initiation of voluntary mergers by January 2025, with time-limited Merger Support Funding from 2024-2026 to resource merger implementation and facilitate business continuity;
3. Conduct a **review of the ministry’s funding methodology for public health**, with a new funding approach to be communicated in spring of 2025 and implemented in 2026; and meanwhile provide stable funding for the local public health sector during this period of change by
 - (a) **returning health unit base funding to levels previously provided in 2020** (i.e. prior to the change in the municipal cost-share ratio from 75:25 to 70:30); and
 - (b) providing **growth funding of 1% per year over the three years from 2024-2026**.

There is uncertainty with regards to how this period of change will impact Algoma Public Health and the provision of public health programs and services to local communities. Provincial communication frames these initiatives as aiming to optimize capacity, stability and sustainability in the public health sector. The province identifies its strategy as grounded in a locally-driven approach, equipped with provincial resources to facilitate change while ensuring front-line jobs and local public health programs and services are retained and strengthened. At the time of writing, the ministry has not yet engaged further with the field to elaborate on these initiatives.

RECOMMENDED ACTION:

That the Board of Health resolve to support the following recommendations:

1. That the Board of Health for the District of Algoma Health Unit receive this briefing note for information.

2. That the Board of Health for the District of Algoma Health Unit support the Board Chair and Medical Officer of Health to seek out opportunities to engage with the Ministry of Health, alongside northern Ontario municipal and Indigenous partners where appropriate, with regards to the provincial review of the funding methodology for public health, such that the realities of northern community health needs and public health service delivery in the north are accurately represented for consideration.
3. That the Board of Health for the District of Algoma Health Unit support the Board Chair and Medical Officer of Health to engage with northeastern Ontario counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations.
4. That the Board Chair ensures reporting back to the Board on this matter at future meetings.

BACKGROUND:

Structure and governance of local public health in Ontario

- The delegation of public health responsibility to the local level occurred nearly 200 years ago in Ontario, when the Legislature of Upper Canada passed an Act in 1883 allowing local municipalities to “establish Boards of Health to guard against the introduction of malignant, contagious and infectious disease in this province.” The proclamation of the Health Protection and Promotion Act (HPPA) in 1983 replaced the historical Public Health Act¹.
- In 1997, as part of the Services Improvement Act, the HPPA was revised, and Mandatory Health Programs and Services Guidelines were published. These were replaced by the Ontario Public Health Standards (OPHS) in January 1, 2009. The most recent comprehensive revision of the OPHS came into effect January 1, 2018. Subsequently, the OPHS has been updated in specific program areas, with the current version effective since June, 2021¹⁻².
- Over the past century, Ontario has transitioned from having 800 boards of health to the current state of 34 local public health units¹. Within the past three decades, changes to Ontario’s local public health unit structure have included the following:
 - In 1998, a reduction of public health units from 42 to 37 with the six health departments in the boroughs of East York, Etobicoke, North York, Scarborough, York and the city of Toronto merging into the single entity of Toronto Public Health, which accompanied the amalgamation of the former Metropolitan Toronto into the City of Toronto
 - In 2005, a reduction from 37 to 36 health units following the recommendation of assessor Graham Scott to dissolve the Muskoka-Parry Sound Board of Health and merge the unit with two other health units (the then Simcoe County District Health Unit and then North Bay District Health Unit) to become the Simcoe Muskoka District Health Unit and the North Bay Parry Sound District Health Unit
 - In 2018, a reduction from 36 to 35 health units with the merging of Elgin-St. Thomas and Oxford County Public Health Units to form Southwestern Public Health
 - In 2020, a reduction from 35 to 34 health units with the merging of Huron County and Perth District Health Units to form Huron Perth Public Health
 - In 2023, Porcupine and Timiskaming Health Units publicly announced their intention to merge; should this be formalized, it would reduce Ontario’s public health units from 34 to 33
- Currently, there are three types of governance models in Ontario’s local public health units³:

1. **Autonomous** boards of health have administrative structures that are separate from that of the obligated municipality or municipalities (e.g. Algoma Public Health); board of health members include representatives of obligated municipalities, as well as provincial appointees
 2. **Regional** boards of health operate under the administration of a regional government, also known as an upper-tier municipality with lower tier municipalities within the regional boundaries (e.g. York region, Niagara region); the regional council functions as the board of health and there are no citizen representatives and no public appointees
 3. **Single-tier/semi-autonomous** boards of health operate in single-tier municipalities, where municipal councils serve as the board of health (e.g. Hamilton) or municipal council appoints members to a separate board of health but retains authority for budget and staffing approvals in a “semi-autonomous” structure (e.g. Toronto)
- Following the experience of Severe Acute Respiratory Syndrome (SARS) in Ontario, the provincial government launched *Operation Health Protection*, a three-year plan to revitalize the public health system. As part of that work, the Capacity Review Committee undertook a review of the organization and capacity of local public health units. In their 2006 report, “Revitalizing Ontario’s Public Health Capacity, the Capacity Review Committee
 - Identified 19 Ontario public health units and recommended their amalgamation for the purpose of “achieving critical mass and strengthening public health.” Six of these public health units have since merged or announced intentions of merging. Algoma Public Health was not among the health units recommended for amalgamation in this report⁴.
 - Recommended that the province work with, and if necessary, increase the unorganized territory grants and implement any additional strategies required to achieve sufficient critical capacity. The committee viewed that consolidations among northern health units would result in huge geographic challenges that might outweigh the benefits and that different mechanisms should be sought to strengthen and achieve critical mass in northern health units⁴.
 - Recommended that public health units should be governed by autonomous, locally-based boards of health, whose primary focus is the delivery of public health programs and services, and whose members should consist of eight to fourteen members, with equal balance between municipal appointees and local citizen representatives appointed by the board under authority delegated from the province⁴.
 - In 2017, the report of the Minister of Health and Long-Term Care’s Expert Panel on Public Health, “Public Health within an Integrated Health System,” advised that, in order to achieve the objective of integration with the health system, the structure of local public health be reorganized into 14 regional public health entities, with boundaries that align with those of the local health integration networks (LHIN) at the time⁵. This reorganization did not take place and the 14 LHINs were subsequently dissolved in 2019 and replaced by 5 Ontario Health regions.
 - In the 2019 Ontario budget, changes were once again proposed for the public health sector, where the 35 health units would be replaced by 10 regional public health entities and 10 new regional boards of health with one common governance model⁶.

- Subsequently, in August 2023, with a global pandemic occurring in the interim, the provincial government announced that they would support a coordinated approach to voluntary mergers, with merger and business continuity costs funded over three years, and any savings to be reinvested into local public health operations. Criteria for the consideration of mergers have yet to be established, and at the time of writing, the province has yet to further engage and consult with the field on this matter. Historical reports suggest that considerations for merging will likely include a “critical mass” population size, as well as capacity issues, such as longstanding Medical Officer of Health vacancies, challenges in recruiting and retaining staff with specialized skill sets, coverage gaps, and inadequate surge capabilities⁴.

Funding of local public health in Ontario

- The HPPA specifies that obligated municipalities of a health unit *shall* pay the expenses of the board of health and medical officer of health, whereas the Minister of Health *may* make grants for the purposes of the Act. Historically, provincial grants to Ontario boards of health have consisted of providing complete funding for programs designated as 100% provincially-funded and providing a percentage of the expenses of the board of health incurred to provide mandatory, cost-shared public health programs⁷.
 - In the 1990s, the province funded 75% of approved health unit budgets until 1998, when for one year, due to the Local Services Realignment process at the time, the province did not provide any grants to public health units for mandatory programs in municipally incorporated areas.
 - From 1999 to 2004, the province provided 50% of board of health approved public health unit costs.
 - Following the events of the Walkerton *E. coli* outbreak and SARS, and the subsequent reviews and reports, the provincial share for mandatory public health programs increased to 55% in 2005, 65% in 2006, and 75% in 2007.
 - In 2020, the province shifted the cost-share formula to 70% provincial, 30% municipal, and incorporated nine previously 100% provincially funded programs into the general pool of mandatory programs that are cost-shared with municipalities. These nine programs represented \$2.2 million in 100% provincial funding in APH’s 2019 budget, and have since been cost-shared with municipalities at the 70:30 ratio. The programs were focused in the areas of diabetes prevention, food safety, safe water, harm reduction (i.e. local opioid response, overdose surveillance, naloxone distribution and training), oral health services for low-income children and youth, infectious disease control, needle exchange, nursing initiatives (i.e. Chief Nursing Officer, social determinants of health nurses, infection prevention and control nurses), and comprehensive tobacco control.
 - From 2020 to 2023, the province provided annual one-time mitigation funding to public health units to offset the increased public health program costs of municipalities as a result of the cost-sharing change. For APH, provincial mitigation funding amounted to \$1.04 million in 2020, and there has not been any increase to provincial mitigation funding from 2020 to 2023.
 - Of note, from 2019 to 2021, there has not been any provincial increases to public health base funding. A 1% increase was provided to public health base funding in each of 2022 and 2023. According to the Bank of Canada, the average annual rate of inflation from 2019 to 2023 was 3.78%, and a basket of goods and services that cost \$100 in 2019 would cost \$116 in 2023 (a 16% increase in cost)¹¹.

- In August 2023, the Ministry of Health announced that provincial funding to local public health would be restored to the level provided under the previous cost share formula, effectively reincorporating provincial mitigation funding back into public health base funding. Furthermore, the growth to base would be 1% for each of the next three calendar years (2024-2026), and the province would undertake a review of the ministry's funding methodology for public health.

Algoma Public Health and the local public health context in northeastern Ontario

- Following the proposed structural changes and integration of local public health with the health system in 2017, the five northeastern Ontario health units began exploration of how improved efficiencies may be achieved through closer collaboration and “functional mergers.” In 2019, following the provincial announcement of public health regionalization, the northeastern Ontario health units refocused this work to consider how a regional public health entity might be structured, led, and governed, while being able to deliver the Ontario Public Health Standards efficiently and equitably across the region. Recommendations from the northeastern health units were collated and submitted to the province in 2019. Although subsequent consultations were halted due to the pandemic, the work of this previous collaboration remains available to be revisited⁸.
- In 2023, Porcupine and Timiskaming Health Units announced that they would be proceeding toward a voluntary merger⁹. The merging of these two health units were included in the recommendations of the 2006 report of the Capacity Review Committee⁴.
- In the past decade, APH has experienced both internal and external challenges as a public health unit.
 - Of note, in 2015, provincial assessor Graham Scott recommended that either the APH board be completely restructured, or that APH merge with its neighbouring health unit to form the Algoma-Sudbury Public Health Unit with one board. This was in response to considerable issues identified within senior leadership, including the theft of public funds and inappropriate hiring practices, and a passive board which the assessor deemed to have failed its governance expectations under the Ontario Public Health Standards¹⁰.
 - Considerable strengthening in governance and board practices has occurred since that time, with the maintenance of both governance and finance & audit subcommittees, optimization of board policies, implementation of strong financial controls, and an ongoing effort to maintain a diverse skillset within the membership of the board.
 - Since 2017, APH has been successful in recruiting and retaining a full-time Medical Officer of Health, and an Associate Medical Officer of Health, which has provided organizational stability in leadership, as well as strengthened capacity and appropriate coverage. Similarly, notwithstanding routine challenges of recruitment in northern Ontario, APH has continued to be able to recruit and retain skilled staff with specialist skills, as well as maintain generalist capabilities across the workforce, such that APH can sustainably provide the 21 municipalities of Algoma's large geography with an optimal breadth and depth of public health services.
 - Recently, with access to COVID-19 funding from the province, APH was able to mount a robust local pandemic response, which included surge capacity to meet intense local needs of surveillance, case, contact, and outbreak management, infection prevention and control, information and knowledge translation, as well as the coordination of a program of mass immunization with partners across all of Algoma's municipalities and First Nation communities that resulted in nearly 85% of Algoma residents receiving two doses of the COVID-19 vaccine. Feedback from internal and external evaluation surveys particularly highlight the success and usefulness of the APH local liaison model to

directly support major societal sectors in Algoma; liaisons were APH staff – typically with prior experience working with partners in a specific sector – aligned as a primary contact to a set of community organizations, who provided local and provincial situational updates, supported the interpretation and application of local and provincial public health measures, and were directly available to coordinate response activities and engage in bidirectional communication. The pandemic response is evidence of APH's ability to perform the core public health function of emergency preparedness and response at the local level, and early evaluation results suggest that a high degree of local system integration was achieved in the course of APH's pandemic response efforts.

ASSESSMENT OF RISKS AND MITIGATION:

- At this time, with respect to the review of the OPHS and the public health funding formula, there is not enough information available yet to identify defined risks to the organization and its ability to deliver public health services that improve health and health equity in Algoma. As the processes of these reviews get under way, early engagement and dialogue with the province, alongside northern Ontario municipalities and First Nation partners where relevant, may help ensure the representation and consideration of the northern Ontario context.
- With regards to the provincial incentivization of voluntary public health unit mergers, a previous rapid review and policy analysis has identified regionalization experiences and perspectives for local public health consideration in Ontario's northern, rural and remote settings¹². If a voluntary merger is considered and pursued, the identified risks and mitigation approaches in this document should be revisited. Further engagement and dialogue with the province and neighbouring health units will be helpful to discern what the risks may be of not pursuing a voluntary merger at this time.

FINANCIAL IMPLICATIONS:

- Currently, with a business-as-usual trajectory, including maintenance of a 70:30 cost-share ratio, APH is projecting an estimated \$1.5 million deficit in 2024. The status quo in provincial base funding (i.e. base funding returned to 2020 levels), with the announced 1% growth to base funding in 2024, are insufficient to meet ongoing inflationary pressures.
- Planning efforts are underway for 2024 and staff will be providing 2024 budget scenarios to the Finance and Audit Committee for review and further direction in October 2023.

OPHS STANDARD:

Public Health Accountability Framework: Good Governance and Management Practices Domain

Requirement 14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following:

- a) Delivery of programs and services;
- b) Organizational effectiveness through evaluation of the organization and strategic planning;
- c) Stakeholder relations and partnership building;
- d) Research and evaluation;
- e) Compliance with all applicable legislation and regulations;
- f) Workforce issues, including recruitment of medical officer of health and any other senior executives;
- g) Financial management, including procurement policies and practices; and
- h) Risk management

STRATEGIC DIRECTIONS:

1. Improve the impact and effectiveness of Algoma Public Health programs.

- Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.
2. Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.
- Engage staff and external partners in the evolution of our public health role in Algoma communities.

CONTACT:

Dr. Jennifer Loo, Medical Officer of Health & CEO

REFERENCES:

Please note: referenced documents below may be accessed by board members online either directly through embedded hyperlinks or through the Board Effects library.

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10. Scott, GWS. Assessors report on Algoma Public Health Unit. Pursuant to Section 82(3) *Health Protection and Promotion Act*. April 24, 2015.
11. Bank of Canada. Inflation Calculator. Accessed September 20, 2023, from: <https://www.bankofcanada.ca/rates/related/inflation-calculator/>.
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Strengthening Public Health

August 2023

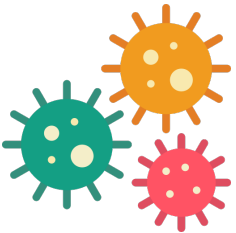


Context

There are **long-standing challenges** within the public health **sector in Ontario related to capacity, stability and sustainability** (along with implications for **inequitable health outcomes** for Ontarians) that have been identified through **multiple reports over the past 20 years**.



- Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges such as a **lack of capacity** and **critical mass**, structural **governance challenges** and skills gaps in boards of health, **misalignment of public health** with other health and social services, as well as challenges with the public health **workforce**, including with recruitment, retention and leadership.
- The **COVID-19 pandemic** reinforced the critical importance of a robust public health sector. Key lessons from the pandemic included: the importance of Local Public Health Agencies (LPHAs, often referred to as PHUs) having **sufficient capacity** to respond in a crisis, the **benefit of collaboration** across the health care system, the need for **stability and sustainability** to allow for LPHAs to plan for and be able to respond to ongoing and future crises and challenges.





What we want to achieve

Goal

To **optimize capacity, stability and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians:

Desired Outcomes

1. Clarified and refined **public health roles and responsibilities** that result in:
 - Stronger connections to and relationships with key health system stakeholders (e.g., OHTs, primary care).
 - Core public health functions being performed either locally, regionally, or provincially, informed by a prioritization framework.
 - Reduced variability in prioritization and decision-making and public communications (especially during crises) while remaining responsive to local needs.
2. A system that has **fewer LPHAs but with greater capacity** to deliver **core public health services** and **better alignment** with broader health system structures.
3. Stability for the sector and **sustainability in funding for the longer term** to support program planning and consistent, more equitable program and service delivery.
4. Improved **frontline programs and services** to Ontarians at the local level.

Strategy

The Ministry of Health is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians

Strengthening Public Health

1. Roles and responsibilities



2. Voluntary mergers



3. Funding



#1 | Roles and responsibilities

Clarify and strengthen the role of LPHAs by **refining, refocusing and re-leveling roles and responsibilities**



- Conduct a routine, sector-driven review of the **Ontario Public Health Standards (OPHS)**, against a **prioritization framework**.
- Work with partners to identify roles and responsibilities that can be refined or stopped, and/or 're-leveled' to a regional or provincial level.
- Implement the full revised **OPHS beginning in January 1, 2025**.



#2 | Voluntary Mergers

Optimize capacity by encouraging mergers between LPHAs through a **time-limited voluntary, sector-driven process**



- Re-engage with LPHAs that have **identified interest in mergers** and work with sector partners to identify other merger candidates.
- Leverage sector relationships (e.g., alPHA, AMO) to co-develop a **voluntary merger approach**, including objectives, parameters, and accountability mechanisms with time-limited funding supports to facilitate the merger process.
- Mergers to take effect January 1, 2025.

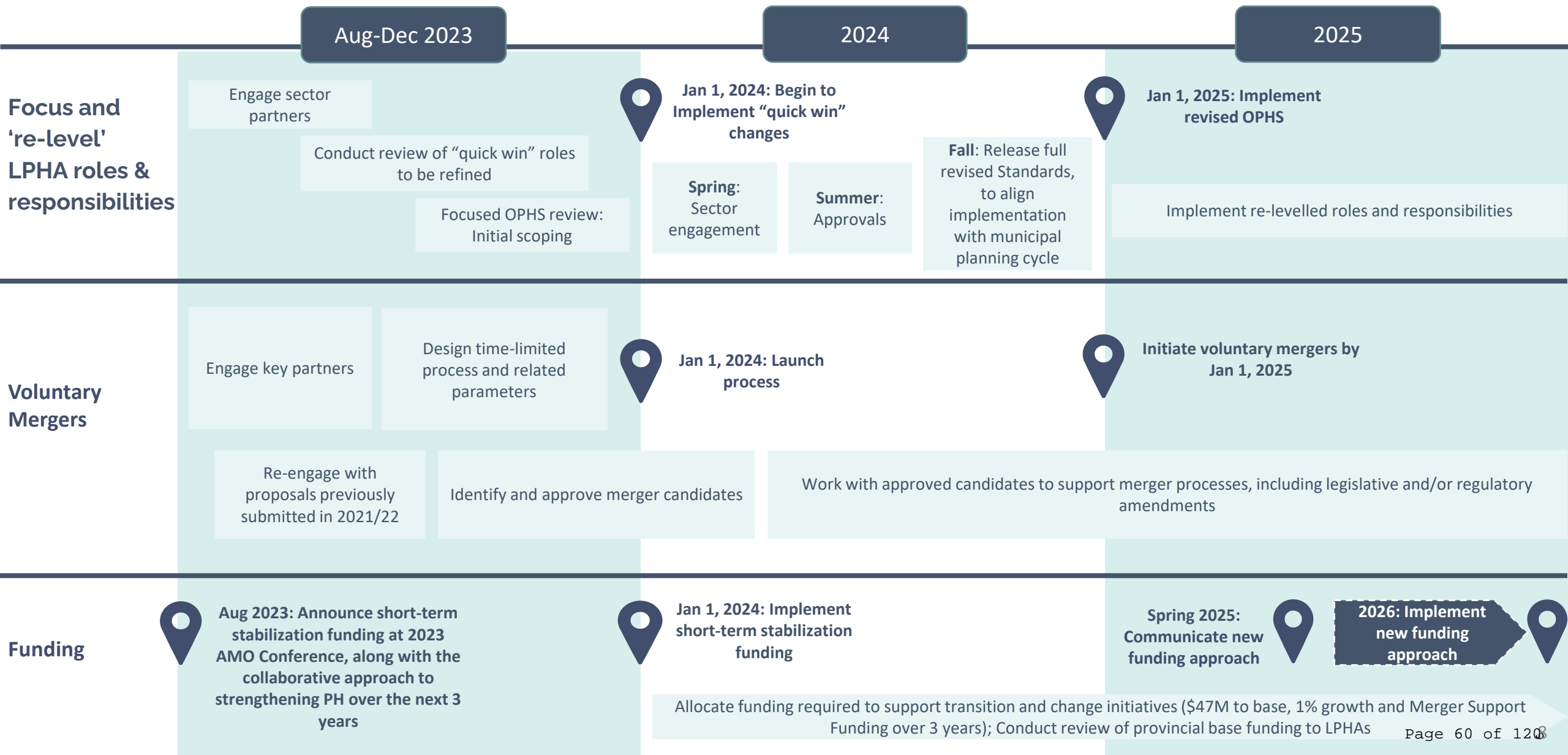
#3 | Funding

Provide **3-year funding** to LPHAs that addresses the urgent need for stabilization while change processes are underway, support voluntary mergers by providing one-time transition and stabilization costs; and review longer-term base funding needs



- **Restore provincial base funding** to the level provided under the 2020 cost-share formula (\$46.81M), effective January 1, 2024.
- Provide **growth base funding** of 1% for each of the next 3 calendar years (2024 – 2026).
- Establish a dedicated, three-year Merger Support Fund to **support change**.
- Undertake a review of the ministry's **funding methodology** for public health.

Implementation Timeline





Working together on next steps

We are committed to working in partnership to **maximize opportunities for local improvement and system impact**

- We will be working closely with our partners to support design and implementation of this strategy. Your expertise and insights will be invaluable as we move through this process.
- Initial ministry engagement with sector partners, including AMO, alPHa, MOHs & CEOs, Business Administrators, etc., will occur in late August / early September.
- We will follow up on next steps regarding how we will collectively work together in the coming months once we have finished these consultations.

June 8, 2023

Via Email

Honourable Jean -Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Jean-yves.duclos@parl.gc.ca

Dear Honourable Minister Duclos:

Re: Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)

On April 26, 2023, the Board of Health for Algoma Public Health (APH), the local public health agency for the District of Algoma in Ontario, received information on alcohol-related harms and the newly released Canada's Guidance on Alcohol and Health, which outlines the current evidence linking alcohol to many health conditions and aims to help people make informed decisions about their alcohol consumption. At this time, a motion was passed to endorse Bill S-254 – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages), which calls on the federal government of Canada to implement alcohol warning labels.⁽¹⁾

The Board of Health for Algoma Public Health is asking the federal government to express support for Bill S-254, by implementing alcohol warning labels that:

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

More than 75% of Canadians report consuming alcohol, and only 28% of Canadians are aware of the linkage between alcohol and cancer.⁽²⁾ When asked if warning labels on alcoholic beverages would change behaviour, two-thirds of those surveyed said they would decrease their consumption with this knowledge.⁽²⁾ In Algoma, over 1 in 4 residents drink heavily and breast and colorectal cancers are more frequently diagnosed, compared to Ontario.⁽³⁾ APH's Board of Health is committed to influencing the development and implementation of healthy policies and programs related to alcohol and other drugs, with a goal of reducing harms associated with substance use.

Blind River	Elliot Lake	Sault Ste. Marie	Wawa
P.O. Box 194	ELNOS Building	294 Willow Avenue	18 Ganley Street
9B Lawton Street	302-31 Nova Scotia Walk	Sault Ste. Marie, ON P6B 0A9	Wawa, ON P0S 1K0
Blind River, ON P0R 1B0	Elliot Lake, ON P5A 1Y9	Tel: 705-942-4646	Tel: 705-856-7208
Tel: 705-356-2551	Tel: 705-848-2314	TF: 1 (866) 892-0172	TF: 1 (888) 211-8074
TF: 1 (888) 356-2551	TF: 1 (877) 748-2314	Fax: 705-759-1534	Fax: 705-856-1752
Fax: 705-356-2494	Fax: 705-848-1911		

Bill S-254 aligns with the recent call to action in Canada's Guidance on Alcohol and Health, regarding mandatory labelling on alcoholic beverages, including the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings.⁽¹⁾ In Canada, tobacco and cannabis products, two other legally regulated substances, are already subject to mandatory warning labels under the Tobacco and Vaping Products and Cannabis Acts, which have been found to be among the most direct and prominent means of communicating with smokers.⁽⁴⁾ In the same way that packaging and health warnings on tobacco products were used as part of a broader public health approach to reducing tobacco-related harms, labels on alcoholic beverages can help people make informed choices about their alcohol consumption, and raise awareness of alcohol-related harms.

We ask for your support of Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada, to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the World Health Organization (WHO) as a Class 1 carcinogen and is a cause of 7 different types of cancer, including breast and colon.⁽⁵⁾

Thank you for your consideration in advocating for improved health of Canadians.



Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and CEO for Algoma Public Health
The Honorable Senator Patrick Brazeau
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

From: Hamilton, Amanda (HC/SC) <amanda.hamilton@hc-sc.gc.ca> **On Behalf Of** CSD DGO / BDG DSC (HC/SC)

Sent: Monday, August 14, 2023 10:52 AM

To: Tania Caputo <TCaputo@algotmapublichealth.com>

Subject: In response to your correspondence of June 8, 2023

Dear Sally Hagman:

Thank you for your correspondence of June 8, 2023, addressed to the Honourable Jean-Yves Duclos, Former Minister of Health, regarding the Algoma Public Health Board's support for Bill S-254, an *Act to amend the Food and Drug Act* (warning labels on alcoholic beverages). I have been asked to reply to you directly and regret the delay in responding.

Health Canada recognizes that alcohol use presents a serious public health and safety issue that affects individuals and communities across Canada. Our efforts to address alcohol harms are guided by the [Canadian Drugs and Substances Strategy](#), which takes a comprehensive, collaborative, compassionate, and evidence-based approach to reduce the harms associated with substance use in Canada.

The Government of Canada supports research to better inform Canadians of the various harms associated with alcohol use, and advance evidence-based policy with the aim of reducing alcohol-related harms. Public education and awareness building are some of the best tools available to support Canadians in making informed decisions about alcohol consumption.

To that end, Health Canada provided \$1.5 million to the Canadian Centre on Substance Use and Addiction (CCSA) through the Substance Use and Addictions Program for the update of [Canada's Guidance on Alcohol and Health](#) (CGAH), formerly known as Canada's Low-Risk Alcohol Drinking Guidelines. Released on January 17, 2023, the CGAH provides evidence-based information on the risks and harms associated with consuming alcohol. The final report contains policy recommendations such as strengthening regulations on alcohol advertising and marketing, increasing restrictions on the physical availability of alcohol, adopting minimum prices for alcohol, and the mandatory labelling of alcoholic beverages.

Health Canada has studied the recommendations of the CCSA and is exploring opportunities to engage and hear from Canadians on knowledge translation and the best way to communicate the risks of alcohol consumption. This is important to ensure that the unique circumstances of people with diverse backgrounds and personal experiences are considered as part of addressing alcohol and substance use harms.

Thank you for reaching out to share your perspective. Addressing alcohol-related harms is a complex issue and a shared responsibility between federal, provincial, territorial, and municipal governments. Any future federal approach will be guided by evidence-based research, best practices, and the advice and recommendations of experts and those with lived and living experience.

Sincerely,

Jennifer Saxe

Jennifer Saxe
Director General
Controlled Substances Directorate
Health Canada

June 28, 2023

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Teen vaping has increased steadily across the nation and within Sudbury and districts since 2017. There are significant health risks associated with vaping and nicotine use including lung damage, changes to the brain, dependence or addiction, difficulty learning, and increased anxiety and stress. Furthermore, there is an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018).

Bill 103 aims to prevent youth from starting to vape and seeks to decrease vaping rates through a number of important actions, including prohibiting the promotion of vapour products, and raising the minimum age for purchasing vapour products.

At its meeting on June 15, 2023, the Board of Health carried the following resolution #35-23:

WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and

WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and

WHEREAS Board of Health motion [48-19](#) noted the Board's longstanding history of proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and

Sudbury

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f: 705.522.5182

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f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
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f: 705.867.0474

Espanola

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Île Manitoulin Island

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Chapleau

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toll-free / sans frais

1.866.522.9200

phsd.ca



WHEREAS [Bill 103 – Smoke-Free Ontario Amendment Act \(Vaping is not for Kids\)](#), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

Vaping among youth is a complex public health issue that requires immediate action. This suggests that a single intervention or approach will be insufficient to address the high rates of vaping among youth. At Public Health Sudbury & Districts, our efforts in addressing youth vaping involve a multi-faceted, comprehensive, upstream, and strengths-based approach that supports positive youth development. Strategies are community and school-driven and influence risk and protective factors associated with vaping. The strategies include education, policy development, prevention programs, research, collaboration, and enforcement activities, fostering the development of supportive social and physical environments in which youth can thrive and flourish. Yet, this is just one piece in a comprehensive approach addressing youth vaping.

The legislative solutions of Bill 103 are designed to make vaping less available and desirable for youth to address the increase in rates of vaping and to prevent the associated harms of vaping.

We thank you for your attention to this important health promotion initiative, and we continue to look forward to opportunities to work together to promote and protect the health for everyone.

Sincerely,



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

cc: France G linas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario boards of Health
Association of Local Public Health Agencies

July 4, 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 interventions to effectively reduce household food insecurity (HFI)

On June 28, 2023, the Board of Health for Algoma Public Health (APH) passed a resolution endorsing income-based policy interventions to effectively reduce household food insecurity (HFI), which is an urgent public health problem that imposes serious consequences to the health and well-being of Ontarians.

HFI is inadequate or insecure access to food due to household financial constraints.^(1, 2) It is a sign of poverty, rooted in a lack of adequate and stable income to make ends meet. In 2022, more than 2.8 million Ontarians were food insecure, and this will only get worse with recent sky-rocketing inflation.⁽³⁾

Locally, APH monitors food affordability as required by the *Ontario Public Health Standards*. Our local data shows that low-income households, especially those receiving Ontario Works (OW) and Ontario Disability Support Program (ODSP), struggle to afford basic costs of living and will be increasingly vulnerable as food prices continue to rise.⁽⁴⁾

Not being able to afford adequate food has profound adverse effects on people's physical and mental health and their ability to lead productive lives. This creates a heavy burden on the health care system with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households.⁽⁵⁾ Effective income policies to reduce food insecurity could offset considerable public expenditures on health care and improve overall health.

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Sault Ste. Marie
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Sault Ste. Marie, ON P6B 0A9
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Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
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Food charity is NOT a solution to the problem. Food banks may provide temporary food relief but do not address the root causes. 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.⁽²⁾

We urge the province to collaborate across sectors to implement income-based policies that effectively reduce food insecurity, such as^(1, 2, 5)

- increasing minimum wage to a rate that better reflects costs of living, such as a living wage,
- raising social assistance to reflect costs of living,
- indexing Ontario Works to inflation, and
- reducing income tax rates for the lowest income households.

Such income policies preserve dignity, address the root cause of the problem, give choice of which foods to buy, and ensure the basic right to food.

Sincerely,



Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and Chief Executive Officer for Algoma Public Health
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

References:

1. Tarasuk V, Li T, Fafard St-Germain A-A. Household food insecurity in Canada, 2021. 2016. <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>
2. ODPH Position Statement on Responses to Food Insecurity: Ontario Dietitians in Public Health. 2023. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.
3. New data on household food insecurity in 2022. PROOF, 2023. <https://proof.utoronto.ca/>
4. Food affordability in Algoma infographic. 2023.
5. alPHA Resolutions- Determinants of health. Resolution A05-18, Adequate Nutrition for works and Ontario Disability Support Program Participants and Low Wage Earners; Resolution A15- 4, Public Health Support for a Basic Income Guarantee; Resolution A18-2, Public Health Support for a Minimum Wage that is a Living Wage. Association of Local Public Health Agencies, 2009. https://www.alphaweb.org/page/Resolutions_SDOH



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Premier ministre
de l'Ontario

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Édifice de l'Assemblée législative
Queen's Park
Toronto (Ontario)
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September 20, 2023

Ms. Sally Hagman
Chair, Board of Health
Algoma Public Health
tcaputo@algomapublichealth.com

Dear Ms. Hagman:

Thank you for writing and sharing your views about food insecurity. I appreciate the opportunity to read your comments and get a better understanding of your perspective.

The people of Ontario have put their trust in me to get the job done — I do not take that trust for granted. Our government will fulfill its promises and continue working for Ontarians every single day.

I note that you've shared your email with the Honourable Michael Parsa, Minister of Children, Community and Social Services, and the Honourable Sylvia Jones, Minister of Health. I trust that they will carefully consider your views.

Your input is important. You can be sure our government will consider it when developing policies and deciding how to address the various challenges we face today. It's with your help and through this collaborative spirit we will build a brighter future for Ontario.

Thanks again for reaching out.

A handwritten signature in black ink, appearing to be "Doug Ford".

Doug Ford
Premier of Ontario

C: The Honourable Michael Parsa
The Honourable Sylvia Jones

July 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health

Delivered via email: Sylvia.Jones@ontario.ca

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

Delivered via email: Kieran.Moore1@ontario.ca

Dear Minister Jones and Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I write to you to express our interest in sharing our collective wisdom and experience to strengthen our public health system, enabling it to be responsive to growing demand and complexity, and accountable to Ontarians for the public dollars it spends. Our Association membership is comprised of business leaders in the 34 public health units across Ontario.

The AOPHBA wishes to acknowledge the Province of Ontario's support both past and on-going, in relation to the COVID-19 Pandemic. Whether through one-time funding for COVID-19 activities including case and contact management, enforcement, vaccination, the school-focused nurses initiative or through guidance documents, messaging, provision of cold storage units, information technology applications such as CCM and COVAX, your support allowed public health to increase capacity and our ability to respond to the ever-changing pressures of the COVID-19 pandemic. We also wish to acknowledge the exhaustive efforts of our public health units' public health professionals that went above and beyond to care for their communities. But our collective work is far from over. We now need to regroup and reflect upon the learnings of the COVID-19 Pandemic. Dr. Moore's 2022 Annual Report, *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, rightly points to a call for action to be prepared to protect ourselves from future health threats, but also to invest in building a strong and resilient system and communities that create the best possible health for all. Preparedness is an on-going process, not an end state.

Above all, to be effective in reducing the demand on the health care system while simultaneously building an adaptive and resilient public health system that is responsive to threats to population health, sustainable and stable funding is required. Sustainable and stable funding will not only allow public health units to meet the requirements of the Ontario Public Health Standards (OPHS), but also the increased demand caused by the COVID-19 pandemic as well as build on current capacity to respond to emergent public health issues. The 2024 budget year presents a substantial risk to the capacity of public health units with the discontinuance of mitigation funding, rising operating costs, and increased and on-going work involving COVID-19. Head count reductions of highly valued health professionals will be required to address these pressures, negatively impacting our ability to meet the requirements of the OPHS.

We know that a balanced approach is necessary, managing the health care needs of today and preparing for the disease threats of tomorrow. Recognizing that there are always fiscal limitations, AOPHBA appreciates the need to ensure the system is designed to optimize the use of every dollar invested in public health. Our members have a keen interest and unique knowledge-base to contribute to system-wide or regional planning for an improved public health system, in particular with respect to administrative effectiveness and efficiency.

Dr. Moore's 2022 Annual Report states "To be ready for the next outbreak, Ontario's public health sector must take a collective, forward-thinking approach to pandemic planning. It must make sustained investments in strengthening sector and system, community, and societal readiness." We encourage you to create sustained public health funding levels that are supportive of public health's response to the requirements of the Ontario Public Health Standards, including sector and system readiness to emerging public health issues. We are eager for the opportunity to collaborate on the strengthening of public health and offer our collective wisdom and experience to create a strong, effective, and efficient public health system for the future.

Our Association Executive would be pleased to meet with you, in person, to discuss this matter of mutual importance and we are available at your convenience.

Sincerely,



Cynthia St. John
President

Association of Ontario Public Health Business Administrators (AOPHBA)

C: The Hon. Doug Ford, Premier
AOPHBA Membership
Association of Local Public Health Agencies (alPHA) Board of Directors
Ontario Boards of Health
Association of Municipalities of Ontario (AMO)
Dr. Catherine Zahn, Deputy Minister of Health



Thunder Bay District Health Unit

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TBDHU.COM

July 14, 2023

VIA ELECTRONIC MAIL

The Honourable Sylvia Jones
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

RE: Letter of Support – Physical Literacy for Healthy Active Children

On May 17, 2023, at the regular meeting of the Board of Health of the Thunder Bay District Health Unit, the Board considered a report on “Physical Literacy Endorsement” and a letter from Public Health Sudbury & Districts to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following Resolution was carried:

THAT with respect to Report No. 27-2023 (Healthy Living and School Health) we recommend that the Board of Health endorse correspondence from Public Health Sudbury and Districts, entitled “Physical Literacy for Healthy Active Children;”

AND THAT the Thunder Bay District Board of Health write a letter of support to the Minister of Health and Deputy Premier;

AND THAT a copy of the letter be sent to the Minister of Education, Local School Boards, Sports and Recreation Organizations, Early Learning Centres and local Members of Provincial Parliament.

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Supporting programs that build Physical Literacy among children and youth at the community, recreation, school, and early-years levels will have a positive impact on physical activity levels, academic outcomes,

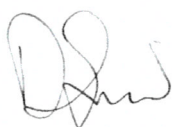
.../2

The Honourable Sylvia Jones
July 14, 2023

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mental health, and chronic disease prevention. The Thunder Bay District Health Unit fully supports collaboration between agencies to promote physical literacy among children and youth, and thanks you for your consideration.

Sincerely,



Don Smith, Chair
Board of Health
Thunder Bay District Health Unit

cc. Hon. Stephen Lecce, Minister of Education
Thunder Bay and District Directors of Education
Loretta Ryan, Executive Director, aPHa
Ontario Boards of Health
Lise Vaugeois, MPP
Kevin Holland, MPP
Thunder Bay and District Social Services Administration Board – Childcare
Services
Local Recreation providers

Attachment

Issue Report

PAGE 1 OF 8

PROGRAM/ DIVISION	Healthy Living and School Health Health Promotion	REPORT NO.	27-2023
MEETING DATE	May 17, 2023	MEETING TYPE	Regular
SUBJECT	Physical Literacy Endorsement		

RECOMMENDATION

THAT with respect to Report No. 27-2023 (Healthy Living and School Health) we recommend that the Board of Health endorse correspondence from Public Health Sudbury & Districts, entitled "Physical Literacy for Healthy Active Children;"

AND THAT the Thunder Bay District Board of Health write a letter of support to the Minister of Health and Deputy Premier;

AND THAT a copy of the letter be sent to the Minister of Education, Local School Boards, Sports and Recreation Organizations, Early Learning Centres and local Members of Provincial Parliament.

REPORT SUMMARY

To provide the Board of Health with information relative to the request to endorse a letter from Public Health Sudbury & Districts, entitled "Physical Literacy for Healthy Active Children."

BACKGROUND

On December 30, 2022, Public Health Sudbury & Districts submitted a letter to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging working together to improve physical activity levels among children and youth through collaboration with agencies that provide comprehensive Physical Literacy training.

The Thunder Bay District Health Unit (TBDHU) is mandated to deliver programs and services that reduce the burden of preventable chronic diseases of public health importance and improve the health of school-aged children and youth. The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. Participating in regular physical activity, and having the knowledge, skills, and opportunities to participate in physical activity, can reduce the risk of chronic disease, improve academic outcomes and support positive mental health.

Physical Activity Levels

Canadian children are not getting enough physical activity. As highlighted by the 2020 ParticipACTION Report Card on Physical Activity and Youth, approximately one-third of children and youth between the ages of 5 and 17 are meeting the recommended 60 minutes of daily physical activity.

Since 2005 the Ontario Ministry of Education has required that all students in Grades 1-8 have a minimum of 20 minutes of daily physical activity (DPA) during instructional time. A 2013-2014 evaluation indicated only 50% of classrooms in the province met the DPA policy, supporting the need for public health efforts to improve physical activity levels.

According to the 2021 Ontario Student Drug Use and Health Survey report, among students in grade 7-12:

- 21% of students are physically active on a daily basis for at least 60 minutes;
- 20% of students in grades 7-12 rate their physical health as “fair” or “poor” compared to 11% in the 2019 survey; and
- 83% of students spend 3 hours or more a day in front of an electronic screen in their recreational time, compared to 71% in the 2019 survey.

Physical Activity and Physical Literacy

Engaging in regular physical activity is an important protective factor against chronic diseases. Increased physical activity levels also support cognitive development, brain health, and academic achievement and are associated with improved mental health.

“Physical Literacy” is often used interchangeably with terms such as “physical education”, “fundamental movement skills” or “motor skill development”. To ensure a consistent definition and understanding of the term, the International Physical Literacy Association released a consensus statement on the definition of physical Literacy in 2014:

“Physical Literacy is the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life.”

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Public health interventions that support the development of Physical Literacy among children and youth can have an effect on physical activity levels later in life. When children and youth have the confidence, competence, and motivation to be physically active, they are more likely to sustain the behaviour change into adulthood.

COMMENTS

TBDHU plans, implements, and evaluates a variety of interventions to promote physical activity and Physical Literacy. In 2018, the City of Thunder Bay and the

Thunder Bay District Health Unit received a grant from the Ontario Sport and Recreation Communities Fund to work on a project called “Building Physical Literacy Capacity in Thunder Bay.” Partnering with Sport 4 Life, the project built Physical Literacy capacity in the community by training passionate leaders who work with children in the early years (0 to 6 years) to incorporate Physical Literacy into their programming. These Physical Literacy “Master Trainers” also gained knowledge, resources, and tools to train staff within their own workplace or organization. Sixty-six Master Trainers completed the program from 2018-2020.

Following a gap in Physical Literacy programming from 2020-2022 related to the COVID-19 response and staff re-deployment, Physical Activity Promoters from the Healthy Living Team and Public Health Nurses from the School Health team have resumed collaboration on physical activity and Physical Literacy interventions in schools:

- Currently, a 4-week Daily Physical Activity and Food Literacy Challenge called “Walk Broc and Roll” is running in 20 schools (including 3 District Schools and 2 First Nation Schools). Results of the challenge will be evaluated in June 2023 to determine effectiveness.
- The Healthy Schools Team is fostering environments that promote physical activity during the school day by providing support for the Active Recess program at local schools. Public Health Nurses provide training to peer leaders to organize and lead indoor or outdoor games during recess with an emphasis on inclusion, safety, fun and Physical Literacy.
- Additional plans for Physical Literacy promotion in 2023 include the development of an online Resource Portal for educators and early years providers, a Community of Practice for Physical Literacy Master Trainers, a Social Media Campaign, and Community Events related to Physical Literacy.

FINANCIAL IMPLICATIONS

There are no financial implications with this report.

STAFFING IMPLICATIONS

There are no staffing implications with this report.

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CONCLUSION

It is concluded that supporting programs that build Physical Literacy among children and youth at the community, recreation, school, and early-years levels will have a positive impact on physical activity levels, academic outcomes, mental health, and chronic disease prevention;

It is further concluded that the Board of Health should endorse the correspondence from Sudbury & Districts Public Health entitled "Physical Literacy for Healthy Active Children".

LIST OF ATTACHMENTS

Attachment 1: Letter from Sudbury & Districts Public Health.

PREPARED BY: Joanna Carastathis, Manager - Healthy Living,
Marianne Stewart, Manager - Family & School Health

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THIS REPORT RESPECTFULLY SUBMITTED BY:
Shannon Robinson, Director – Health Promotion

DATE:
May 17, 2023

Medical Officer of Health/Chief Executive Officer

ATTACHMENT 1

LETTER FROM SUDBURY & DISTRICTS PUBLIC HEALTH



December 30, 2022

VIA ELECTRONIC MAIL

Directors of Education, Local School Boards
Sports and Recreation Organizations
Early Learning Centres

Dear Recipient:

Re: Physical Literacy for Healthy Active Children

At its meeting on October 20, 2022, the Board of Health carried the following resolution #29-22:

WHEREAS being physically active every day helps children and youth perform better in school, learn new skills, build strong muscles, improve blood pressure and aerobic fitness, strengthen bones and reduce the risk of depressionⁱ; and

WHEREAS the implementation of stay-at-home orders, closures of schools, and indoor and outdoor spaces to mitigate the spread of COVID-19 is the reduction of physical activity levels in all age groupsⁱⁱ; the percentage of youth meeting the Canadian physical activity recommendations for children and youth fell from 50.8% in 2018 to 37.2% in 2020ⁱⁱⁱ; and

WHEREAS the Government of Canada's national policy document Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving identifies physical literacy as the foundation for an active lifestyle^{iv}. Studies show that children who have high physical literacy scores are more likely to meet national physical activity or sedentary behaviour guidelines^v; and

WHEREAS physically literate individuals have been shown to have the motivation, confidence, physical competence,

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phsd.ca



Letter Re: Physical Literacy for Healthy Active Children
December 30, 2022
Page 2

knowledge and understanding to value and take responsibility for engaging in physical activities for life^{vi} and these skills help them make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment^{vii}; and

WHEREAS the school community offers one of the best opportunities to improve the quality of sport and physical activity participation for children and youth; and

WHEREAS the Ontario Public Health Standards require that: “community partners have the knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of wellbeing, including healthy living behaviours, healthy public policy, and creating supportive environments.”^{viii} This includes knowledge of the importance and impact of physical literacy on increasing physical activity participation thereby reducing the risk of chronic disease;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts encourage all area school boards, sport and recreation organizations, and early learning centres to work to improve physical activity levels among children and youth across Sudbury and districts, including through collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators; and

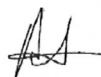
FURTHER THAT a copy of this motion be shared with the Sport for Life Society, Active Sudbury, local members of Provincial Parliament, all Ontario Boards of Health, and area school boards, early learning centres and sport and recreation organizations.

As we look ahead to increase physical activity and to decrease sedentary behaviours in the population; the need for improving physical literacy is greater than ever before. It is crucial that we embrace physical literacy as a catalyst for children and youth to be active and healthy. We know that *it takes a village to raise a child* and the collaboration of multiple sectors to embed physical literacy development in plans, programs, and policies. Therefore the Board of Health for Sudbury & Districts encourages all area school boards, sport and recreation organizations, and early learning centres across Sudbury and districts to work to

Letter Re: Physical Literacy for Healthy Active Children
December 30, 2022
Page 3

improve physical activity levels among children and youth through collaboration with agencies that provide comprehensive physical literacy programming, including the Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities

ⁱ Centre for Disease Control and Prevention. Healthy Benefits of Physical Activity for Children (2021). Taken from: <https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-children.html>

ⁱⁱ Science Table. The Impact of Physical Activity on mental Health Outcomes during the COVID-19 Pandemic. (2022) taken from : [The Impact of Physical Activity on Mental Health Outcomes during the COVID-19 Pandemic - Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](https://www.covid19-sciencetable.ca/)

ⁱⁱⁱ Statistics Canada. The unequal impact of the COVID-19 pandemic on the physical activity habits of Canadians. (2022) Taken from: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2022005/article/00003-eng.htm>

^{iv} Government of Canada. A common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving. (2018) Taken from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html>

^v Tremblay MS, Longmuir PE, Barnes JD, Belanger K, Anderson KD, Bruner B, Copeland JL, Delisle Nyström C, Gregg MJ, Hall N, Kolen AM, Lane KN, Law B, MacDonald DJ, Martin LJ, Saunders TJ, Sheehan D, Stone MR, Woodruff SJ. Physical literacy levels of Canadian children aged 8-12 years: Descriptive and normative results from the RBC Learn to Play-CAPL project. BMC Public Health. 2018;18(Suppl 2):1036.

^{vi} The International Physical Literacy Association, May 2014. Taken from: <https://physicalliteracy.ca/physical-literacy/>

Letter Re: Physical Literacy for Healthy Active Children
December 30, 2022
Page 4

^{vii} Government of Ontario HEALTH AND PHYSICAL EDUCATION, 2019 | The Ontario Curriculum, Grades 1–8. 2019 taken from: <https://preview-assets-us-01.kc-usercontent.com/fbd574c4-da36-0066-a0c5-849ffb2de96e/db4cea83-51a1-458d-838a-4c31be56bc35/2019-health-physical-education-elem-PUBLIC.pdf>

^{viii} Government of Ontario. (June, 2021) Ontario Public Health Standards: requirements for Programs, Services and Accountability. Taken from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/



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August 1, 2023

Honourable Minister David Piccini
Minister of Environment, Conservation and Parks
5th Floor, 777 Bay Street
Ministry of Environment, Conservation and Parks
Toronto, Ontario M7A 2J3

Sent Via E-mail

Subject: Request for Air Quality Monitoring Station in the Timiskaming Health Unit region

We are writing to request the installation of a traditional National Air Pollution Surveillance (NAPS) air quality monitoring station within the Timiskaming Health Unit catchment area. The recent smoke from Quebec, Ontario and western Canada wildfires has identified that there is a significant gap in monitoring stations in northern Ontario. This gap in air monitoring and subsequent lack of access to the provincial Air Quality Health Index (AQHI) measurement tool makes it very challenging for agencies and community members to make informed decisions to mitigate negative health outcomes during poor air quality events.

The implementation of a NAPS air monitoring station is crucial to ensure that accurate air quality monitoring data is available to best protect our communities during poor air quality events due to forest fire smoke. The implementation of a NAPS air monitor will provide local community partners with accurate data to increase public awareness and knowledge regarding air quality and its impact on health. Additionally, a NAPS air monitor will enable residents, especially those who are higher risk or caring for those who are higher risk such as children, elderly, and individuals with pre-existing cardiac and respiratory conditions, to make informed decisions during poor air quality events.

As the impacts from climate change continue to rise, the frequency, extent, timing, and duration of the forest fire season is expected to substantially increase¹, further heightening the urgency for effective air quality monitoring in northern Ontario. Monitoring air quality will improve our understanding of the complex interactions between climate change, forest fire smoke and air pollution across the Timiskaming Health Unit region and support the development of targeted strategies to address these interconnected issues.

Please consider this request for the timely installation of a NAPS air quality monitoring station in the Timiskaming Health Unit area. Access to air quality monitoring data will also enable Timiskaming Health Unit to fulfill obligations under the Ontario Public Health Standards (OPHS) to protect the health and well-being of our local communities. Furthermore, local air monitoring technology will enhance local public health capacity to mitigate environmental health risks² such as adverse population health outcomes resulting from poor air quality.

Air monitoring technology will also ensure that our residents will have access to accurate and real time air quality data that will empower our communities to make informed decisions, reduce exposure to pollutants and improve overall health outcomes.

Thank you for your attention to this matter. We look forward to your positive response and discussing the next steps in implementing air quality monitoring stations in the Timiskaming Health Unit region.

References:

1. Douglas, A.G. and Pearson, D. (2022). Ontario; Chapter 4 in Canada in a Changing Climate: Regional Perspectives Report, (ed.) F.J. Warren, N. Lulham, D.L. Dupuis and D.S. Lemmen; Government of Canada, Ottawa, Ontario.
2. Ontario Ministry of Health and Long-Term Care. Healthy Environments and Climate Change Guideline, 2018. Retrieved from:
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf

Yours sincerely,



Stacy Wight
Board of Health Chair



Dr. Glenn Corneil
Acting Medical Officer of Health/CEO

Copy: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
Honourable Steven Guibeault, Minister of Environment and Climate Change
Bernard Derible, Parliamentary Deputy Minister, Emergency Management, Treasury Board Secretariat Commissioner of Emergency Management
Honourable John Vanthof, Member of Provincial Parliament Timiskaming - Cochrane
Honourable Charlie Angus, Member of Parliament Timmins
Honourable Jean-Yves Duclos, Member of Parliament, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Health Agencies (alPHA)
All Ontario Boards of Health
All Member Municipalities of the Temiskaming Health Unit

August 2, 2023

Attention:

The Honourable, Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
City of London Council
County of Middlesex Council
Teresa Armstrong, Member of Provincial Parliament for London Fanshawe
Terence Kernaghan, Member of Provincial Parliament for London North Centre
Peggy Sattler, Member of Provincial Parliament for London West
Rob Flack, Member of Provincial Parliament for Elgin-Middlesex-London
Monte McNaughton, Member of Provincial Parliament for Lambton-Kent-Middlesex

RE: Middlesex-London Health Unit 2024 Budget

Dear Premier, Honourable Ministers, Members of Provincial Parliament, City of London Council, and County of Middlesex Council,

The Middlesex-London Health Unit (MLHU) is grateful to the provincial government for its continued commitment to keeping the health and safety of Ontarians a top priority, with steadfast financial support for the Health Unit throughout the pandemic. Public health provides a critical foundation for the broader public healthcare system, during pandemics and beyond, through the provision of efficient and effective interventions that keep Ontarians out of emergency departments and hospital beds. Within its mission to protect and promote the health of people in Middlesex-London, the team at the MLHU helps to prevent the spread of infectious diseases, prevent illnesses associated with environmental exposures, promote healthy growth and development for babies, children, and youth (including mental health), prevent injuries and chronic diseases, and ensure system readiness for public health emergencies. Investing in public health is therefore a critical long-term, sustainable approach to building a strong healthcare system.

The MLHU Board of Health wants to ensure the province was aware of the significant funding shortfall facing the MLHU in 2024. The MLHU anticipates funding reductions in 2024 with the end of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding. The proposed shift of Mitigation Funding to municipal partners introduces pressures beyond the funding increases required to keep pace with inflation, currently forecasted at 3.9% for 2024. Further, the rapidly increasing population creates greater need; between 2016 and 2021 the population of Middlesex-London grew by 10%.

Without adequate funding, it is anticipated that it will not be possible for the MLHU to execute substantial components of the Ontario Public Health Standards in 2024. One recent example is the MLHU Strathroy Dental clinic, recently opened in [June 2023](#), with capital funds from the Ontario Seniors' Dental Care Program to support low-income seniors and low-income children 17 and under. This is a vital program in Middlesex County and has a large waitlist of clients interested in seeking dental care. To date, operational funding has not been provided for this clinic, adding to the list of significant financial pressures facing the MLHU in 2024.

The MLHU shares the concerns of its public health colleagues from across Ontario regarding our collective ability to meet the [Ontario Public Health Standards](#), the legislative guideposts to ensure the health of Ontarians, set out by the Ministry of Health. We ask that the Ministry return the funding to the previous 75:25 Provincial/Municipal allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures. Sufficient and stable funding for public health is required to maintain the public health services that are essential to the health of our communities, now and into the future.

Sincerely,



Matt Newton-Reid
Board Chair
Middlesex-London Health Unit



Emily Williams, BScN, RN, MBA, CHE
Secretary and Treasurer
Middlesex-London Health Unit



Dr. Alex Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

CC: All Ontario Boards of Health
Middlesex-London Board of Health Members
David Jansseune, Assistant Director, Finance, Middlesex-London Health Unit

alPHA's members are
the public health
units in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

August 23, 2023

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: Public Health Funding and Capacity Announcement

On behalf of the Association of Local Public Health Agencies (alPHA) and its Council of Ontario Medical Officers of Health Section, Boards of Health Section, and Affiliate Associations, I am writing to thank you for the commitments you made to local public health as part of your address to the Association of Municipalities of Ontario (AMO) on August 22, 2023.

A healthier population contributes to a stronger economy and reduces demand for costly and scarce health care resources. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. One of our foundational positions is that, regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure the total funding envelope is stable, predictable, protected, and sufficient for the full delivery of all public health programs and services.

alPHA is pleased about the restoration of the \$47 million in provincial annual base funding and to hear your message to our public health unit members that they can expect a guaranteed increase of 1% of the base funding in each of the next three years and it is a positive step forward. While this may not be sufficient to completely meet our mandate, we do appreciate knowing what our thresholds will be when planning our budgets during this time. alPHA notes your observation this will afford the opportunity and time to work together to address long-standing challenges in the system.

Thank you for recognition of the value of local public health expertise and for the opportunity to help shape the future of local public health. alPHA is committed to our work that supports the Ontario government's goals to be efficient, effective, and provide value for money.

We appreciated our recent meeting with you and look forward to collaborating with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 647-325-9594.

Sincerely,



Dr. Charles Gardner,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the CMOH
Brent Feeney, Director, Accountability and Liaison, Office of the CMOH

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHA represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

September 1, 2023

To Partner Agencies of the Simcoe Muskoka District Health Unit:

I am happy to announce that Natalie Riewe has been selected as the new Clinical Service Vice President (VP) (Immunization, Infectious Disease, Sexual Health & Oral Health programs), commencing on September 2, 2023. I also wish to take this moment to thank Mary Ann Holmes for her time as acting VP of Clinical Service, and Colleen Nisbet who held the VP position for over a decade.

Natalie has worked in public health at the Simcoe Muskoka District Health Unit (SMDHU) for over 17 years in various capacities, and most recently as Chief Nursing Officer (CNO) since March 8, 2019. Previous to her CNO role, she held management roles since 2013 in the former Reproductive Health Program, the former Child Health Program, the Healthy Growth and Development Program and as acting Assistant VP (while also being CNO) within the Community and Family Health Department. Before her work in public health, Natalie worked a number of years in the hospital setting.

During the pandemic Natalie, as CNO, provided strong leadership on many fronts to protect the work environment, support recruitment for our mass vaccination clinic, develop and implement our agency COVID vaccination policy, and lead in the development of our agency Recovery Plan and our Strategic Plan.

I am also pleased to announce that effective September 2, Carolyn Shoreman will take on the CNO role in addition to being VP of the Community and Family Health Department. Carolyn has provided extensive nursing leadership at SMDHU for many years at a senior management level. I wish to thank her for taking on this additional leadership role.

Sincerely,

ORIGINAL Signed By:

Charles Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

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FAX: 705-721-1495

❑ **Collingwood:**
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705-445-0804
FAX: 705-445-6498

❑ **Cookstown:**
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FAX: 705-458-0105

❑ **Gravenhurst:**
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❑ **Midland:**
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FAX: 705-526-1513

❑ **Orillia:**
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Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

September 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Electronic cigarettes (e-cigarettes) are addicting youth to nicotine at an alarming rate. Between 2017-2019, vaping rates doubled among Ontario students in grades 7-12. In Simcoe Muskoka, 32% of students in grades 7-12 and 43% of high school students reported using an e-cigarette in the past year. This is particularly concerning when considering the highly addictive effects of nicotine in e-cigarettes is associated with an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Further, there are significant health risks associated with youth vaping as a result of the toxic and carcinogenic substances in devices including lung damage, changes to the brain, burns, dependence or addiction, difficulty learning, and increased anxiety and stress.

As chair of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health I am writing in support of Public Health Sudbury and Districts letter on June 28, 2023 regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103's focus on preventing youth uptake of vaping is important to decrease morbidity and mortality and keep Ontarians out of the healthcare system now and in the future. This includes prohibiting the promotion of vapour products, raising the minimum age for purchasing vapour products and requiring that specialty vape stores obtain store location approval from the Board of Health.

Such amendments proposed by Bill 103 align with the philosophy of previous positions of the Board of Health, which have been focused on reducing nicotine and tobacco use in our communities. This includes previous Board communications to the Province of Ontario and the Federal Government in support of the previous 2017 Tobacco Endgame for Canada (committing to a target of less than 5% tobacco use in Canada by 2035), supporting previous tobacco tax increases (2018) and a 2014 letter to the Director General, Health Products and Food Branch Inspectorate regarding the increased use and availability of electronic cigarettes.

In 2023, the Board of Health called on the Ontario government to establish a renewed smoking, vaping and nicotine strategy which was supported from the Association of Local Public Health Agencies and the linked [letter](#) was sent in August 2023 to the Ontario Minister of Health. Such communications to government have been supported by SMDHU's comprehensive approach to smoke-free programming via education, promotion and

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705-325-9565
FAX: 705-325-2091

enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the [Not An Experiment](#) initiative.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for the youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. SMDHU would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:SR:sh

cc: France G linas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario Boards of Health
Association of Local Public Health Agencies

References

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Berenbaum E, Keller-Olaman S, Manson H, Moloughney B, Muir S, Simms C, Singh H, Watson K. Current evidence on e-cigarettes: a summary of potential impacts. Toronto, ON: Queen's Printer for Ontario; 2018.

The Honourable Peter Bethlenfalvy, Minister of Finance
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Legislative Building, Queen's Park
Toronto ON M7A 1A1

September 8, 2023

Re: Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales

Dear Minister Bethlenfalvy and Minister Jones,

Huron Perth Public Health (HPPH) Board of Health made a motion on September 8, 2023, to endorse the Ontario Public Health Association's (OPHA) letter to you dated May 31, 2023 (attached), titled *'Modernizing alcohol marketplace and product sales'*.

The letter from the OPHA implores the Government of Ontario to not increase access, availability or affordability of alcohol and points to Ontario's report card for alcohol policy being downgraded to an F from the Canadian Alcohol Policy Evaluation (CAPE) 3.0 report released in 2023. This is a clear call for the need for, and room for, policy improvement in Ontario.¹

The OPHA recommends five essential policy measures to decrease alcohol-related harms; all of which are supported by research:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing, or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth residents, ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week.² This was significantly higher than the comparable provincial average of 16.3%. ² Page 96 of 120

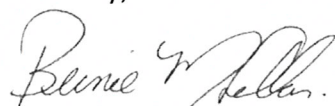
¹ Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Results from Ontario. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

² Canadian Community Health Survey (CCHS). 2015-2020. Statistics Canada.

Results from the latest COMPASS survey (2022-23) show that 45% of high school students in Huron Perth who responded to the survey reported drinking alcohol in the past month, and 28% reported binge drinking in the past month.³ The letter from OPHA encompasses recommendations that would be beneficial to Huron Perth communities and residents.

Research has found that people of lower socioeconomic status tend to experience greater harms associated with alcohol consumption than those of high socioeconomic status.^{4,5} HPPH Board of Health recommends that a health equity lens is applied when considering the potential impacts of policy levers, consequences, and public health impacts as a result of modernization of the alcohol marketplace and product sales. We strongly encourage the above five policy measures to be implemented to reduce alcohol-related health harms and burden of diseases.

Sincerely,



Bernie Maclellan
Chair, Huron Perth Public Health

cc:

The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
All Ontario Boards of Health

³ Bredin C, Leatherdale ST. Methods for linking COMPASS student-level data over time. COMPASS Technical Report Series. Huron Perth Public Health. 2022-23. Waterloo, Ontario: University of Waterloo. Available at: www.compass.uwaterloo.ca

⁴ World Health Organization (WHO). 4 June 2021. Addressing alcohol consumption and socioeconomic inequalities: how a health promotion approach can help. Snapshot series on alcohol control policies and practice. Brief 1.

⁵ Bloomfield K. Understanding the alcohol-harm paradox: what next? The Lancet Public Health 2020; 5: e300–e301



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

September 8, 2023

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

Dear Premier Ford:

At their September 8, 2023 meeting, the Huron Perth Public Health (HPPH) Board of Health received a staff report (attached) and passed a motion supporting the implementation of Bill 93, Joshua's Law (Lifejackets for Life), 2023.

The matter of boating safety and drowning prevention is important to HPPH and our residents and visitors alike within Huron and Perth counties. According to the [2023 Drowning Report](#) from the Lifesaving Society, which looked at data specific to water-related fatalities in Ontario between 2015-2019, 46% of water-related fatalities occurred in a lake and the 19% on a river. Being that Huron and Perth counties have lakes and rivers that residents and visitors both boat on and swim in, these statistics are particularly alarming and cause for concern. This report also notes that, according to [The Royal Life Saving Society Canada](#), 58% of water related fatalities in Ontario involve a motor boat, and not wearing a life jacket is a factor in over 80% of fatalities in all age categories.

Wearing a life jacket is the most important preventative measure individuals across the lifespan can take to prevent a drowning incident. Not wearing lifejackets has been, and continues to be, identified as the most common risk factor in drowning deaths beyond childhood. Huron Perth Public Health Board of Health encourages you to support the passing and implementation of Bill 93.

Thank you for your attention on this important issue.

Sincerely,

Bernie Maclellan
Chair, Huron Perth Public Health

cc:

Page 100 of 120

The Honourable Sylvia Jones, Deputy Premier and Minister of Health
The Honourable Prabmeet Sarkaria, Minister of Transportation
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
Association of Local Public Health Agencies
All Ontario Boards of Health



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www.timiskaminghu.com

September 15, 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 for all Ontarians

On September 6, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered the correspondence from Chatham-Kent Public Health regarding *Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians* and passed the following motion:

Motion 42R-2023):

BE IT RESOLVED THAT the Timiskaming Health Unit Board of Health recognizes the importance of access to contraception and menstrual products for all Ontarians; and

FURTHER THAT the Board encourages the Provincial government to cover the cost of all contraceptive options for all Ontario residents; and

FURTHER THAT the Premier of Ontario and Deputy Premier be so advised.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Stacy Wight, Board of Health Chair

Copy to:

John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay
Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health

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.

[View this email in your browser](#)

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers

September 15, 2023



September 2023 InfoBreak

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

Leader to Leader - A Message from alPHA's President - September 2023



As we move into September towards the fall and winter season (despite the unseasonably hot weather early this month), local public health continues with the recovery of our full mandate of program delivery. With the funding announcement from the Minister of Health and the letters to local boards of health, we can plan for the resources that we will have (for the next three years), managing shortfalls that occur, and prioritizing locally how such will impact on our programs. In this context, we have also received communication and engagement from the Office of the Chief

Strengthening Public Health will keep us busy for at least three years with three-prongs of activity: Reviewing our mandate in the Ontario Public Health Standards; Supporting voluntary local health unit mergers; and determining the funding model for local public health commencing in 2026. Indeed, this is an ambitious timeline (with both changes to the OPHS and mergers to commence in 2025), and we are told that, overall, this will be a field-driven process. We have our work cut out for ourselves!

With this in mind, the alPHa Board will identify and pursue all that alPHa can do to help with this work. Certainly, we anticipate it to be a major topic at our November Symposium.

The work of alPHa continues, engaging with the province and other stakeholders on the importance of a strong local public health system, advocating on the topics identified through the resolutions by our members, supporting our partners in their development (such as Public Health Ontario's strategic plan development), and the pursuit of our own strategic planning.

In all of this, I acknowledge the leaders of local public health, as well as the alPHa Board members and staff, for all you do to advance our public health system and the health of the populations in our communities.

Charles Gardner
alPHa President

Strengthening Public Health



At the Association of Municipalities of Ontario (AMO) Conference, on Tuesday, August 22, the Ministry of Health announced its intent to deliver on [Your Health: A Plan for Connected and Convenient Care](#) by increasing provincial funding for public health agencies to build a robust public health sector that has the support and resources needed to connect people to faster, more convenient care in their communities. The news release can be found here: [Ontario Investing in a Stronger Public Health Sector](#). Members are encouraged to read the [alPHa Response](#). Subsequent to this, the Office of the Chief Medical Officer of Health held briefings with stakeholders. The slide deck can be found [here](#).

continue to work hard on your behalf to advocate for a strong, effective, and efficient local public health system in Ontario. Recent activities include actively participating on key tables, correspondence on important public health issues, recent meetings with the Premier and the Minister of Health, and ongoing dialogue and meetings with the Chief Medical Officer of Health and his staff.

alPHA is anticipating further dialogue and as updates are available, we will connect back with the membership.

Register for the alPHA 2023 Fall Symposium, Section Meetings, and Workshops

Registration for the alPHA 2023 Fall Symposium, Section Meetings, and Workshops is now open! This event will amplify the critical role, value, and benefit of Ontario's local public health system. Registration is \$399 plus HST and you can register [here](#).

Join us for online plenary sessions with public health leaders in the morning followed by the BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *How to Use a Human Rights Based Framework in the Workplace* from 1-4 p.m. on November 22 and the *Importance of Risk Communication in a Changing World* from 1-4 p.m. on November 23. Please note, the previously scheduled *Climate Change and Public Health* workshop will now be held during the 2024 Winter Symposium.

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and resources that will empower local public health and their communities.

For further details, [check out our flyer](#), [Symposium program](#), and [BOH Section Meeting agenda](#). Additionally, the website has been updated with the latest content. Be sure to take a look at it regularly for updates!

Local Public Health Agencies

**2023 Fall Symposium,
Section Meetings
and Workshops**

Hold the Date!

alPHA

Association of Local
PUBLIC HEALTH
Agencies

alPHA's Fall Symposium, Section Meetings, and workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

On November 24th, participate in online plenary sessions with public health leaders in the morning, followed by BOH and COMOH Section meetings in the afternoon.

Attendees will also be invited, at no additional cost, to participate in pre-symposium workshops on November 22nd & 23rd:

- How to Use a Human Rights Based Framework in the Workplace
- Importance of Risk Communication in a Changing World

Registration will open in September (date TBD) and will cost \$399 plus HST.

Dalla Lana
School of Public Health



Hosted by alPHA with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.

Please note that you must be an alPHA member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.



alPHA Fall Symposium & Section Meetings November 24, 2023

Draft as of September 14, 2023 – Further information to be added.

Note: Meeting is hosted via Zoom Webinar

8:30 am to 4:30 pm - All times are Eastern Time (ET)

Public Health Matters Infographics and Videos We have a full program for the day and will be getting things underway right at 8:30 am! Attendees are encouraged to get started a few minutes early to check their internet connection, log into the Zoom webinar, test audio settings etc. alPHA's Public Health Matters infographics and videos will play at this time and again during the morning break.	8:15 am to 8:30 am
Call to Order, Greetings and Land Acknowledgement Speaker: Dr. Charles Gardner, President, alPHA	8:30 am to 8:45 am
Update from the Chief Medical Officer of Health (60 minutes) Speaker: Dr. Kieran Moore, Chief Medical Officer of Health	8:45 am to 9:45 am
Southwestern Public Health Merger Experience (30 minutes) Speaker: Cynthia St. John, CEO, Southwestern Public Health	9:45 am to 10:15 am
Break	10:15 am to 10:45
Strategic Plan (60 minutes) Speaker: Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness Strategic planning is a process in which an organization defines their vision for the future and identifies the organization's goals and objectives. alPHA's current plan has served the association well, but it sunsets at the end of 2023. Throughout 2023 alPHA has been working on the review. Join public health colleagues as members participate in further discussion on the 2024 to 2026 Strategic Plan.	10:45 am to 11:45 am

Not-for-Profit Corporations Act, 2010 Update (30 minutes) Speakers: John Allen and Adam Malek, Allen & Malek, LLP, Dr. Robert Kyle, ONCA Compliance Working Group Chair, and Steven Rebellato, alPHA Board The Not-for-Profit Corporations Act (ONCA) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021. The ONCA was introduced with the aim of enhancing the legal framework governing not-for-profit organizations in the province of Ontario. It provides a comprehensive set of regulations tailored to meet the unique needs of non-profit corporations while promoting transparency, accountability, and effective governance. Come and hear the latest updates on alPHA's work to come into compliance with the Act.	11:45 am to 12:15 pm
Lunch Break Take a break, grab a sandwich, and come back for an important update from PHO.	12:15 pm to 1:00 pm
Public Health Ontario Update (30 minutes)	1:00 pm to 1:30 pm
Section Meetings Members of the BOH Section and COMOH Section meet separately in the afternoon. Boards of Health members are asked to stay with the Zoom webinar platform. COMOH members will join a separate meeting. Agendas for these meetings are provided separately.	1:30 pm to 4:30 pm

This event is hosted by alPHA with generous support from:

Dalla Lana
School of Public Health

EOHU  **BSEO**
Eastern Ontario Health Unit Bureau de santé de l'est de l'Ontario

480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
(416) 595-0006 | info@alphaweb.org | www.alphaweb.org
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RISK

COMMUNICATION

in a changing world



Presented by



RONALD W. BRECHER, Ph.D., DABT, CChem
Toxicology & Risk Assessment Specialist
rbrecher@rogers.com
riskpartners.ca

November 23, 2023
Virtual Workshop 1:00-4:00 pm

Part of the alPHA Fall Symposium

Stay tuned for more information
alphaweb.org

Presented by



TREVOR SMITH DIGGINS
Risk Communication Specialist
trevor@smithdiggins.com
riskpartners.ca

Half-day online workshop for scientists and public health professionals

Apply real-world principles when you talk about public health and environmental risks

Lights, camera, action!



As part of the alPHa Fall 2023 Symposium taking place on November 22-24, there is an opportunity to showcase recent videos from public health units from across the province.

Has your PHU posted a short public health video on your website or YouTube you'd like to share with Symposium attendees? The Symposium is an excellent opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

- Send the title and link to your PHU's video(s) to info@alphaweb.org
- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Video(s) should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2023)/stand the test of time from when the videos were recorded.
- Variety is welcomed as we'd like to cover a broad range of public health topics.
- Videos must be from your PHU and not from another organization.
- Maximum of three (3) videos can be submitted.

The deadline to submit information on your video clip is 4 p.m. on Friday, November 10th. We look forward to receiving your submissions!

Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!



public health leadership in Ontario.

BOH Governance training course

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Meet the speakers for our new BOH Section training courses!

Join us for a transformative learning experience led by speakers, Monika Turner and Loretta Ryan. Together, we'll empower you with the tools and insights needed to excel in public health governance and address the critical issues related to Social Determinants of Health.

About the speakers

Monika Turner was the Director of Policy for the Association of Municipalities of Ontario (AMO) from 2010 to 2022. She joined AMO in 2010 after 25 years with the Ontario Government as both a public servant and a political assistant. Monika worked in several provincial ministries including the Ministry of Health. Monika has a Masters of Law from Osgoode Law School and completed her Masters of Public Health in 2011. Throughout her career, Monika has been noted for her passion for public health and her extensive knowledge of the sector. She now has her own public policy consulting and facilitation business, Roving Capacity. Loretta Ryan is the Executive Director of the Association of Local Public Health Agencies where she effectively manages and conducts the business of the Association and supports work that fosters a strong, effective, and efficient public health system in the province. Previously, Loretta was the Director of Public Affairs for the Ontario Professional Planners Institute where she provided leadership in the development and delivery of the Institute's government relations, public policy, and communication efforts. Prior to this, Loretta worked for the Toronto Board of Trade and the Ministry of Municipal Affairs and Housing.

These training courses offer a unique opportunity to gain valuable knowledge and skills that will elevate your role in public health leadership. To learn more, reserve your spot, and get more information about the costs for Public Health Units (PHUs), [visit our website](#).

Boards of Health: Shared Resources



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

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

alPha Correspondence



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

- In case you missed it in last month's newsletter:
[Premier Response - A23-04 - Underhousing](#)
- [Reply from Sen. Brazeau - Alcohol Warning Labels](#)

Public Health Ontario



Public Health Ontario Resources

Public Health Ontario Launches New Ontario Respiratory Virus Tool

Public Health Ontario (PHO) has released the new [Ontario Respiratory Virus Tool](#), an interactive report that provides a comprehensive view of respiratory virus activity in Ontario, including COVID-19, influenza, and other respiratory viruses. This new tool provides a centralized resource of respiratory virus surveillance data to support integrated population health monitoring. Explore respiratory virus data including weekly case trends, laboratory testing, and outbreaks. The tool also contains additional COVID-19-specific data including: outcomes (hospitalizations, deaths, and ICU and hospital bed occupancy) and COVID-19 vaccination and dose administration.

[Respiratory Tool](#)

News Releases

- [Infection Prevention and Control for Environmental Cleaning](#): a suite of new resources and online learning modules
- [Rapid Review: Canadian Health Equity Related Glossaries](#)
- [Ontario Tobacco, Vaping & Cannabis By-law Summary – 2023](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)

Upcoming Public Health Ontario Events

- September 19 | PHO Rounds: [Updates on Influenza, COVID-19, and RSV for the 2023-24 Season](#)
- September 20 | PHO Webinar: [Engaging Fathers in Home Visiting](#)
- September 26 | Repeat event of PHO Rounds: [Updates on Influenza, COVID-19, and RSV for the 2023-24 Season](#)

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

Missed an event? Check out PHO's [Presentations](#) page for full recordings of their events.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [Specialist Knowledge Translation Training \(SKTT\)](#) (Sept. 21-22)
- [META:PHI 2023 Conference](#) (Sept. 22-23)
- [Paul Whitinui - ONTARIO NEIHR WEBINAR SERIES 2022/2023](#) (Sept. 27)
- [Adaptive Platform Trial Scientific Meeting](#) (Sept. 28-29)

After a three-year hiatus, Blue Cities is returning to Toronto!

BLUE CITIES

October 24-25, 2023
Toronto, Ontario

Join your peers and industry experts from across Canada to explore shared strategic goals and pathways to achieve them.

[Register now](#)

Using wastewater-based surveillance to help protect public health.

Integrating wastewater-based surveillance into public health systems.

Future of wastewater-based surveillance in Canada.

Blue Cities, hosted by Canadian Water Network, is happening this October 24-25 in downtown Toronto. This year's conference includes a focus on water and public health protection. A national dialogue plenary featuring Dr. Bonnie Henry, B.C.'s provincial officer of health, will explore the future of wastewater-based surveillance in Canada. Other topics to be covered during the conference include ethics and equity related to wastewater-based surveillance, new developments in water monitoring for public health decision-making, and public health threats from water impacted by forest fires. Program and registration details can be found at bluecities.ca

The cost options for RRFSS 2024 membership are now available!



There are many reasons to choose RRFSS for your Health Unit Survey. 2024 data can be collected in one, two or all three cycles of the 4 data collection months in the year. Sample size is also flexible and data can be collected by landline and cell phone (up to a 50 per cent/50 per cent mix).

RRFSS has hundreds of pretested survey questions available on most health-related topics including the recent Climate Change questions, newly developed Sociodemographic questions on Gender, Sexual Orientation and Race, Use of and Barriers to Recreational, Social and Spiritual Supports for Older Adults module, Smoking, Vaping and Waterpipe by-laws Awareness, as well as updated LRDG questions.

By participating in RRFSS, survey costs are reduced through sharing administrative costs associated with CATI setup, data collection and data file preparation by ISR. In addition, RRFSS also allows for custom surveys based on specific budgets and customizable survey packages are available on most budgets.

For further information about joining RRFSS, contact Lynne Russell, RRFSS Coordinator at: lynnerussell@rrfss.ca or visit the RRFSS website: www.rrfss.ca

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



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To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] 2023 alPHA Fall Symposium registration now open
Date: Friday, September 22, 2023 2:09:17 PM
Attachments: [image001.png](#)

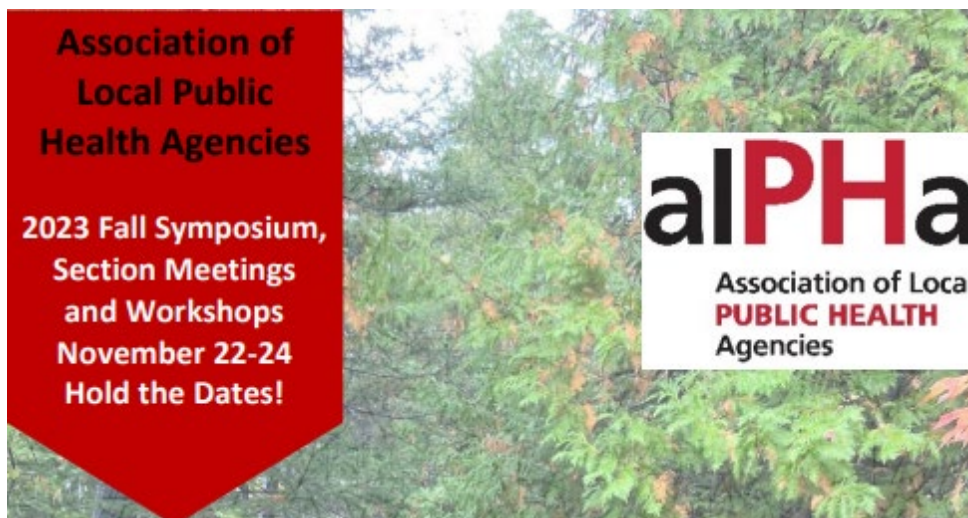
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ATTENTION:

All Board of Health Members

All Medical Officers of Health and Associate Medical Officers of Health

All Senior Public Health Directors & Managers



Dear alPHA Members,

We are excited to announce that [registration is now open](#) for the 2023 Fall Symposium, Section Meetings, and Workshops that are taking place November 22-24, 2023!

Kicking off the event will be the workshops. The first workshop, *How to Use a Human Rights Based Framework in the Workplace*, will be held from 1 p.m. to 4 p.m. on November 22nd and the second workshop, *Importance of Risk Communication in A Changing World*, will take place from 1 p.m. to 4 p.m. on November 23rd. The workshops are being offered at no additional cost to attendees. You will also be signed-up automatically to attend when you register for the Fall Symposium.

We have a fantastic lineup of speakers for the Symposium that is taking place on November 24th including: Dr. Charles Gardner (President, alPHA), Dr. Kieran Moore (Chief Medical Officer of Health), Cynthia St. John (CEO, Southwestern Public Health), Maria Sánchez-Keane (Principal Consultant, Centre for Organizational Effectiveness), and Michael Sherar (President and CEO, Public Health Ontario). The preliminary program can be accessed by clicking [here](#). The Section meetings are also taking place that day and the draft agenda for the Boards of Health Section is available through [this](#)

[link](#). The COMO H Section meeting agenda will be released at a later date.

Registration is \$399.00+HST and the closing date to register is Wednesday, November 15, 2023. Please note, you must be an alPHa Member to participate in the Fall Symposium, Section Meetings and Workshops.

alPHa would also like to thank the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit for their generous event support.

We hope to see you November 22-24, 2023!

Take Care,

Loretta

Loretta Ryan, CAE, RPP

Executive Director

Association of Local Public Health Agencies (alPHa)

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

Tel: 416-595-0006 ext. 222

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loretta@alphaweb.org

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From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: [All Health Units](#)
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] Health Promotion Ontario White Paper on the Value of Local Health Promotion
Date: Thursday, September 21, 2023 1:13:07 PM
Attachments: [image001.png](#)

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

Hello,

I am pleased to share Health Promotion's [White Paper on the Value of Local Health Promotion in Ontario](#) and accompanying [infographic](#). While Health Promotion Ontario has a broad membership based including public health, community health centres and non-profit organizations, this paper is focused on those who work in health promotion in local public health units.

Health promotion is needed now more than ever. Ontario is currently facing competing crises, including healthcare, opioids, mental health, homelessness and climate change. Health promotion – a cost-effective, well researched and evidence driven practice – is a critical strategy that can be leveraged to help mitigate these crises. It is a practice that is uniquely positioned to forge strategic partnerships across sectors which it critical for addressing the many complex issues before us.

In this paper, Health Promotion Ontario recommends a strong investment in local health promotion delivered by Ontario's Public Health Units by maintaining the current breadth and scope of health promotion work outlined in the *Ontario Public Health Standards*.

I would like to thank Dr. Charles Gardner, Trudy Sachowski, and Loretta Ryan for their input into the paper.

I encourage you to share broadly.

Best, Susan
Chair, Health Promotion Ontario

Susan Stewart, MA (she/her)
Director, Community Health and Well-Being Portfolio

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